

CITY OF MENOMONIE
SOUND AMPLIFYING EQUIPMENT REGISTRATION STATEMENT & PERMIT

1. Name and home address of applicant: _____
Phone number: Home () _____; Work () _____
Email address of applicant: _____
2. Address of place of business of applicant: _____
3. Name and address of the person who owns the sound amplifying equipment: _____

4. Names and address of the person having direct charge of the sound amplifying equipment: _____

5. Names and addresses of all persons who will use or operate the sound amplifying equipment: _____

6. The purpose for which the sound amplifying equipment will be used: _____

7. Name of city park and area within the city park to be used: _____

8. The proposed days and hours of operation of the sound amplifying equipment:
(Only permitted from 10:00 a.m. to 10:00 p.m.) _____
9. A general description of the sound amplifying equipment to be used: _____

10. I agree to comply with the following sound restriction: The sound pressure level cannot exceed 95db at a distance of 35 meters from the source, using the "A" weighting scale.

Fee: \$15.00 per day

Receipt # _____

Account #01.43410

Signature of Applicant

I, Catherine Martin, Clerk of the City of Menomonie do hereby certify that the above is a true and correct copy of the sound amplifying equipment registration statement on file in my office in accordance with Title 7, Chapter 4, Section 2 of the City Code and a permit is hereby issued for same.

Authorized area:	Date:
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Dated this ____ day of _____, 20 ____.

Kate Martin, City Clerk