



Noise Permit Application

City of Boone
923 8th Street
Boone, IA 50036

Reason for Permit: _____

Company/Applicant

Address

City, State Zip

Primary Contact Name

Phone

e-mail

Date of Event: _____ Time (start/finish): _____

Location of Event: _____

Type of Equipment (PA, loud speakers, live band, etc.) _____

Estimated # of Attendants: _____

Other information: _____

I hereby acknowledge that this information is true and correct.

Date of Application _____

Signature/Title _____

<i>OFFICE USE ONLY:</i>			
<i>Approval must be granted by all Departments noted below.</i>			
Boone Police Department (515) 432-3456	<input type="checkbox"/> Approved	_____	_____
	<input type="checkbox"/> Denied	_____	_____
Notes or comments:		Signature	Date
City Council (515) 432-4211	<input type="checkbox"/> Approved	_____	_____
	<input type="checkbox"/> Denied	_____	_____
Notes or comments:		Signature	Date