



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: _____ Email: _____

Business Name (if applicable): _____
Event Address: _____
Zone District: _____
Date of Event(s): _____
Time of day the permit is needed: _____

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.***

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.

Approved 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:

Approved 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 For: _____

City Clerk

Date