ERIC SEELIG CITY CLERK



OFFICE OF THE CITY CLERK

ROME CITY HALL, 198 N. WASHINGTON ST. ROME, NEW YORK 13440-5815 PHONE: (315) 339-7659 FAX: (315) 838-1160 WWW.ROMENEWYORK.COM

SOUND AMPLIFICATION PERMIT APPLICATION

Please 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.

Please include a photocopy of your driver license.

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

BACKGROUND

Name of Applicant: (Individual) Address:):	
Phone:		
Business Name (if applicable):		
Event Address:		
Zone District:		
Date of Event(s):		
Time of day the permit is needed	<i>t</i> :	

Event Description (including equipment and its use):

IMPORTANT NOTES

- Applications must be received at least ten (10) business days prior to the event(s).
- An amplified sound permit shall not have a start time before 7:00 a.m. or an 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.

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

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FOR INTERNAL USE ONLY

CITY TREASURER VERIFICATION

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

 \Box Approved \Box Disapproved

The applicant was not approved for the following reason(s):

Signature

Title

Date

.....

CODE ENFORCEMENT VERIFICATION

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

 \Box Approved \Box Disapproved

The applicant was not approved for the following reason(s):

Signature

Title

Date

.....

POLICE DEPARTMENT VERIFICATION

The credentials of the applicant have been checked by the Rome Police Department, and based upon the information provided, the permit is:

 \Box Approved \Box Disapproved

The applicant was not approved for the following reason(s):

Signature

Title

Date

.....

CITY CLERK LICENSING INFORMATION

Permit Fee:	\$25.00 (per event)	
Total Fee Paid:	Permit Number:	
Date Permit Issued:		
Date(s) Permit Valid Fo	::	_

City Clerk