

SOUND AMPLIFICATION PERMIT

VILLAGE OF DWIGHT, ILLINOIS

Applicant Name _____

Applicant Address _____

Applicant Phone Number _____

Location where permit will be used _____

Date & time of intended use _____

Event description _____

Name & Address of Owner of amplification device _____

Signature of Applicant

_____ PERMIT APPROVED

_____ PERMIT DENIED

VILLAGE PRESIDENT

DATE

VILLAGE CLERK