

Amplified Sound Permit Application



Please Return Application to:
Chris Wallentine, City Clerk
300 West Main Street, PO Box 347, Denison, Texas 75020
Phone: (903) 465-2720 x2437 Email: cityclerk@denisontx.gov

Applicant/Responsible Person: _____
Organization: _____
Address: _____
Phone Number: _____
Business Owner: _____
I/we request permission to have amplified sound/music as follows:
DATE(S): _____
TIME(S): _____
PLACE: _____
MUSIC SOURCE: _____
PURPOSE: _____

City of Denison Ordinance No. 4617: "AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF DENISON, TEXAS REPEALING ARTICLE IV, ENTITLED "NOISE", OF CHAPTER 13, ENTITLED "NUISANCES" OF THE CODE OF ORDINANCES OF THE CITY OF DENISON, TEXAS; ENACTING A NEW ARTICLE IV, ENTITLED "NOISE", PROVIDING FOR THE PROHIBITION OF THE CREATION OF CERTAIN SOUNDS; PROVIDING FOR THE PROHIBITION OF AMPLIFIED SOUNDS EXCEPT PURSUANT TO A PERMIT SYSTEM HEREIN ESTABLISHED; PROVIDING FOR THE MEASUREMENT OF SOUND AND CREATING MAXIMUM SOUND LEVELS; PROVIDING FOR A PENALTY; AND FINDING AND DETERMINING THE MEETING AT WHICH THIS ORDINANCE IS ADOPTED TO BE OPEN TO THE PUBLIC AS REQUIRED BY LAW."

Non-refundable fee \$50.00 Paid: _____ Receipt No. _____

I/We understand and agree to comply with the conditions set forth by the City of Denison Ord. # 4617.

Applicant's Signature _____ Date _____

OFFICIAL USE ONLY

Received Date: _____ Received By: _____
Approval Date: _____ Approved By: _____

****PENALTY FOR NOT OBTAINING AN AMPLIFICATION PERMIT MAY BE UP TO \$2000.00****

CITY OF DENISON, TEXAS * P.O. BOX 347 * DENISON, TEXAS 75021 * (903) 465-2720