



APPLICATION FOR LOUDSPEAKER/ LOUD NOISE PERMIT

Date of Application _____

Your Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Organization Name: _____

Organization Address: _____

City, State, Zip: _____

Organization Telephone: _____

Event Name: _____

Type permit being requested (amplifier, loudspeaker, horn, bell, etc.): _____

Intended Use: _____

Date Requested: _____ Time: Start: _____ End: _____

Location of Event: _____

Signature of Applicant

Please be aware: Complaints regarding the noise level will not be tolerated. Upon a complaint being heard, your permit, if issued, will be immediately revoked.