Amplified Sound Equipment Application

Print or type information and return to: Planning 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	Date