

APPLICATION TO EXCEED NOISE LIMITS

Applicant Name: _____

Address: _____

Phone Number: _____

Activity Date: _____

Activity Time: _____

Activity Location: _____

Type of Event: _____

Sponsored By: _____

Signature of Applicant

Date

FOR CITY USE ONLY:

Date of City Council Meeting: _____

Application was () Approved () Denied

City Manager Signature

Date

If non-profit please list 501C3#: _____

If Business please list Tax ID #: _____