

**THE CITY OF THE  
VILLAGE OF DOUGLAS  
PUBLIC ADDRESS  
SOUND AMPLIFICATION  
LICENSE APPLICATION**

FEE: \$100.00

1. Applicants full name: \_\_\_\_\_
- All assumed names: \_\_\_\_\_
- Trade and Firm Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Current Address: \_\_\_\_\_
- Drivers License No: \_\_\_\_\_
- Business Phone: \_\_\_\_\_ Home: \_\_\_\_\_

2. All persons having an ownership or possessory interest in the public address or sound amplification systems:

- A. Name: \_\_\_\_\_
- Assumed Names: \_\_\_\_\_
- Trade and Firm Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Current Address: \_\_\_\_\_
- Drivers License No: \_\_\_\_\_
- Phone No. \_\_\_\_\_

**Use back of sheet if additional listings are necessary**

3. Name and address of all lessors of such public address or sound amplification systems.

- A. Name: \_\_\_\_\_
- Assumed Names: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_

Trade or Firm Name: \_\_\_\_\_

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

Drivers License No: \_\_\_\_\_

Phone No: \_\_\_\_\_

**Use back of sheet if additional listings are necessary**

4. If applicant is a partnership, name and address of partner (s):

A. Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Drivers License No: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home: \_\_\_\_\_

**Use back of sheet if additional listings are necessary**

5. If applicant is a Corporation (Please note: Ordinance; Chapter 30, Art II, Sec. 30.51-30-80 requires that only those shareholders with a 5% or more interest be named on the application). Names of all Directors, Officers and Shareholders.

A. Name: \_\_\_\_\_

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

Position or Associations: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License No: \_\_\_\_\_

B. Name: \_\_\_\_\_

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

Position or Associations: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License No: \_\_\_\_\_

6. Plan Page: The Ordinance requires that a plan be provided specifying the use and operation of such public address system or sound amplification system. Information requested in this plan:

A. Days and Hours of Operation

	<u>Date</u>	<u>Day of Week</u>	<u>Hours of Operation</u>	<u>Holiday</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

B. Number of Employees: \_\_\_\_\_

C. Where System will be located: (**Please include sketch of speaker location in relation to buildings and property lines**)

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7. Address, legal description and telephone number where equipment is to be located:

A. Type: \_\_\_\_\_  
Description \_\_\_\_\_  
Serial Number \_\_\_\_\_  
Location \_\_\_\_\_

**Use back of sheet if additional listings are necessary**

Legal Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Operators Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License No: \_\_\_\_\_

8. If Applicant is a Corporation, the President, or Chief Executive Officer must sign on behalf of the Corporation. If Applicants is a partnership, at least one partner must sign on behalf on the partnership.

The information provided in the application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature                      Date

\$100.00 License Fee Paid: \_\_\_\_\_  
Date

To be filled in by City Clerk after application form is completed and signed by applicant.

This application was approved by the City of the Village of Douglas Council on \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

- ☐ This application was approved as applied for
- ☐ This application was approved with the following changes or conditions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Clerk

\_\_\_\_\_  
Date

A. Fire Chief's Report

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B. Building Inspector's Report

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C. Law Enforcement Officer's Report

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**Enclose Report's if Needed**

Have any of such applicant's and named person's in the application been convicted of a Felony or other crime involving moral turpitude?

Yes\_\_\_\_\_ (See Report Attached)

No\_\_\_\_\_