



CITY OF MASON

201 West Ash Street
Mason, MI 48854
(517) 676-9155

SOUND AMPLIFICATION EQUIPMENT REGISTRATION STATEMENT

Date Submitted: _____ Date(s) equipment will be used: _____

Applicant Information

Name: _____

Address _____

Telephone: _____

Owner

User

Maximum sound producing power of such truck or equipment is as follows:

Wattage to be used: _____

Volume in decibels of sound which will be produced: _____

Approximate maximum distance for which sound will be thrown by such amplifying equipment: _____

Sound Amplification Truck

Type and license number of sound truck or other means of conveyance to be used by applicant:

Purpose for Use of Truck and Equipment

Purpose for which truck and/or equipment will be used: _____

Name and address of owner of truck and/or sound amplifying equipment: _____

Sound Amplification Equipment

Name and address of person responsible for equipment: _____

General description of the sound amplifying equipment to be used: _____

Location/Public Park in the City of Mason in which sound truck or other sound amplifying equipment will be used:

Hours of operation of equipment: _____

Must be within the hours of 10:00 a.m. – 10:00 p.m. (In compliance with Ordinance No. 107, Section 9(b))

Applicant's Signature _____

For Office Use Only:

APPROVED: Yes No _____

Approved by: _____ Deborah J. Cwierniewicz, City Clerk	Registration No. SAE _____ PERMIT FEE: \$30.00 <input type="checkbox"/> Paid	DATE(S) VALID _____ Date Submitted _____ Date Approved: _____
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