



# CITY OF SANTA CLARA

## PERMIT REQUEST FOR OUTDOOR AMPLIFICATION OF MUSIC

### Applicant Information

Name of individual or group applying \_\_\_\_\_

Address \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Telephone Number \* \_\_\_\_\_

### Event Information

Occasion for this activity \_\_\_\_\_

Date of event \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Address where event will be held \_\_\_\_\_

Location of event at the address \_\_\_\_\_

*(i.e. in a house, backyard, garage, in a park, etc.)*

List other necessary permits for this event \_\_\_\_\_

*If none, so state*

Requested time period for amplified music

\_\_\_\_\_ am - pm \_\_\_\_\_ am - pm  
(circle) (circle)  
Start End  
*(Outside 9am to 10pm, City Council approval is required)*

Number of speakers to be used \_\_\_\_\_

Number of amplifiers to be used \_\_\_\_\_

Type of speaker(s) to be used \_\_\_\_\_

Aggregate wattage of all amplifiers \_\_\_\_\_

### Responsible Individual Information

Name of individual in charge at event (please print) \_\_\_\_\_

Signature of individual in charge at event \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Telephone Number \* \_\_\_\_\_

Name of property owner (please print) \_\_\_\_\_

*(refer to instructions on back of form)*

Signature of property owner \_\_\_\_\_

### FOR STAFF USE ONLY

Approved by City staff

\_\_\_\_\_

*(Staff Signature)*

Refer to Council

\_\_\_\_\_

*(initial)*

Council modified time period (if applicable)

\_\_\_\_\_ am - pm \_\_\_\_\_ am - pm  
Start (Circle) End (Circle)

Date of Council approval \_\_\_\_\_

Signed by City Clerk \_\_\_\_\_

*\* This permit request is a public document. If your telephone number is unlisted or if you do not want your number to be available to the public, please provide an alternate number where you can be reached.*

IMPORTANT INFORMATION ON REVERSE SIDE

Revised July 2014