

VILLAGE OF HAMILTON
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Hamilton, NY 13346
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VILLAGE OF HAMILTON
SOUND PERMIT

THIS PERMIT SHOULD BE SUBMITTED **NO LATER** THAN 5 DAYS BEFORE THE EVENT.

DATE OF THE EVENT: _____

NAME AND ADDRESS OF PERSON(S) SPONSORING THE EVENT:

TELEPHONE # _____

E-MAIL: _____

ADDRESS WHERE THE EVENT WILL BE HELD:

NUMBER OF PEOPLE EXPECTED TO ATTEND: _____

TIME OF EVENT _____ TO _____

NO PERMIT WILL BE ISSUED AFTER 12:00 a.m. (MIDNIGHT)

Sound should be kept at an acceptable level that will not unduly disturb the surrounding community.

APPLICANT SIGNATURE: _____ DATE: _____

LANDLORD or COLGATE OFFICIAL'S NAME: _____

LANDLORD or COLGATE OFFICIAL'S SIGNATURE: _____ DATE: _____

LANDLORD'S PHONE # _____

MAYOR APPROVAL: _____ DATE: _____