

**CITY OF WHITE PLAINS
DEPARTMENT OF PUBLIC SAFETY**

OPERATION of SOUND DEVICE APPLICATION

(In, On, or Near Any Public Place)

PLEASE PRINT CLEARLY

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Name of Event: _____ Application Date: _____

APPLICANT INFORMATION

Name: _____ Phone Number(s): _____ Fax: _____

Address: _____ City, State, Zip: _____

EVENT INFORMATION

Event Date: _____ Start Time: _____ Finish Time: _____

Location: _____

Type of Sound Device ie. (D.J / Amplifiers / CD Player): _____

ROUTING INFORMATION (To be completed by Department of Public Safety)

- | | |
|--------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Police Chief | <input type="checkbox"/> Building Department..... 422-1471 |
| <input type="checkbox"/> Traffic Division | <input type="checkbox"/> Law Department..... 422-1231 |
| <input type="checkbox"/> Tour Commander | <input type="checkbox"/> Parking Authority..... 422-1274 |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Parks & Recreation..... 422-1250 |
| <input type="checkbox"/> Mayor's Office.....422-1395 | <input type="checkbox"/> Westchester County PD..... 864-7741 |
| <input type="checkbox"/> Other (Please explain): _____ | |

***** DISCLAIMER *****

THE CITY OF WHITE PLAINS DISCLAIMS ANY LIABILITY FOR
INJURY OR PROPERETY DAMAGE ARISING OUT OF OR INCIDENTAL TO THE ACTIVITIES OF THIS EVENT

City of White Plains Noise Ordinance Section 3-4-2 (General)

It shall be unlawful for any person to make, permit, allow, continue any loud, unnecessary noise....

FEE:

\$50.00 Fee payable to The City of White Plains (Cash Check or Money Order accepted)
The Department of Public Safety reserves the right to make reasonable and good faith modifications to the
sound device permit as necessary for the well being of the general public.

APPLICATION APPROVED: DENIED:

***APPLICANT'S SIGNATURE*:**

DEPUTY / COMMISSIONER OF PUBLIC SAFETY

APPLICANT

DATE