



City of Sikeston

Outside Event Permit

Applicant's Name: _____ Date of Birth: _____

Applicant's Address: _____

Applicant's Phone Number: _____ Date of Event: _____

Organization: _____

Event / Location: _____

Music: Yes or No _____ If Yes, Circle One: Sound System or Band _____

Will Alcohol be Served, Sold or Possessed? Yes or No _____ Number of People Attending: _____

Duration (time of event/music): _____ a.m./p.m. to _____ a.m./p.m.

Signature of Applicant: _____ Date: _____

Property Owner of Location of Event: _____

Signature of Property Owner: _____

** Attach a detailed description of the event and any flyers/invitations associated with the event and permission from the property own (if different than applicant) *Ordinance #5371 adopted 3/26/01. Permit revised 5/6/09; 1/10/14*

Office Use:

Business License _____ Yes _____ No _____ N/A

Property Owners Real Estate Taxes Paid: _____ Yes _____ No _____ N/A

Property Owners Personal Property Taxes Paid: _____ Yes _____ No _____ N/A

Applicants Personal Property Taxes paid: _____ Yes _____ No _____ N/A

Applicants Real Estate Taxes paid: _____ Yes _____ No _____ N/A

Business License/Taxes Checked By: _____

Zoning of Property: _____ Zoning Checked By: _____

Liquor License Checked By (if applicable): _____ Approved _____ Denied _____

DPS Check for Warrants, Noise Citations, Etc.: _____

DPS Checked By: _____ Approved _____ Denied _____

DPS Approved, as amended (if applicable): _____

City Manager Signature: _____

Permit: Approved _____ Denied _____ Date: _____

cc: Director of Public Safety • Police Captain • Dispatch • Fire Captain • Public Works • Parks

105 East Center Street ~ Sikeston, MO 63801 ~ www.sikeston.org

