



# Village of Crete

524 W. Exchange Street  
Crete, IL 60417

Phone (708) 672-5431

Fax (708) 672-3920

## Sound Permit Application (For Use of Sound Amplifiers)

**Name of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Date Requested** \_\_\_\_\_

**Time Requested** \_\_\_\_\_

**Owner of Equipment** (Please indicate if owner is a DJ, Band, Personal Stereo, etc.)  
\_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Purpose** \_\_\_\_\_

**Remarks** \_\_\_\_\_

**RESTRICTIONS:** No licensee shall use or operate or employ any such device within the village limits after the hour of 10:00 P.M. or before the hour of 8:00 A.M. Sunday through Thursday or after the hour of 10:30 P.M. or before the hour of 8:00 A.M. Friday through Saturday.

No licensee shall use, operate or employ any such device within a radius of two blocks from any hospital or within the radius of two blocks from any church or other place of public worship while services are being held there.

No licensee shall cause or permit to be emanated or emitted from any such device any lewd, obscene, profane or indecent language or sounds, or any false representation of any matter, product or project advertised thereby the sale of which is prohibited by any law, ordinance or statute.

**FEE: \$50.00 per day**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only</b>	
<b>Approved by:</b> _____	
<b>Fee Paid:</b> _____	<b>Receipt No.:</b> _____

Article 10.6

Updated fees: January 5, 1987