

VILLAGE OF COTTAGE GROVE SOUND AMPLIFICATION PERMIT

PERMIT DATE(S): _____

NAME OF EVENT: _____

I (WE) hereby, make application for a Sound Amplification Permit, subject to the Municipal Code of the Village of Cottage Grove. (If an organization, list the President, Chairperson, Party or Parties responsible for application.) **APPLICANT(S) INFORMATION**

Name: _____
Address: _____
Phone: _____
Email: _____

Name: _____
Address: _____
Phone: _____
Email: _____

Other individual(s) having authority for the event: _____

OVERSIGHT OF THE EVENT

Person(s) responsible for conducting the proposed use of the permit (Must be 18 years of age):

Name: _____
Address: _____
Phone Number: _____
Email: _____

Name: _____
Address: _____
Phone Number: _____
Email: _____

Starting Time: _____

Ending Time: _____

Location at which the sound amplification device(s) will be used: _____

The proposed use, described in detail, for which the sound amplification permit is requested: _____

The proceeding information is correct to the best of my knowledge. I have received a copy of the Village of Cottage Grove Noise Ordinance (Section 219-1) and agree to abide by all the regulations and policies set forth for the use of the sound amplification permit. I acknowledge overall supervision of and responsibility for this event. By offering this permit, the Village of Cottage Grove does not accept any responsibilities, expressed or implied for any damage arising out of the use of this permit, and I acknowledge the Village of Cottage Grove has no responsibilities, expressed or implied for any damages arising out of, or connected in any way with the use of this permit.

I further agree to indemnify, save, and hold harmless the Village of Cottage Grove and each and every one of its elected and appointed officials, officers, employees, agents, representatives, successors, heirs, and assigns from and against any and all claims, damages, liability, expenses, costs, judgements, actions, demands, and responsibility of whatsoever kind or nature.

BY: _____
(Signature of Applicant)

DATE: _____

APPROVED BY: _____

DATE: _____