

AMPLIFIED DEVICE PERMIT

Permit Fee: \$10.00

<u>App</u>	<u>licant</u>	<u>Infori</u>	<u>mation</u>

•							
Last Name:		First	First Name:		Application Date:		
Address: City			State:	Zip:			
Phone Number: Email Ac		mail Ad	Address:				
vent Information							
Event Date:		Ever	ent Location:				
Owner of property if different then applicant:		Owner's mailing address & phone:					
cart Time: End Time:		Purpose of Amplified Noise:					
Brief description of items to b	oe used:		<u> </u>				
ermits are granted by the egular board meetings a rrounding neighbors of t constitute a disturbance Police of the Village of ecause of the volume.	re held th he amplifie . This pern	e first d nois nit allo	Monday of each month e. I understand that use ws amplified devices to b	 Host of party is re of the amplified devi oe used no later than 	equired to notify all ces may not be used n 11:00pm. The Chief		
oplicant Signature:				Date: _			
bmitted to Village Clerk on _		_	Clerk's Signature:		Paid:		
esented to Village Board on .		/	pproved or Denied L	Date Issued:			