



422 CAPITOLA AVENUE  
CAPITOLA, CALIFORNIA 95010  
TELEPHONE (831) 475-4242  
FAX (831) 479-8881

## AMPLIFIED SOUND PERMIT APPLICATION

\*Application fee of \$32 must be submitted with this completed application\*

### Applicant Information:

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Organization Information, if applicable:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Nonprofit ID: \_\_\_\_\_

Website: \_\_\_\_\_

Name of Onsite Event Coordinator During Event: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Event Information:

Event Name: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_

Type of Amplified Sound:

PA Speaker for Announcement Only

PA Speaker for Announcements and Music

Professional Sound System for Music

Professional Sound System for Live Music/Band

Live Music/Band Name: \_\_\_\_\_

Type of Music: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_, Chief of Police Date: \_\_\_\_\_

Approved By: \_\_\_\_\_, CCD Director Date: \_\_\_\_\_