CITY OF WEST DES MOINES
CITY COUNCIL MEETING COMMUNICATION

ITEM: Approval of Extended Sound Permit
The Keg Stand - June 23, 2018

DATE: June 11, 2018

FINANCIAL IMPACT: None

BACKGROUND:

On June 28, 2010, the City Council approved several amendments to the Noise Control Ordinance including the provision that City Council approval is required for any sound permit issued for an event going past 10:00 P.M.

The Keg Stand has submitted a sound permit application for a charity wrestling event which is scheduled from 5:00 p.m. to 11:00 p.m. on Saturday, June 23rd in the parking lot on their property located at 3530 Westown Parkway.

This sound permit request was forwarded to the West Des Moines Police Department for their review and they have no objections to this request. As the event is being proposed to end at 11:00 p.m., City staff is forwarding this to the City Council for review and approval.

OUTSTANDING ISSUES (if any): None

RECOMMENDATION: Motion - Approval of Extended Sound Permit Request made by The Keg Stand

Lead Staff Member: Ryan T. Jacobson, City Clerk

STAFF REVIEWS

Department Director	Ryan T. Jacobson, City Clerk
Appropriations/Finance	Tim Stiles, Finance Director
Legal	Richard Scieszinski, City Attorney
Agenda Acceptance	

PUBLICATION(S) (if applicable)

Published In	
Dates(s) Published	

SUBCOMMITTEE REVIEW (if applicable)

Committee	
Date Reviewed	

SOUND PERMIT FEES
- ***1-48 hrs event = $22.00***
- ***2-7 days event = $44.00***
- ***Multiple events in one calendar year = $82.50***

The City Council MUST approve any sound permit request that extends past ten o'clock (10:00) P.M.

Permit applications received less than two (2) weeks before the event MAY NOT be processed by the City in time for the event.

CITY OF WEST DES MOINES
SOUND PERMIT
For the Amplification of a Live Performance

***Denotes required field**

Date 5.15.18 Fee Received: _____ Permit No. _____

*Applicant's Name: Kegstand *Phone No. 515.201.3147

*Applicant's **Complete** Address (**include city/state/zip**): 3530 Weston Pkwy WDM 50266

*Applicant's E-mail Address: thekegstanddm@gmail.com

Have you, the applicant, ever been cited for a violation of the West Des Moines Noise Ordinance? Y/ N

If yes, explain: _____

*Property owner name: Schneider Management

*Property owner address: 11040 Hickman Rd Clive IA

I, the undersigned, hereby acknowledge and certify that I am the record fee title holder of the property for which this sound permit is requested, and I hereby consent to this application for a sound permit, for the amplification of a live performance, as described on this application.

Cindy Roach 5-18-18
*Signature Date

Address of proposed activity: 3530 Weston Pkwy
(*If in a City park, include name of park*)

Describe proposed activity, including time(s), **date(s)**, and number of people attending: June 23rd 5pm - 11pm an outdoor charity wrestling event with a ring and stand set up in parking lot. expect around 100 people for event

How will the parking for this event be handled? Additional parking available across the street. Business has been notified

****Please refer to Page 2, Paragraph J of this application form regarding wattage requirements for the proposed sound equipment as a sound permit may not be deemed necessary.****

***Attach an 8½" x 11½" sketch plan of the proposed layout of the sound amplification equipment, including the orientation to and approximate distances from the adjoining properties.**

Have the adjoining property owners/residents been notified of the event for which this permit is requested? Y/ N

If so, please list addresses notified (attach additional sheets if necessary): Residences at 3530 Weston Pkwy

Describe what measures will be taken, if any, to minimize the effects of this performance on surrounding property owners. Sound will face away from residents adjacent to bar

Provide any additional information that pertains to this application for a Sound Permit.

_____

_____

APPLICANT'S CERTIFICATION - I hereby certify under penalty of perjury that the statements furnished including the drawing, present all information required for this application, and that the facts, statements and information presented are true and correct, and based upon my personal knowledge. I hereby acknowledge my obligation to comply with the West Des Moines Municipal Code as it pertains to this activity and to obtain any and all necessary City, County, State and Federal permits, approvals and/or clearances, if applicable. Further, I hereby certify that I have read, understand and have received a copy of the conditions for the operation of the Sound Permit, and hereby agree to comply with such conditions. I also understand that should I fail to comply with the agreed upon conditions, my permit may be immediately revoked and that all other applicable penalties, including criminal prosecution may be pursued.

