



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: _____

Appropriate 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 107, Section 9 (b))

Applicants Signature: _____

For Office Use Only:

APPROVED: Yes

No

Approved by: _____	Registration Number: SAE _____	Dates (s) Valid: _____
Sarah J. Jarvis, City Clerk	Permit Fee: \$50.00 Paid: <input type="checkbox"/>	Date Submitted: _____ Date Approved: _____