



City of **MENOMONIE**

clerk@menomonie-wi.gov

(715) 232-2221 Ext 1006

800 Wilson Avenue

Menomonie, WI 54751

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: _____