

City of Pacific Grove
Application for Sound Amplification Permit

Name of Applicant: _____

Date of Birth: _____

Address: _____

Telephone #: _____

Type of Event: _____

Location: _____

Dates and Hours of Use: _____

Approximate Distance to Nearest Residence: _____

Type of Sound Equipment: _____

Name of Professional D.J.: _____

Phone Number for D.J.: _____

Alcohol Being Served? Yes No Alcohol Being Sold? Yes No

I hereby agree that the permit, if issued, may be revoked forthwith by the Police should another person or persons complain of a disturbance from the sound, or should interference with the traffic or general public use of public areas result from the event. I understand the City Manager and/or the City Council may deny the permit upon finding that operation of the device(s) is likely to be audible and disturbing to a person or persons on other property, or would contribute to traffic or health hazards, or would tend to preempt normal public use of a public area. I further I understand the City Manager and/or City Council may impose such conditions on a permit as they may deem appropriate, including hours of use, levels of audibility and numbers of persons attending the event.

Signature of Applicant

Application Approved: Yes No

Date: _____

Signature of Authorizing Agent

=Recreation Department= Date Paid: _____ Amount Paid: _____ Received By: _____	=Police Department= Warrant: _____ Local Records: _____ CJIS _____ Attach any records if located.
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