VILLAGE OF ITASCA

AMPLIFIED NOISE PERMIT APPLICATION

This application is required for any event or activity using amplified sound outdoors or in a way that may impact neighboring properties.

APPLICANT INFORMATION

Applicant Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

GENERAL EVENT INFORMATION

Event Type (check one):

☐ Art/Market/Sale ☐ Circus ☐ Block Party ☐ Other, please specify:

☐ Festival/Carnival ☐ Parade/Race ☐ Concert _____

Event Name: _____ **Event Date(s):** _____

Event Location: _____

Event Hours: _____ **Attendance:** _____

Amplified Sound Start Time: _____ **Amplified Sound End Time:** _____

ACCESS AND IMPACT

Who will be operating the sound equipment? Please provide the name and contact information.

Name: _____ **Phone:** _____

Type of Sound Equipment Being Used: (Check all that apply)

☐ Speakers ☐ Microphones ☐ Live Band ☐ DJ ☐ Recorded Music ☐ Other: _____

Purpose of Amplified Sound:

☐ Event ☐ Ceremony ☐ Announcements ☐ Other: _____

ACKNOWLEDGEMENT/SIGNATURE

By signing this document, I certify that the information provided above is correct and I acknowledge having read and understood the information contained in this application. I agree to conduct my special event in compliance with all applicable codes, ordinances, laws and the conditions contained in the special event permit.

_____ _____

Signature of Organizer **Date**

OFFICE USE ONLY

Date Recieved: _____ **Signature:** _____