

**CITY OF ARNOLDS PARK
NOISE PERMIT**

NAME: _____

ADDRESS: _____

DATE OF ACTIVITY: _____ TIME: _____

LOCATION OF ACTIVITY: _____

NATURE OF/DEVICE EMITTING SOUND: _____

NUMBER OF PEOPLE THAT WILL BE IN ATTENDANCE: _____

PERSONS RESPONSIBLE FOR ACTIVITY: _____

SIGNATURE OF APPLICANT

DATE

THIS PERMIT IS GRANTED PURSUANT TO THE CODE OF ORDINANCES, CITY OF ARNOLDS PARK, IOWA, 2009. DATED THIS _____ DAY OF _____, 20____.

CITY CLERK