Dunn Police Department

**Permit to Exceed Noise Limits**

Name of Applicant:

Address:

Contact number:

Type of activity/description:

Are you serving: (Beer/Wine/Alcohol)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event:

Proposed Start time: Proposed End time:

Proposed place:

Number of People:

Name of person in charge of the event:

Address:

Contact number:

Date application submitted:

Signature of Applicant:

E-Mail Address

\*\*\*\*\*\*\*\*\*\*Department Use Only\*\*\*\*\*\*\*\*\*\*

Application Received: Date: Time:

Approved Approved (with stipulations) Disapproved

Signature (City Manager):

Signature (Chief of Police):

***LIST ANY STIPULATIONS BELOW***

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