

AMPLIFIED EQUIPMENT PERMIT APPLICATION

APPLICANT INFORMATION

Applicant Name: _____ Address: _____
Organization Name: _____ City: _____
Phone Number: _____ State, Zip: _____

EVENT INFORMATION

Event Title: _____

Setup	Date/Time:	_____
Sound Start	Date/Time:	_____
Sound End	Date/Time:	_____
Cleanup	Date/Time:	_____

Yes No Will there be a patron dance?

Yes No Will there be live music?

Yes No Will there be any live performances?

What type of amplified equipment will be used? _____

Where will the equipment be set up? _____

PERFORMANCE/PERFORMER INFORMATION

Name: _____ Address: _____
Band/Organization Name: _____ City: _____
Phone Number: _____ State, Zip: _____

All amplified equipment sound levels must not exceed 80 decibels during the entire event.

I Certify that the information contained in the foregoing application and all documents in conjunction with this application are true and correct to the best of my knowledge. I have read, understand, and agree to abide by the rules and regulations governing the proposed Special Event under Central Point Municipal Code.

Print Name/Title

Signature/Date