

NOISE PERMIT APPLICATION

PLEASE PRINT
TO CHIEF OF POLICE

DATE OF APPLICATION: _____

EVENT DAY/DATE: _____

TIME: _____
From To

LOCATION: _____

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: (H) () _____ (W) () _____

REASON FOR PERMIT: _____

APPROXIMATELY HOW MANY PEOPLE ATTENDING THIS EVENT: _____

ARE OTHER PERMITS BEING SOUGHT: (YES) (NO)

HAVE YOU EVER APPLIED FOR A NOISE PERMIT BEFORE? (YES) (NO)

HAS A NOISE PERMIT EVER BEEN DENIED/REVOKED? (YES) (NO)

WILL ALCOHOL BE SERVED? (YES) (NO)

WILL MINORS BE PRESENT? (YES) (NO)

HAVE THE POLICE HAD OCCASSION TO RESPOND TO THIS LOCATION FOR ANY PROBLEMS? (YES) (NO)

IF YES PLEASE EXPLAIN: _____

SIGNATURE

APPLICATION
REVIEWED BY: _____

DATE & TIME: _____

RECOMMENDED: (YES) (NO)

(rev 8/97)