

SOUND AMPLIFICATION APPLICATION

CITY OF JOLIET

Department of Management & Budget
Business Services
150 West Jefferson Street
Joliet, Illinois 60432
Office 815.724.3905 Fax 815.724.3904
www.cityofjoliet.info

Office Use Only:
Date Received: _____
Date Issued: _____

PLEASE COMPLETE THE ENTIRE FORM AND PRINT LEGIBLY. Incomplete forms will be returned. **Complete application packets must be submitted no less than one (1) week before the event.**

CONTACT INFORMATION

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail Address: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail Address: _____

SPECIFIC REQUEST INFORMATION

Location of Event: _____

Is this a Single-Family Detached Residence? Yes: _____ No: _____

Description of Event: _____

Event Date: _____ Rain Date: _____

Starting and Ending Time (prohibited hours 11 p.m. to 7 a.m.): _____

Estimated Number of People Attending: _____

Date of Last Event at Same Location: _____

Location of Outdoor Amplification on Private Property: _____

Type of Outdoor Music: Radio: _____ Stereo: _____ DJ: _____ Live Band: _____

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Is the Property within 300 feet of the Property Line of any Hospital, Church, School or Courthouse?

No: _____ Yes: _____

Name of institution: _____ Address of institution: _____

Will the Public Right-of-Way be Used? No: _____ Yes: _____ (you must also complete an Open Air Meeting/Block Party application which takes two (2) weeks for processing)

Name of Musical Group or DJ Performing: _____

Name of Manager/Booking Agent: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

ADDITIONAL INFORMATION TO BE PROVIDED AT TIME OF SUBMITTAL

● **Permit fee of \$20.00 per event.**

● **Valid copy of a state issued identification card for the contact person** – must match with the residential address of the event, if it does not match a current utility bill with matching information must be submitted.

● **Proof of ownership or rental lease from event location.** Examples include copy of deed, tax bill, mortgage payment form or rental lease.

I have read, understand, agree and will fully comply with the Section 25 ½ Public Gatherings 9 Playing of Music and the following:

1. An approved permit may be cancelled at the discretion of the City Manager or his designee for failure to obey the terms of the permit policy, or for public safety reasons;
2. The City of Joliet will be held harmless for any injury to any person or loss or damage to property caused by the grant of the permit or as a result of the event or the action(s) of any person attending the event;
3. The person listed on the application as having authority to control noise or the event must remain at this event until its completion, and shall be available to accept any complaints;
4. No alcoholic beverages shall be sold at any event unless the proper state of Illinois and City of Joliet Liquor License has been issued. Underage drinking is prohibited. Alcoholic beverages are not allowed on the public right-of-way;
5. The sound amplification permit is limited to the date and time specified on the permit, but in no event shall begin before 7 am or continue after 11 pm;
6. The volume of sound shall be so controlled that it will not be unreasonably loud, raucous, jarring, disturbing or a nuisance to reasonable persons of normal sensitiveness within the area of audibility; and
7. Upon request by a police officer, the sound level of the live music or amplified sound shall be lowered or shut off. Failure to do so may result in the issuance of a compliance ticket.

LOCATION OF EVENT: _____ DATE OF EVENT: _____

Signature of contact person

Print name of contact person

Date: _____

application 06222011