

AMPLIFIED SOUND PERMIT APPLICATION

\$50.00 Non-Refundable Fee

(Ord. 14(2007) § 1: Ord. 3(1999) § 10: Ord. 20(1988) § 1: 1997 Code: Ord. 15(1988) § 1:

Ord. 26 (1984) § 1: Ord. 32(1982) § 1:Ord. 1(1981) § 1)

ame of Business:				
ailing Address:				
ontact Phone:		Email:		
ddress of Premises or Location(s) /here Sound is to be Produced:		Dates:	Days:	Times:
Amplified sound is prohibited between 10:00 pm and 8:00 am, Sun-Thurs And between 11:00 pm and 8:00 am Fri-Sat				
	decibels: 65 DEC ound will be proje ojected:	CIBELS MAXIMU cted: 100 FEE	ΓΜΑΧΙΜυΜ	usic, PA system, etc):
If live music name of	entertainers/ban	d, type of music	played:	
SIGNATURE OF APPLICANT:			DATE:	
Please submit the form	to the Vail Polic	e Department	, 75 S. Frontage Ro	d, Vail, CO 81657
Application is hereby: DENIED	Reason for Den	ial:		
BY VAIL POLICE REPRES	ENTATIVE		Dat	e: