

OUTDOOR AMPLIFICATION REQUEST FORM

Лa	me (First & Last Nam <u>e)</u>	
	iling Address:	
City	y:	State: Zip:
Cor		E-Mail:
		Event time: Number of
	**Amplification	n requests will not be approved for events past 10:00pm **
łe	•	fication (please check only one (1) location):
ב	Beach #1 🔲 Be	each #2 Roosevelt Inlet Canalfront Park
נ	Stango Park 🛛 18	12 Park 🔲 Mary Vessels Park 🔲 Zwaanendael Park
	-	
]	George H.P. Smith Park	Private Property: Address
)es	scription of Event:	
	Please check all that a	vlac
	Band with amplification:	Number of band members & speakers** set-up location
	 DJ with amplification: Device with amplification: 	Number of speakers ** set-up location
	Rental Equipment:	Type of device ** set-up location
		 Generator – **Size **Length of time in use Porta Potties - **Number of Units **Location of Unit(s)
		Outdoor Tent - **Number of Units **Location of Unit(s)
	Use of an event planner:	Event planner name & number
	***Event Set Up Time	e: *** Event Breakdown Time:
		orking for your events
	Please describe the planned p	arking for your event:
	**Applicant Signature:	Date:
gı	**Applicant Signature:_ reements and information	Date:
gı	**Applicant Signature:_ reements and informatic A. <u>Noise</u>	Date:
gı	 **Applicant Signature: <u>reements and information</u> <u>Noise</u> Lewes is a town of busy 	Date:
gı	 **Applicant Signature: <u>reements and informatic</u> <u>Noise</u> Lewes is a town of busy by our visitors. 	Date:
gı	 **Applicant Signature:	Date:
gı	 **Applicant Signature:	Date:
gı	 **Applicant Signature:_ <u>reements and information</u> <u>Noise</u> Lewes is a town of busy by our visitors. The Lewes City Code prost situations, outdoor If you wish to have amplify the second s	Date:
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gı	 **Applicant Signature:	

Should you have any questions, please contact Alison Kirk, (302) 645-7777 x100, Fax: (302) 645-6406 or <u>akirk@ci.lewes.de.us</u>