SOUND AMPLIFICATION PERMIT

APPLICANT INFOR	RMATION			
NAME				DATE
ADDRESS				
CITY			STATE	ZIP CODE
TELEPHONE NUMBER		DATE OF BIRTH		
EVENT INFORMAT	ION			
TYPE OF EVENT	ESTIMATED ATTENDANCE			
LOCATION				
EVENT DATE(S)	EVENT TIME	ALCOHOL BEING SER	No	ALCOHOL BEING SOLD Yes No
APPROXIMATE DISTANCE TO NEAREST RESIDENCE TYPE OF SOUR			JIPMENT	
OPERATOR INFOR	MATION			
NAME OF PROFESSIONAL D.J.	(OR OPERATOR)			
ADDRESS				
CITY			STATE	ZIP CODE
PHONE NUMBER				
persons complain of a dispublic areas result from the Works may deny the person or persons on an anormal public use of a publi	will be issued for Berwick Par	should interference way Manager and/or the one of the device/s is like ibute to traffic or head the City Manager and including hours of use	with traffice City Cou cely to be Ith hazard Id/or City se, levels	or general public use of uncil and/or Police or Public audible and disturbing to a ds, or would tend to preempt Council may impose such of audibility and numbers of
Harbor Seal Pupping sea	ason (March – May).			D. 175
APPLICANT SIGNATURE				DATE
	OFFICIAL	L USE ONLY		
REVIEWED BY		Approval Approv	ved	Not Approved
DATE PAID		AMOUNT PAID		
CITY OFFICIAL SIGNATURE				DATE