Alice Daly, Town Clerk Town Hall - 60 McAlpin Avenue Mahopac, NY 10541 845.628.1500

| Applicant Name:                                                                                                                                                                                                                                                 |                                   |                                         |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------|----------------------------------------------|
| Applicant Address:                                                                                                                                                                                                                                              |                                   |                                         |                                              |
| Applicant Telephone Number:                                                                                                                                                                                                                                     |                                   |                                         |                                              |
| Name and Address of Owner of Premises:                                                                                                                                                                                                                          |                                   |                                         |                                              |
| Location of Premises for which Permit is Sought.                                                                                                                                                                                                                |                                   |                                         |                                              |
| Date of Event: Hours                                                                                                                                                                                                                                            | s: From:                          | To:                                     |                                              |
| Identify Type of Sound System:                                                                                                                                                                                                                                  |                                   |                                         |                                              |
| Volume of Sound to be used (measured by decibels o                                                                                                                                                                                                              | or other efficient m              | ethod):                                 |                                              |
| Type of Event:                                                                                                                                                                                                                                                  | Date                              | of Application:                         |                                              |
| No permit can be issued for any location within 500 fo<br>hours of such institutions nor within 500 feet of a hosp                                                                                                                                              |                                   |                                         | of worship during the                        |
| Issuance of this permit shall not be construed to relievlessee of any premises wherein the same is used, fro                                                                                                                                                    |                                   |                                         |                                              |
| Operation of any loudspeaker or similar device is through Thursday; before 10:00 a.m. or after 11:59 11:59 p.m. on Federal Holidays or any other day as d                                                                                                       | p.m. on Friday ar                 | nd Saturday; befor                      | e 10:00 a.m. or after                        |
| Each permit issued by the Town Clerk shall be valid f                                                                                                                                                                                                           | or a period not to                | exceed three (3) ca                     | alendar days.                                |
| Subsequent to the issuance of any permit by the a residential ("R")-zoned district, no additional peregardless of ownership thereof, prior to 30 (thirty) prior permit issued for said parcel or property.                                                      | ermit shall be iss                | sued for the same                       | e parcel or property                         |
| Subsequent to the issuance of any permit by the Cler designated as other than residential ("R"), include Business Park ("CBP")-zoned district, no additional regardless of ownership thereof, prior to five (5) cale permit issued for said parcel or property. | ding Commercial permit shall be i | "C")-zoned distri<br>issued for the san | ict and/or Commerce<br>ne parcel or property |
| I hereby acknowledge receipt of a copy of Chapt<br>Sound Amplifying and Reproducing Equipment,<br>similar devices.                                                                                                                                              |                                   |                                         |                                              |
| I have complied with the provisions §104-6(C) or owner(s) of each improved parcel or property loc my property, that issuance of a sound amplificadates and times shown above.                                                                                   | cated within one                  | hundred (100) fee                       | et of any boundary of                        |
| Signature:                                                                                                                                                                                                                                                      |                                   |                                         |                                              |
| Sworn to before me this day of                                                                                                                                                                                                                                  | , 20                              | )                                       |                                              |
| Notary Public                                                                                                                                                                                                                                                   |                                   |                                         |                                              |
| Police Department Review                                                                                                                                                                                                                                        |                                   |                                         |                                              |
| Police Department Review:<br>Signature                                                                                                                                                                                                                          |                                   |                                         |                                              |
|                                                                                                                                                                                                                                                                 |                                   |                                         |                                              |
| Approved by:<br>Town Clerk, Town of Carmel                                                                                                                                                                                                                      |                                   |                                         |                                              |
| Town Clork, Town of Carmer                                                                                                                                                                                                                                      |                                   |                                         |                                              |
| Date:                                                                                                                                                                                                                                                           |                                   |                                         |                                              |
| License No.:                                                                                                                                                                                                                                                    |                                   | Fee Sched                               | lule                                         |
| Cash / Check:                                                                                                                                                                                                                                                   |                                   |                                         |                                              |
|                                                                                                                                                                                                                                                                 |                                   | esidential                              | \$ 50.00 per day                             |
| Cc: Police Department                                                                                                                                                                                                                                           | co                                | ommercial                               | \$ 100.00 per day                            |