



**CITY OF NORMANDY**  
**7700 NATURAL BRIDGE ROAD**  
**NORMANDY, MO 63121**  
PH: (314) 385-3300 FAX: (314) 385-1054

**APPLICATION FOR SEASONAL & SPECIAL EVENT PERMIT**

**RETURN COMPLETED APPLICATION, A LETTER OF PERMISSION OF PROPERTY OWNER (IF APPLICABLE), AND A SITE PLAN SHOWING IN DETAIL, THE LAYOUT OR ROUTE OF SPECIAL EVENT, TO: CITY OF NORMANDY, ATTN: PERMITS, 7700 NATURAL BRIDGE RD., NORMANDY, MO 63121**

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1. NAME (Organization, Firm or Individual Holding Event)

TYPE (School, Fraternal, Charitable, Profit, etc.)

ADDRESS

Phone No. \_\_\_\_\_

If Profit Organization, list Missouri Retail Sales Tax Number

2. APPLICANT (Name of Person in Charge of Event):

ADDRESS

Phone No. \_\_\_\_\_

ADDITIONAL CONTACT PERSON

ADDRESS

Phone No. \_\_\_\_\_

3. NATURE OF EVENT - i.e. Carnival, Fireworks Display, Concert, Bonfire, etc. (NOTE: Firework displays, bonfires or any event involving open burning must first be approved by the appropriate fire district): -

PURPOSE (i.e. Fund Raising, Sale of Merchandise, Entertainment):

EVENT LOCATION: (Inside Building, Parking Lot, Land Area)

EVENT DATE: \_\_\_\_\_ NUMBER OF DAYS \_\_\_\_\_

TIME: Starting \_\_\_\_\_ Ending \_\_\_\_\_

NUMBER OF PERSONS ESTIMATED TO ATTEND \_\_\_\_\_

4. Will Alcoholic Beverages be Served: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, contact the City Clerk's Office for appropriate liquor license application.

NOTE: TEMPORARY OFF-SITE LICENSES ARE ONLY ISSUED TO NON-PROFIT ORGANIZATIONS.

COPIES OF APPROVED TEMPORARY CITY LIQUOR LICENSE MUST BE ATTACHED TO THE COMPLETED APPLICATION FORM.

5. Permits are required from the St. Louis County Public Works Department (615-2559) for: Electrical Hookups (i.e. booths, rides, lights, sound systems, etc.), Inspections of Carnival Type Rides, and Construction of any type.

- a. Temporary Electrical Hookups Proposed

\_\_\_\_\_

- b. Temporary Structures to be Erected on Site

\_\_\_\_\_

- c. If there will be carnival rides, name of operator of rides:

\_\_\_\_\_

Phone No.: \_\_\_\_\_

6. A permit is required from the St. Louis County Department of Community Health (615-0600) if you are a profit organization and you plan on serving food.

Will food be served: Yes \_\_\_\_\_ No \_\_\_\_\_

7. Will there be any animal rides, animal performances, or animal displays: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state how many animals, type, and how they will be used:

\_\_\_\_\_

\_\_\_\_\_

8. Type of Sanitary Facilities (public, other)

\_\_\_\_\_

Location:

\_\_\_\_\_

9. Temporary Signage Proposed:

Wall Mounted Banner:

\_\_\_\_\_

Inflatable (Attached to Ground or Structure):

\_\_\_\_\_

I UNDERSTAND THAT INSPECTIONS AS APPLICABLE MUST BE OBTAINED FROM ST. LOUIS COUNTY FOR TEMPORARY ELECTRICAL HOOKUPS, TEMPORARY STRUCTURES, AND CARNIVAL RIDES; FURTHER, THAT INSPECTION, IF APPLICABLE, MUST BE OBTAINED FROM THE ST. LOUIS COUNTY HEALTH DEPARTMENT.

\_\_\_\_\_  
Signature and Title of Applicant

NOTE: AN INSPECTION ON THE DATE OF THE EVENT WILL BE MADE BY NORMANDY OFFICIALS TO VERIFY THAT THE APPROPRIATE PERMITS AND INSPECTIONS ARE IN PLACE. FAILURE TO OBTAIN THE REQUIRED PERMITS AND INSPECTIONS SHALL BE GROUNDS FOR REVOCATION OF THE SEASONAL & SPECIAL EVENTS PERMIT.

<b>FOR CITY USE ONLY</b>			
<b>Date Application Received</b> _____	<b>Permit No.</b> _____		
<b>APPROVALS:</b>	<b>Building Commissioner</b> _____	<b>Date</b> _____	
	<b>Chief of Police</b> _____	<b>Date</b> _____	