



## AMPLIFIED MUSIC PERMIT APPLICATION FORM

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCATION/ADDRESS OF EVENT \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ TIME OF EVENT \_\_\_\_\_

Music Company/Band: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Event/Reason for permit request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you submitted a permit application for amplified music in the past? \_\_\_\_\_

If yes, please provide the date of the application and the residence address: \_\_\_\_\_

\_\_\_\_\_  
Remarks or Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Zoning Administrator may grant permits for amplified music under the following conditions:

1. No more than four total hours.
2. Not allowed between 10:00 p.m. and 10:00 a.m.
3. For special events – maximum one per year.
4. For Town Business – maximum of 12 per year and one per week.

I hereby certify that the above information is correct and agree to be in strict compliance with all the provisions of the Ordinances of the Town of Superior, Colorado.

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Resident Signature

Date

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Zoning Administrator

Date