

CITY OF KEY WEST
APPLICATION FOR A SPECIAL EVENT PERMIT
NOISE CONTROL EXEMPTION

\$50.00

Date _____

Applicant Name _____

Applicant Address _____

Applicant Phone Number _____

Event Name _____

Event Address/Location _____

Date of Event _____

Nature of Event _____

Profit Non Profit

Time(s) Request for Exemption _____

Number of Exemptions at this location this calendar year _____

Date of last exemption _____