



City of O'Fallon
100 North Main Street
O'Fallon, Missouri 63366
(636) 240-2000

LIVE ENTERTAINMENT SPECIAL EVENT PERMIT APPLICATION

Business Name: _____

Business Address: _____

Business Phone #: _____ **Business Fax #:** _____

Business E-mail Address: _____ **Business Website Address:** _____

Description of Location: _____

(ex: free-standing building, within a shopping center, within a multi-tenant building not part of a shopping center, etc.)

Property Owner(s): _____

Business Owner(s): _____

Primary Nature of the Business: _____

(ex: restaurant w/out bar, restaurant w/bar(s), bar or nightclub, coffee shop, private club, banquet or party center, etc.)

Has the business had a *Live Entertainment Special Event Permit(s)* in the past twelve (12) month period? Yes No. If "Yes", how many _____, and when were they the exact date(s) of the event(s) _____

Has the business ever had a *Live Entertainment Business License* in the past? Yes No. If "Yes", when did it expire? _____

Has the business ever been denied a *Live Entertainment Business License* or *Live Entertainment Special Event Permit* in the past? Yes No. If "Yes", which type _____, and when and why was it denied? _____

Has the business ever had a *Live Entertainment Business License* or *Live Entertainment Special Event Permit* suspended and/or revoked in the past? If "Yes", which type _____, and when and why was it suspended and/or revoked? _____

Does the business have a current *Liquor License*? Yes No. **Will liquor be sold or made available during the time the *Live Entertainment* is being offered?** Yes No. **Will the commercial establishment be applying for a *Special Event Liquor License*?** Yes No.

Description of the nature of the *Live Entertainment* to be provided (including if it will be indoors, outdoors, or both): _____

(ex: musical groups, solo instrumentalists, disc jockeys, comedians, etc.)

The date(s), duration in days, and time of day the *Live Entertainment* would be provided: _____

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Description of the sound amplification equipment that would be used: _____

What is the expected attendance during the *Live Entertainment* performance(s)? _____

What is the maximum capacity of your commercial establishment as determined by the Fire Marshall? _____

Describe in detail how parking will be accommodated during the *Live Entertainment* performances (including the amount of on-site parking, if adjacent parking lots will be utilized, if on-street parking will be utilized, etc.): _____

Describe in detail how security will be provided before, during, and after the *Live Entertainment* performances? _____

(ex: staff bouncers, professional security guards, parking lot patrols, metal detectors, entry and/or exit searches for weapons and/or bottles/cans, etc.)

Applicant Information:

Printed Name (including aliases): _____

Applicant's Title: _____

(ex: property owner, business owner, business manager, attorney for either property owner or business owner, etc.)

Present Address: _____

Past Address(s) over the previous five years: _____

Home Phone #: _____ Work Phone # _____

Date of Birth: _____ Driver's License # & State: _____

Release Statement of the Applicant: Under the pains and penalties of perjury, I, _____, do affirm that the answers contained in this application and required accompanying information for a *Live Entertainment Special Event Permit* are true to the best of my knowledge and belief. I further state that I have been issued a copy of *Chapter 640 – Live Entertainment Business - Regulations* of the *Municipal Code* and understand that I must comply with the regulations and requirements of this Chapter. In addition, I do hereby authorize the Chief of Police of the City of O'Fallon, Missouri, or his or her designee, to conduct a criminal history check and personal background check for release of any information in Police and/or Court Records involving me to the City Clerk, City Council and/or any other City Official involved in the evaluation of this application.

Signature: _____ Date: _____

This is to certify that the above application and additional information required as part of the *Live Entertainment Business License Application* was filed with me on _____ accompanied by the required application fee of \$50.00.

City Clerk

NOTE: APPLICATIONS MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS IN ADVANCE OF THE DATE OF THE PROPOSED EVENT. A MAXIMUM OF TWO (2) LIVE ENTERTAINMENT SPECIAL EVENT PERMITS MAY BE ISSUED TO ANY ORGANIZATION, BUSINESS, PERSON OR FOR THE SAME LOCATION WITHIN A ONE (1) YEAR PERIOD BETWEEN JULY FIRST (1ST) AND JUNE THIRTIETH (30TH) OF THE SUCCEEDING YEAR, EACH OF WHICH SHALL NOT EXCEED FIVE (5) CONSECUTIVE DAYS IN DURATION.

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In addition to the above completed application, every petition for a *Live Entertainment Special Event Permit* shall contain the following information. Only after the City Clerk and Chief of Police have determined that all the necessary information has been included with the application and deemed satisfactory for the complete review by the City Council will the petition be placed on the appropriate agenda.

A copy of the *Business License, Liquor License, Tent Permit, Special Event Liquor License, Fire Marshall Occupancy Limit Certificate*, and any other applicable permits or licenses issued to the proposed commercial establishment to offer *Live Entertainment*.

An accurately-scaled *Site Plan* and *Floor Plan* showing the location of the business and proximity to other businesses and/or residences, size of the business, location where the *Live Entertainment* will be performed, building ingress and egress points, and parking lot(s).

Provide the full name (including aliases), present address, addresses over the past five (5) years, phone number(s), date of birth, Driver's License #, and signed *Release Statement* for the business owner(s), manager(s), or any person(s) listed as having an interest in the proposed commercial establishment to offer *Live Entertainment*. The following template should be utilized (photocopied) for this information and each attached to the application.

Information:

Printed Name (including aliases): _____

Title and Affiliation: _____

(ex: business owner, business manager, or any other person(s) listed as having an interest in the commercial establishment)

Present Address: _____

Past Address(s) over the previous five years: _____

Home Phone #: _____ **Work Phone #** _____

Date of Birth: _____ **Driver's License # & State:** _____

Release Statement: I, _____ do hereby authorize the Chief of Police of the City of O'Fallon, Missouri, or his or her designee, to conduct a criminal history check and personal background check for release of any information in Police and/or Court Records involving me to the City Clerk, City Council, and/or any other City Official involved in the evaluation of this application for a *Live Entertainment Special Event Permit*.

Signature: _____ **Date:** _____