

## CITY OF MOUNTAIN VIEW SOUND AMPLIFICATION PERMIT APPLICATION

## APPLICATION/ORGANIZATION INFORMATION

Applicant:	
Organization Represented:	
Address (Business):	
Address (Home):	
E-Mail Address:	
Business Telephone:	
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Applicant Cianatura	
Applicant Signature	
ACTIVITY INFORMATION	
Name of Activity:	
Location of Activity:	
Brief Description of Activity:	
Description of Location of Sound Device:	
Description of Bound Device.	
Day/Date:	
No. of Participants:	
140. of Furticipaties.	
RULES/POLICIES	
Roles/i Olicies	
1. Sound Amplification Permit applications must be submitted no later than 15 days	
prior to the scheduled event. Permits are accepted at the City of Mountain View, Community Services Department Senior Center, 266 Escuela Avenue, between the	
hours of 8:30 a.m. and 5:00 p.m., Monday through Friday or by mail.	
2. Sound Amplification Permit Fee: \$25.00 per day.	
2. South Implification I crimit I cc. ψ25.00 per day.	
3. Applicant shall contact all businesses/residences within the affected sound amplification area, advise them of this event and advise them that any opposition	
to the event can be expressed to Michele Petersen, Recreation Supervisor, at (650)	
903-6446.	
	OFFICE USE ONLY
	APP. FEE:
	COUNCIL APPROVAL:
	SUBMITTAL DATE:
	NOTIFICATION DATE:

CS-66 (Rev. 07-14-15)

WHITE: Office YELLOW: Applicant PINK: Police