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| An das  Gemeindeamt Hof bei Salzburg  Postplattenstraße 1  5322 Hof bei Salzburg |
| **Veranstaltung** | | **Zutreffendes bitte ankreuzen ⌧!** |
| **Art der Veranstaltung** ( Kurzbeschreibung): | |  |
|  | |  |

#### Veranstalter

|  |  |
| --- | --- |
| Veranstalter: | Verantwortlicher: |
| Adresse: |  |
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| --- | --- |
| Beginn der Veranstaltung (Datum, Uhrzeit) | Ende der Veranstaltung (Datum, Uhrzeit) |
| Veranstaltungsort: | |

Zu erwartende Besucher (ca.):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Eintritt/Festabzeichen .................................................................................................................................................................................................................... |  | ja |  | nein |
| Bewerbung der Veranstaltung ........................................................................................................................................................................................... |  | örtlich |  | überörtlich |

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| **Bauliche Maßnahmen:** ............................................................................................................................................................................................................ |  | ja |  | nein |
| Bühne: ................................................................................................................................................................................................................................................................ |  | ja |  | nein |
| Festzelt (statische Überprüfung): ................................................................................................................................................................................... |  | ja |  | nein |
| Absperrungen: ......................................................................................................................................................................................................................................... |  | ja |  | nein |
| Gasanlage: .................................................................................................................................................................................................................................................. |  | ja |  | nein |
| Toilettenanlage: ..................................................................................................................................................................................................................................... |  | ja |  | nein |

Sonstiges:........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

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| **Verkehrsmaßnahmen:** ............................................................................................................................................................................................................. |  | ja |  | nein |
| Beschränkungen: ................................................................................................................................................................................................................................ |  | ja |  | nein |
| Umleitungen: ............................................................................................................................................................................................................................................. |  | ja |  | nein |
| Absperrungen: ........................................................................................................................................................................................................................................ |  | ja |  | nein |
| Begleitung durch Polizei :........................................................................................................................................................................................ |  | ja |  | nein |
| Ausnahme Wochenendfahrverbot:............................................................................................................................................................................... |  | ja |  | nein |

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| **Sonstige bewilligungspflichtige Maßnahmen:**................................................................................................................................... |  | ja |  | nein |
| Feuerwerk: ................................................................................................................................................................................................................................................... |  | ja |  | nein |
| Start Heißluftballon: .......................................................................................................................................................................................................................... |  | ja |  | nein |
| Hubschrauberflüge:............................................................................................................................................................................................................................ |  | ja |  | nein |
| Schifffahrtsrechtliche Belange: .......................................................................................................................................................................................... |  | ja |  | nein |
| Lautsprecherwerbung: ................................................................................................................................................................................................................. |  | ja |  | nein |
| Glückshafen/Tombola: ................................................................................................................................................................................................................. |  | ja |  | nein |

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| Werden Speisen und/oder Getränke ausgegeben: .............................................................................................................................. |  | ja |  | nein |

*Wenn ja*, Gewerberechtlicher Unternehmer: Verein

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| Name: |  |
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Hat bereits eine ähnliche genehmigungspflichtige Veranstaltung in der Vergangenheit stattgefunden

ja, wann:  nein

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| **Bestehen weitere Subveranstalter**.................................................................................................................................................................. |  | ja |  | nein |

*Wenn ja:*

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| --- | --- |
| Name: |  |
| Adresse: | Telefon: |
|  |
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| **Besteht ein Projektant:** ..................................................................................................................................................................................................... |  | ja |  | nein |

*Wenn ja:*

|  |  |
| --- | --- |
| Name: |  |
| Adresse: | Telefon: |
|  |
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|  |  |  |
| Ort, Datum |  | Unterschrift |