



City Clerk's Office
300 W. Ash, Rm. 206
P.O. Box 736
Salina, KS 67402-0736
(785) 309-5735

For office use only
Licensing Year: _____
License No. _____

APPLICATION FOR AMPLIFIED SOUND OR LOUDSPEAKER LICENSE

AMPLIFIED SOUND* **LOUDSPEAKER****

***Amplified Sound is a performance emanating from band concerts, block parties, or other performances or similar activities publicly or privately sponsored and presented in any public space outdoors.**

****Loudspeaker is any person conducting, pursuing, carrying on or operating the calling, trade or occupation of advertising or announcing by means of a loudspeaker or radio from a vehicle or stationary location on private property for the purpose of calling attention to persons.**

Name of Applicant/Company _____

Address _____ Phone _____

Location (Location Name and/or Address if applicable) _____

Reason for operation (block party, band concert, festival, etc) _____

Type of loudspeaker/amplified sound to be used (Live band, radio, PA system, etc.) _____

Dates of operation _____

Hours of operation (must be between the hours of 8:00 a.m. and 9:00 p.m.)*** _____

*****Any variance from these hours, City Manager approval must be obtained.** _____

Property Owner Authorization

If the event is to take place at a location **not** owned by the applicant, it is necessary to obtain the approval of the property owner/or manager.

Property Owner / or Manager _____ Signature _____
(Print Name)

Mailing Address _____ Telephone _____
Street City

I agree to comply with all requirements of the Salina Code (Sec. 3-5, Sec. 3-6 & 25-132(d)) and regulations relating to the operation of such business or event. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Date _____ Signature _____

Amount Paid \$ _____ Date _____ Receipt No. _____ Received by _____

Certificate of Zoning Official

The above described property is properly zoned for the intended use. **A separate temporary use permit is not required.

Date _____ Zoning Official _____

Application Approved/Disapproved

Date _____ City Clerk _____