

CITY OF VERONA

AMPLIFICATION DEVICE PERMIT APPLICATION

- ❖ ***Please attach a sketch of the outdoor area indicating where music or other amplification will be located/played.***

Please answer the following questions.

- Name of Host/Business/Event:

- Address of where the event will take place:

- Email Address:

Phone Number:

- Hours during which amplification will be used:

From ____ : ____ a.m./p.m. to ____ : ____ a.m./p.m.

- Requested duration or date of the permit (e.g. May-Oct)

- What type of music will be playing?

Live Band

Recorded Music

Acoustic

Other: _____

- Type of amplification:

- Applicant Signature

Signature

Date

Approval:

Police Chief Signature

Date