_____ 5.15.18

*Applicant's Signature Date

FOR STAFF USE ONLY

APPROVAL OF SOUND PERMIT

Approved by:_____ Date:

City Council Approval Date:

This sound permit is approved subject to the following exhibits and conditions.

Exhibits:

Conditions:

Expiration Date:

DENIAL OF SOUND PERMIT

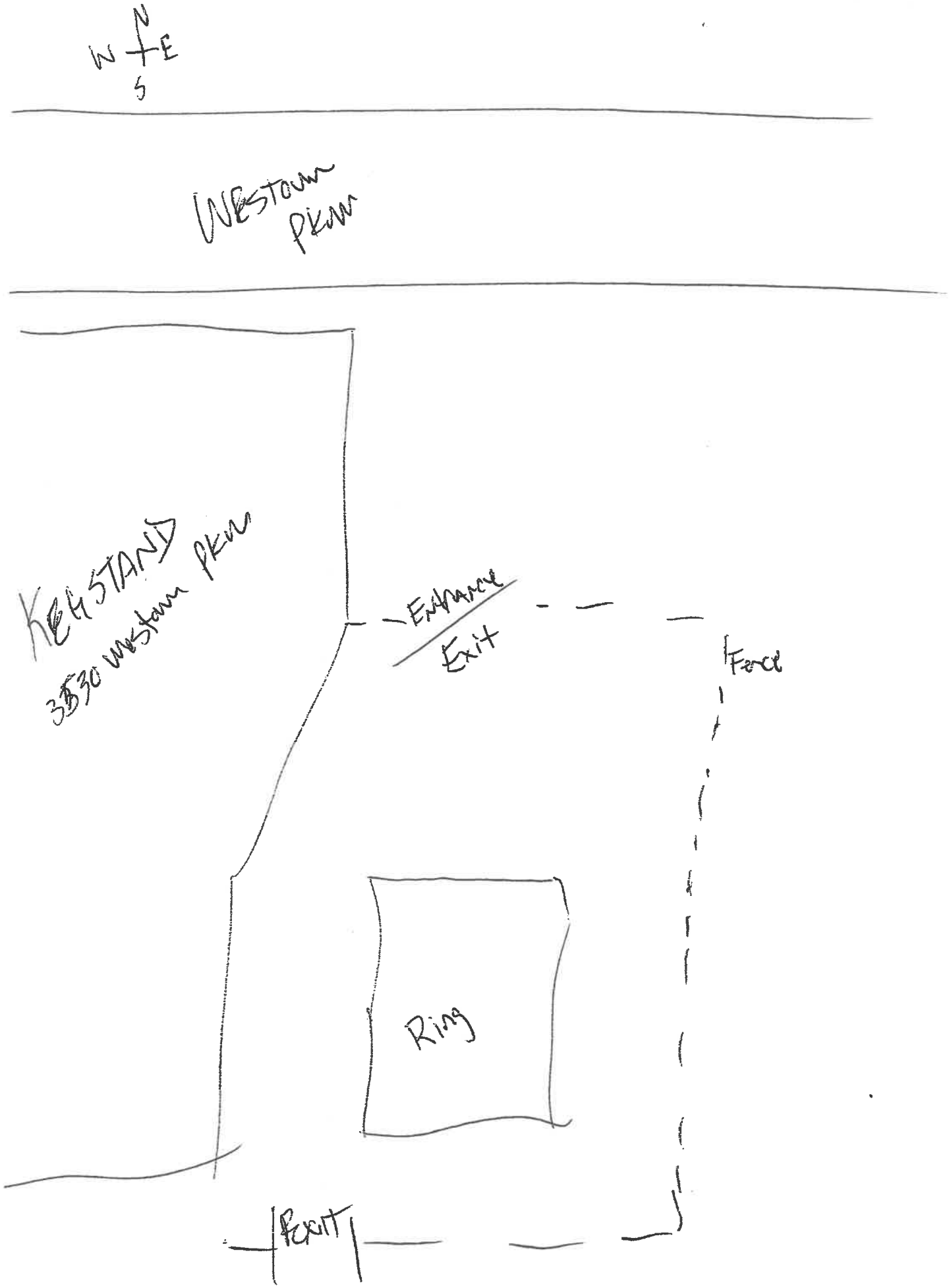
Denied by:_____ Date:

This sound permit is denied based upon the following findings.

Findings:

Copies of this permit have been distributed to the following departments:

- ☐ Development Services Department
- ☐ City Clerk's Office
- ☐ Police Department
- ☐ Parks and Recreation Department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