



OFFICE OF THE CITY CLERK

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APPLICATION FOR SOUND AMPLIFICATION PERMIT

PLEASE PRINT OR TYPE. Answer all questions completely.

If a question is not pertinent, write N/A in the accompanying space. Do not leave any question unanswered. Incomplete or unanswered questions shall result in a denial of the application. Falsification of answers in this application shall result in the revocation of the Sound Amplification Permit and forfeiture of any fees or bond, and potential criminal prosecution. **APPLICATIONS MUST BE RECEIVED AT LEAST 10 BUSINESS DAYS PRIOR TO EVENT.**

This application for a Sound Amplification Permit is made pursuant to the provisions of Chapter 26, Article IV Noise of the Rome Code of Ordinances.

I. BACKGROUND

Name of Applicant: (Individual): _____

Permanent Address: _____

Permanent Phone Number: () _____ Cell: () _____

Company Name (if applicable): _____

Event Address: _____

Zone District: _____

Date(s) of Event: _____

Time of day the permit is needed: _____

Event Description (Including equipment and its use): _____

An amplified sound permit shall not have a start time before 7:00 a.m. or end time past 9:00 p.m. Sunday through Thursday or 11:00 p.m. Friday through Saturday. An amplified sound permit shall only be issued for a property located in a commercially zoned district. Full requirements are outlined in the City of Rome Code of Ordinances Chapter 26, Division 3.

II. SIGNATURE

I certify under penalty of perjury that I have personally answered all the questions contained herein and that the information provided by me is true and complete to the best of my knowledge.

I have read the foregoing and understand that FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210. of the NEW YORK STATE PENAL LAW.

In the event of inclement weather, the permit fee will not be reduced, pro-rated or refunded.

Signature

Sworn to and subscribed before me this ____ day of _____, 20__

Notary Public /Commissioner of Deeds
Commission expires: _____

[Information below this line is for office use only]

Treasurer Verification

The applicant (person and/or business) is not delinquent in any taxes owed to the City of Rome.

Name & Title

Date

Code Enforcement Office Verification

The applicant is located in a permissible zone district and is not otherwise in violation of the City of Rome Code of Ordinances.

Name & Title

Date

Police Department Verification

Conditions of motor vehicle and pedestrian movement are such that, in the opinion of the Rome Police Department, the issuance of the applied-for permit would not constitute a detriment to traffic safety.

Name & Title

Date

III CITY CLERK LICENSE INFORMATION

Permit Fees:

Daily Fee: \$ 25.00

Fee Paid: \$ _____

Certificate Number: _____

Date Permit Issued: _____

Date(s) Permit Valid For: _____

Date: _____

City Clerk's Signature