



**Sound Amplifying Equipment Registration Statement & Permit**

Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of person who owns the sound-amplifying equipment: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name & Address of all sound amp operators (Attach supplemental sheet if needed)

Full Name	Street Address, City, Zip

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event of the sound-amplifying equipment: \_\_\_\_\_  
(Only permitted from 10:00 am to 10:00 pm)

Location where equipment will be used: \_\_\_\_\_

\_\_\_\_\_

A general description of the sound-amplifying equipment to be used: \_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_  
Applicant Signature

**Fee:** \$15.00 Per Day (01.43410)

Amount Paid: \$\_\_\_\_\_ Receipt: \_\_\_\_\_

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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Catherine Martin, City Clerk \_\_\_\_\_

Authorized Area: \_\_\_\_\_ Date: \_\_\_\_\_