



PERMIT APPLICATION

SOUND AMPLIFICATION

Applicant (Individual Completing Form):

Name: _____ Phone: _____

Address: _____

Email: _____

Company (DBA) or Organization Using Equipment:

Owner/ Director Name: _____ Phone: _____

Address: _____

Event/Use Description:

Type/Purpose: _____

Location: _____ Date: _____

Time Amplification Equipment will be used: _____ to _____

Must be within the hours of 10:00 a.m. – 10:00 p.m. – In compliance with Ordinance 107, Section 9 (b)

Contact Person at these times: _____ Phone: _____

Equipment:

Describe amplification equipment to be used: _____

Type and License number of sound truck or other conveyance to be used: _____

Is the owner of the sound truck/ amplification equipment operating it for this event? Yes No

If no, equipment owner contact information:

Name: _____ Phone: _____

Fee Schedule:

\$50.00 per day used at a fixed location or in a moving vehicle.

I hereby certify that all the statements made in this application are true, complete, and correct, to the best of my knowledge and belief and are made in good faith. I agree to abide by the laws, ordinances and regulations pertaining to the issuance of this permit. I understand the permit may be revoked by any City of Mason Representative at the time of the event if any condition placed on the Permit is violated.

Signature: _____ Date: _____

Printed Name/ Title: _____

For Office Use Only:

Received by: _____ Date: _____

License Fee Paid: If related to event, is City Council approval required? Yes No

Reviewed Applicant and All Required Attachments by: _____ Date: _____

Approved by (Council if related event): _____ Date: _____

Permit No: _____ Date Issued: _____ Date Expires: _____

Any Special Conditions on Permit: _____

Revised: 5.24.18 (Clerk)