NOISE VARIANCE REQUEST

APPLICATION DATE: _____

REQUESTING PERSON:

NAME: Bobby Edwards c/o CB 100 Block/Edwards Motorsports

MAILING ADDRESS: 1010 34th Ave

PHONE NUMBER: 402.881.1335

EMAIL: bobby.edwards82@gmail.com

ORGANIZATION/EVENT: Bikes on the 100 Block 2021

EVENT LOCATION: Downtown CB 100 Block

EVENT DATE: May 20th, June 17th, July 15th, August 19th

EVENT TIME: 10:00a - 11:30p

EXPLAIN SOURCE OF NOISE AND SPECIFIC HOURS OF NOISE:

Live band on street

Please return to the City Clerk's Office, 209 Pearl Street, Ste 102, Council Bluffs, IA 51503
Phone Number: 712-890-5261

Please Note: This application is approved/disapproved by the City Council. Applications **MUST** be received 15 days before the event, to ensure enough time to be reviewed by City Council.

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City Council met on_____, 20___, regarding this application requesting noise variance as described above.

APPROVED ( )
DISAPPROVED ( )
APPROVED WITH STIPULATION ( )

_____
_____
_____

The Police have the authority to cease music or require reduction of volume for the remainder of event if complaints are received.

_____ _____

City Clerk Date