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: $10.00 per day
Receipt #_____
Account #01.43410

_____
Signature of Applicant

I, Cally L. Lauersdorf, 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:

Dated this ___ day of _____, 201___.

_____
Cally L. Lauersdorf, City Clerk