



# Dunn Police Department

## Permit to Exceed Noise Limits

Name of Applicant:\_\_\_\_\_

Address:\_\_\_\_\_

Contact number:\_\_\_\_\_

Type of activity/description:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you serving: (Beer/Wine/Alcohol)\_\_\_\_\_

Date of Event:\_\_\_\_\_

Proposed Start time:\_\_\_\_\_ Proposed End time:\_\_\_\_\_

Proposed place:\_\_\_\_\_

Number of People:\_\_\_\_\_

Name of person in charge of the event:\_\_\_\_\_

Address:\_\_\_\_\_

Contact number:\_\_\_\_\_

Date application submitted:\_\_\_\_\_

Signature of Applicant:\_\_\_\_\_

E-Mail Address\_\_\_\_\_

\*\*\*\*\*Department Use Only\*\*\*\*\*

Application Received: Date:\_\_\_\_\_ Time:\_\_\_\_\_



Approved ☐      Approved (with stipulations) ☐      Disapproved ☐

Signature (City Manager): \_\_\_\_\_

Signature (Chief of Police): \_\_\_\_\_

***LIST ANY STIPULATIONS BELOW***

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