

**AMPLIFIED SOUND PERMIT APPLICATION
CITY OF PIGEON FORGE, TENNESSEE**

BUSINESS NAME: _____

BUSINESS OWNER: Name: _____

Address: _____

Phone No.: _____

Email: _____

EQUIPMENT: Name: _____

Address: _____

Phone: _____

License number of sound truck: _____ (where applicable)

General description of sound amplification equipment to be used: _____

Parking: number on premise spaces _____

number on adjacent property _____

number spaces on R.O.W. _____

Check one: commercial _____ non-commercial _____

Date(s) equipment is to be used: _____

Street location: _____

Check one: daily permit _____ season permit _____

\$150/day \$500/season July 1-June 30

My signature on this permit indicates that I understand and will abide by the rules set down by Pigeon Forge Municipal Ordinance No. 273 as amended by Ordinance No. 287, 319, and 528. The above statements are true to the best of my knowledge, and I understand that any falsification on my part constitutes grounds for refusal or revocation of permit. I further understand that any violation of said ordinance shall constitute a misdemeanor subject to a maximum fine of \$50 per person for each violation, each day. Amplification to cease at 11:00 p.m.

Signed: _____

Applicant

Date: _____

Approved: _____

City Manager

Date: _____