

**APPLICATION FOR LOUDSPEAKER SPECIAL PERMIT NO.**  
(DCC-47-6-C)

|   |                  |  |
|---|------------------|--|
| <b>DATE OF APPLICATION (must be 30 days <u>Prior</u> to event):</b>   |                  |  |
| * No more than 3 days TOTAL per Individual or Group - per year <b>EVENT SPECIFICS</b> * EXCLUDES HARBORFRONT AREA                             |                  |  |
| <b>DATE:</b>  | <b>TIME:</b>     | <b>LOCATION OF EVENT:</b>              |
| <b>SPONSOR:</b>   |                  |  |
| <b>NAME:</b>  |                  | <b>PHONE NO.</b>                       |
| <b>ADDRESS:</b>   |                  |  |
|   |                  |  |
| <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATE <input type="checkbox"/> CHARITABLE <input type="checkbox"/> COMMUNITY |                  |  |
| <b>RESPONSIBLE INDIVIDUAL:</b>  |                  |  |
| <b>NAME:</b>  |                  | <b>PHONE:</b>                          |
| <b>ADDRESS:</b>   |                  |  |
| <b>REASON:</b>  |                  |  |
|   |                  |  |
| <b>AUDIO DEVICE TO BE USED:</b>   |                  |  |
|   |                  |  |
| <input type="checkbox"/> PUBLIC EVENT   |                  | <input type="checkbox"/> PRIVATE EVENT |
| <b>NOTIFICATION OF AFFECTED PERSONS</b>   |                  |  |
| <input type="checkbox"/> YES  | IF YES, PROOF:   |  |
| <input type="checkbox"/> NO   |                  |  |
|   |                  |  |
| I, the undersigned, have read and agree to abide by the provisions set forth in DCC 47-6-C.   |                  |  |
| Signature: _____  |                  |  |
| <b>DEPARTMENTAL REVIEW</b>  | <b>DATE SENT</b> | <b>REPORT BACK</b>                     |
| POLICE DEPT   |                  |  |
| DEPT OF PUBLIC WORKS  |                  |  |
| DEPT OF LAW   |                  |  |
| OTHER   |                  |  |
| <b>COMMON COUNCIL ACTION</b>  |                  |  |
| <b>RECEIPT OF REVIEW</b>  |                  |  |
| <b>APPROVAL</b>   |                  |  |
| <b>CONDITIONS:</b>  |                  |  |
|   |                  |  |
| <b>DISAPPROVED</b>  |                  |  |