CITY OF CRESCENT CITY
3 N. SUMMIT STREET
CRESCENT CITY, FL 32112

SOUND AMPLIFYING DEVICE PERMIT APPLICATION

PERMIT NUMBER:_____

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NAME OF CONTACT PERSON: _____

ADDRESS OF CONTACT PERSON: _____

TELEPHONE OF CONTACT PERSON: _____

CIVIC/CHARITABLE ORGANIZATIONS NAME: _____

_____

REASON FOR REQUEST:

_____

_____

DATES REQUESTED FROM: _____ TO: _____
TIMES REQUESTED FROM: _____ TO: _____
LOCATION REQUESTED: _____

_____

_____ _____
SIGNATURE OF PERSON REQUESTING APPLICATION DATE

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PERMIT APPROVED:_____ DENIED:_____

SPECIAL CONDITIONS:_____

_____

_____

_____

_____

_____ _____
POLICE CHIEF DATE

DISCLAIMER: ISSUING OF THIS PERMIT DOES NOT RELEASE THE APPLICANT FROM OBTAINING ALL OTHER NECESSARY PERMITS

REV'D 9/30/2008