



THE CITY OF
CRESCENT
CITY FLORIDA

SOUND AMPLIFYING DEVICE PERMIT APPLICATION

PERMIT NUMBER: _____

NAME OF CONTACT PERSON: _____ DATE: _____

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: _____

PERMIT APPROVED: _____ DENIED: _____ DATE _____

SPECIAL CONDITIONS:

Sheriff's Department

City Manager