AMPLIFIED SOUND PERMIT APPLICATION

Date of Application: _____ To City Council: _____

Name of Person(s)/ Organization: _____ Contact: _____

Business Address: _____ Telephone: _____

_____

Telephone: _____

Type of Event: _____

_____

Purpose of Event: (ie; fundraiser, parade, festival, etc.): _____

Date/Time of Event: _____ From: _____ To: _____

Location/Address of Event: _____

_____

Rated Output of Amplifier in Watts: _____ Number of Speakers: _____

I have provided a list of and contacted all property owners adjacent to and within 300 feet of the event. Their approval of this event is indicated by their signature on the attached petition. Complaints about the sound will result in a warning and a request to reduce the volume. Additional complaints will result in the cessation of amplified sound. All amplified sound must be extinguished no later 10:00 p.m. pursuant to Winters Municipal Code Title VI; Chapter 7-Noise Control. Signing below certifies that all information contained within this application is correct. In the event that any of this information is found to be fraudulent, it may result in an automatic denial of this application.

Signature: _____

For City Use Only

Proof of Insurance: ☐ N/A (Not City Property) ☐ Yes ☐ No

Rental Fee Paid: ☐ N/A (Not City Property) ☐ Yes ☐ No

Police Department: ☐ Approved ☐ Denied Date: _____

Authorized Signature: _____

City Council: ☐ Approved ☐ Denied Date: _____

Authorized Signature: _____

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Address	Owner's Last Name	Object	Approve/Sign	NH*

* NH-Attempted to contact but noone was home.