



APPLICATION FOR SOUND AMPLIFICATION PERMIT

Complete this application and return to: CITY CLERK'S OFFICE, CITY OF UNION CITY, 34009 ALVARADO-NILES ROAD, UNION CITY, CA 94587

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Name of place of business or organization of Applicant: \_\_\_\_\_

Place of business or organization address: \_\_\_\_\_

Name of activity that will use amplified sound: \_\_\_\_\_

Location of activity: \_\_\_\_\_

Brief description of activity: \_\_\_\_\_

Description of location of sound amplifying device: \_\_\_\_\_

Date of activity: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Size of activity/number of participants: \_\_\_\_\_

Any measures proposed by applicant to reduce adverse noise impacts of amplified sound: \_\_\_\_\_

Large Activity Deposit amount, if required by Administrative Policy for Sound Amplification Permits, Section VI(D) \$\_\_\_\_\_

I, the undersigned, hereby apply for a Sound Amplification Permit. I declare that the information contained herein is, to the best of my knowledge and belief, true, correct and complete. I understand that by applying for this permit, I am agreeing to be subject to the Union City Administrative Policy for Sound Amplification Permits.

Name of individual making application Signature Date

FOR CITY USE ONLY

Date Application Requested: \_\_\_\_\_

Application Received: \_\_\_\_\_

Police Department Approval: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_

Permit No. \_\_\_\_\_

Permit Issued By: \_\_\_\_\_