

Please complete (print or type) this form in its entirety and submit it with your completed application document. Your application **must** be submitted five (5) business days prior to event date for review. Your application will not be considered complete without this document.

PART 1 – APPLICANT INFORMATION

Use as Primary Mailing Address

A. Title - Owner/Applicant President Officer or CEO Business Representative

B. _____ C. _____
 First Name Last Name Date of Birth Email Address

D. _____ E. _____
 Mailing/Street Address City State Zip Code Area Code - Phone Number

PART 2 - DETAILS

A. Use: Non-Commercial Commercial

B. Duration (Commercial Only*): Daily Weekly Monthly Annual
 (* requires completed master application)

C. Party Address: _____
 Street Address Suite/Unit Number Zip Code

D. Name of Equipment Owner: _____

E. Address of Equipment Owner: _____
 Street Address City State Zip Code

F. Name of Equipment Operator: _____

G. Address of Equipment Operator: _____
 Street Address City State Zip Code

H. Day and Date of Event: _____

I. Wattage to be used: _____

J. Volume (decibels) produced: _____

K. If a sound truck is used complete the following:
 Model: _____ License Plate: _____

L. General description of equipment and event: _____

M. Equipment to be used from: _____ A.M. to: _____ P.M. (NOTE: 10:00 P.M. LIMIT) Note: GMC 8.36.280 (b) - APPLICANT MUST CONFORM TO SECTION 415 PENAL CODE (DISTURBANCE OF THE PEACE). VIOLATORS ARE SUBJECT TO CITATION.

N. Adult Party Children's Party

O. Time _____ AM/PM

P. Number of guests expected _____

Q. You must notify your neighbors directly to the left, right, front, and rear of your event, use the spaces provided below:

<u>NEIGHBOR #1</u> Address: _____	<u>NEIGHBOR #2</u> Address: _____
<u>NEIGHBOR #3</u> Address: _____	<u>NEIGHBOR #4</u> Address: _____

I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of license or permit for which I am applying. I declare, under penalty of perjury, that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license or permit.

Applicant's Signature _____

_____ Date