



**AMPLIFIER PERMIT APPLICATION**

Instructions:

1. Complete this application.
2. Submit application fee.

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

**PLEASE LIST THE DATES AND TIMES THAT AN AMPLIFIER PERMIT WILL BE NEEDED (ATTACHED EXTRA SHEET IF NEEDED)**

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The applicant agrees to comply with the following:

1. All Municipal Codes of the City
2. All conditions of the permit

The applicant also understands that the issuance of the sidewalk cafe permit creates no legal liability, expressed or implied, on the Municipality and certifies that all the above information is accurate.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

City Use Only:

Date Filed \_\_\_\_\_

Fee Paid \_\_\_\_\_

Zoning Dist. \_\_\_\_\_

Date Approved \_\_\_\_\_

Mailing Date \_\_\_\_\_

Receipt # \_\_\_\_\_

Hearing Date \_\_\_\_\_

Application # \_\_\_\_\_