



City and County of Denver
DEPARTMENT OF EXCISE & LICENSE
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202
720/865-2740

NOISE PERMIT AND GENERAL QUESTIONNAIRE

ALL ANSWERS MUST BE PRINTED IN INK OR TYPEWRITTEN

Owner of Sound and Amplifying Equipment

User of Sound and Amplifying Equipment
(If different from the owner)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

License Number of Vehicle to be used: State: _____ Number: _____ Expiration: _____

General Description of Sound and Amplifying Equipment to be used: _____

Purpose (Please check one): Commercial _____ Non-commercial _____

Date(s) of Operation of Equipment: _____

Streets Involved (Please list each street or streets over which equipment is proposed to be operated): _____

The foregoing information is true and correct: _____
(Signed by User of Equipment)

Valid as a permit when stamped with the signature of the DIRECTOR OF EXCISE AND LICENSES.

(Stamped with Director's signature)