Amplified Sound Equipment Application

Print or type information and return to: Business License Division, 1700 W. 162nd Street Rm #101, Gardena, CA, 90247

Name of Applicant			Phone No.	
Address of Applicant				
Name of Organization				
Location of Event				
Date of Event		Hours of Event		
Description of Amplified Equip (speakers, microphone, etc)				
Hours of equipment use		Method of Operation		
Describe Event's Activities				
I hereby certify and declare under penalty of perjury that the foregoing is true and correct and that I, the Applicant, agree to comply with all conditions imposed with the issuance of this permit.				
Applicant Signature			[Date
For Office Use Only				
Amount of Fee	Date		Received By	
For Police Department Use Only				
I approve of the above subject to the following conditions:				
I disapprove of the above:				
Chief of Police			0	Date

WWW.CITYOFGARDENA.ORG / PHONE (310) 217-9530

LP-1800 Rev. 02/13/2019