AMPLIFIER PERMIT APPLICATION

FEE:	COMMERCIA	L \$ <u>100.00</u>	SPECIAL EV	YENT \$<u>25</u> .	.00	
Name	197 JU					
Address			·····			
	P.O.BOX	CITY	STATE		ZIP	
Contact Number			Email			
Type of License:	Commercial.	3	Special e	event		
Applicant Signatur	e	14 /2		Date		
COMMERCIAL: Business N	lame					
	Street	P.O.Box	City	State	Zıp	
Business P	hone number				5	
Hours of O	peration					_
Proposed U	Jse/ Purpose for A	Amplifier				
SPECIAL EVENT: Organization	n/Individual Spon	soring the Event:				
Type of Ev	ent					
Address of	Event	1	anay is served in the life of the Alline's			_
Date Of Ev	ent		Rain Date _			
Time of Eve	ent (beginning &	ending)				
Street Closu	ires or Other Spec	cial Requests				
APPROVED/DATE		DENIED/DAT	E			
				VILLAGE CI	LERK	DATE
THIE VII,LAGE OF PEOT OF THE ABOVE EVENT (IABILITY OR RESPON	SIBILITY FOR TILLS	EVENT. TIIIS PE	RMIT IS FOR O	PERATION
Updated 02/2024		(708) 258-3	279			
Openion on 2027	\^/\^/\		DTONE COM			

208 E MAIN STREET P.O. BOX 430 PEOTONE, IL 60468-0430