



CITY OF MONROE

1110 18th Avenue, Monroe, WI 53566
Phone (608) 329-2524 FAX (608) 329-2561

AMPLIFIED SOUND PERMIT

Applicant(s): _____

Address: _____
(Street) (City) (State) (ZIP)

Telephone number:(_____)_____

Permit Location: _____

Date(s) of Permit: _____

Time Period: Begin:_____ to End:_____

NOTICE TO APPLICANTS:

This permit is issued under the restrictions of City Code 9-4-20.
A fee of \$10.00 per day (or \$5.00 for one hour or less) must accompany this application when submitted. Immediate approval may be granted for usual and customary uses, however, it is bound by certain limitations:

1. This permit shall be granted upon a showing by the applicant that the peace and good order of the City will not be disturbed:

(When applicable) Neighbors notified Y / N
Applicant assures consideration of hours Y / N

2. No permit shall be construed to authorize an act which does disturb the peace and good order of the City. Any applicant violating City Code 9-4-4 (disturbing the peace), by acting in a manner that is annoying to others may be subject to enforcement action, regardless of this permit.

3. Upon complaint being made by three (3) or more residents that the permit is creating a disturbance, the permit shall be immediately suspended.

I have read, understand and agree to the above limitations:

Signature of Applicant(s): _____

Fee paid \$_____ Date paid:_____ (Acct #5 / 501)

STATE OF WISCONSIN
CITY OF MONROE

Permit #_____

Whereas, the above applicant has paid the above fee as required by the resolutions and ordinances of the said City, and complied with all the requirements necessary for obtaining this license.

Now Therefore, By order of the Common Council, and by virtue hereof, the said applicant is hereby licensed and authorized to operate with amplified sound according to the above application, under Monroe City Code section 9-4-20, subject to all the conditions and provisions of said resolutions and ordinances.

Given under my hand and the corporate seal of said City of Monroe this _____ day of _____, 20____

(SEAL)

_____, Clerk/Deputy Clerk