



818-548-2090

**CITY OF GLENDALE
APPLICATION FOR AMPLIFIED SOUND PERMIT**

(GMC 8.36.240)

MUST BE FILED WITH THE CITY CLERK'S OFFICE NOT LESS THAN FIVE (5) DAYS PRIOR TO THE EVENT

Use: NON – COMMERCIAL (\$15) _____ COMMERCIAL (\$50.00 Daily) _____

Name of Owner of equipment: _____

Address: _____ Cell Phone: _____

Name of Operator of equipment: _____

Address: _____ Cell Phone: _____

Wattage to be used _____ Volume (decibels) produced _____ If sound truck is used
complete the following: Model _____ License Plate No. _____

General description of equipment and event: _____

Location of event: _____

Date of event: _____ Equipment to be used from: _____ A.M. _____ A.M.
P.M. to: _____ P.M.

GMC 8.36.280 (b) (NOTE: 10:00 P.M. LIMIT)

APPLICANT MUST CONFORM TO SECTION 415 PENAL CODE (DISTURBANCE OF THE PEACE)

SIGNATURE: _____ ORGANIZATION: _____

NAME PRINTED: _____ PHONE: _____

DEPARTMENT USE ONLY

POLICE DEPARTMENT: Approved _____ Denied _____
Signature: _____ Date: _____

CITY CLERK: Approved _____ Denied _____
Signature: _____ Date: _____

If Denied – Reason _____

PARKS & RECREATIONS APPROVAL: Signature: _____ Date: _____

Application Fee Paid: \$ _____ K-23 Receipt No. _____

PLEASE COMPLETE BOTH FORMS AND RETURN WITH CHECK/MONEY ORDER (IF APPLICABLE)
TO:

**CITY OF GLENDALE.
613 E. Broadway Ave., RM 110, Glendale, CA 91206-4393**



818-548-2090

CITY OF GLENDALE NEIGHBOR NOTIFICATION FORM

NAME OF APPLICANT

PARTY ADDRESS

DAY OF EVENT: _____

DATE OF EVENT: _____

REASON FOR EVENT: _____

(Circle One)

ADULT PARTY

CHILDREN'S PARTY

TIME: _____ AM/PM

_____ AM/PM

Number of Guests Expected: _____

Obtain the signatures, addresses, and telephone numbers of the neighbors to the left, right, front, and rear of your event.

NEIGHBOR #1 Signature: _____
 Print Name: _____
 Address: _____
 Telephone No: _____

NEIGHBOR #2 Signature: _____
 Print Name: _____
 Address: _____
 Telephone No: _____

NEIGHBOR #3 Signature: _____
 Print Name: _____
 Address: _____
 Telephone No: _____

NEIGHBOR #4 Signature: _____
 Print Name: _____
 Address: _____
 Telephone No: _____

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