



## 2019 SOUND AMPLIFICATION APPLICATION

Office of the City Clerk - Business Services  
150 West Jefferson Street  
Joliet, Illinois 60432  
Office 815-724-3905 Fax 815-724-3904  
Email: [businessservices@jolietcity.org](mailto:businessservices@jolietcity.org)  
Website: [www.cityofjoliet.info](http://www.cityofjoliet.info)

**Office Use Only:**  
Date Received: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

PLEASE COMPLETE THE ENTIRE FORM AND PRINT LEGIBLY. Incomplete forms will be returned. Complete application packets must be submitted no less than four (4) weeks before the event.

### CONTACT INFORMATION

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### SPECIFIC REQUEST INFORMATION

Location of Event: \_\_\_\_\_

Is this a Single-Family Detached Residence? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Event Date: \_\_\_\_\_ Estimated Number of People Attending: \_\_\_\_\_

Starting and Ending Time (Prohibited Hours 11:00 p.m. to 7:00 a.m.): \_\_\_\_\_

Description of Event: \_\_\_\_\_

Location of Outdoor Amplification on Private Property: \_\_\_\_\_

Type of Outdoor Music: Radio: \_\_\_\_\_ Stereo: \_\_\_\_\_ DJ: \_\_\_\_\_ Live Band: \_\_\_\_\_

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Is the Property within 300 feet of the Property Line of any Hospital, Church, School or Courthouse?  
No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, name and address of institution: \_\_\_\_\_

Will the Public Right-of-Way be Used? No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, you must also complete an Open Air Meeting/Block Party application, which also takes four (4) weeks for processing.

Name of Musical Group or DJ Performing: \_\_\_\_\_

Name of Manager/Booking Agent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### ADDITIONAL INFORMATION TO BE PROVIDED AT TIME OF SUBMITTAL

- **Permit fee of \$20.00 per event.**
- **Valid copy of a state issued identification card for the contact person** – must match with the residential address of the event. If it does not match, a current utility bill with corresponding information to the ID must be submitted.
- **Proof of ownership or rental lease from event location.** Examples include copy of deed, tax bill, mortgage payment form or rental lease.

I have read, understand, agree and will fully comply with Chapter 25½ Public Gatherings Section 25½ -9 Playing of Music and the following:

1. An approved permit may be cancelled at the discretion of the City Manager or his designee for failure to obey the terms of the permit policy or for public safety reasons;
2. The City of Joliet will be held harmless for any injury to any person or loss or damage to property caused by the grant of the permit or as a result of the event or the action(s) of any person attending the event;
3. The person listed on the application as having authority to control noise for the event must remain at this event until its completion and shall be available to accept any complaints;
4. No alcoholic beverages shall be sold at any event unless the proper State of Illinois and City of Joliet Liquor License has been issued. Underage drinking is prohibited. Alcoholic beverages are not allowed on the public right-of-way;
5. The sound amplification permit is limited to the date and time specified on the permit but in no event shall begin before 7:00 a.m. or continue after 11:00 p.m.;
6. The volume of sound shall be so controlled that it will not be unreasonably loud, raucous, jarring, disturbing or a nuisance to reasonable persons of normal sensitiveness within the area of audibility; and
7. Upon request by a police officer, the sound level of the live music or amplified sound shall be lowered or shut off. Failure to do so may result in the issuance of a compliance ticket.

LOCATION OF EVENT: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

\_\_\_\_\_  
Contact Name (Print)

\_\_\_\_\_  
Contact Name (Signature)

Date: \_\_\_\_\_