

OLD TOWN BUSINESS DISTRICT AMPLIFICATION PERMIT APPLICATION

Name of Applicant: _____

Business or Organization Name (if applicable): _____

Mailing Address: _____

Email Address: _____

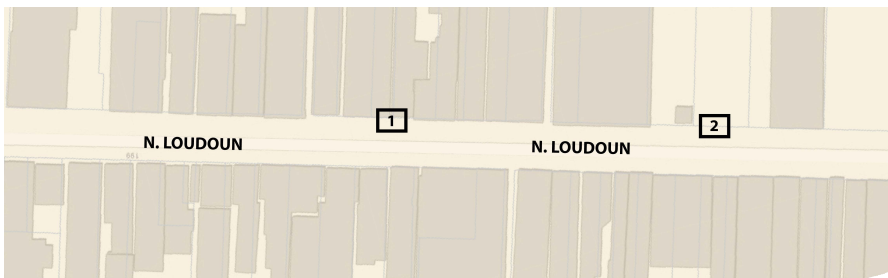
Primary Phone #: _____ Secondary Phone #: _____

Description of Amplification Device and Intended Use:

Requested Date for Permit: _____ Alternate Date: _____

Requested Time for Permit (max. 2 hours): _____

Please designate your first and second choice for location by referencing the map below. Note that not all preferences will be granted and that locations are subject to availability based on conflicting events, earlier applicants, construction or obstruction on the Loudoun Street Walking Mall, or otherwise extenuating circumstances outlined by the assigning authority.



- ___ ZONE 1 [134 N. Loudoun]
- ___ ZONE 2 [Courthouse Kiosk]



- ___ ZONE 3 [22 S. Loudoun]
- ___ ZONE 4 [49 S. Loudoun]

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TERMS AND CONDITIONS:

- Cost of permit is \$10, due at the time of application. Application will not be considered complete until payment is received.
- Permit is good for use only by the named applicant at the designated location and during the assigned hours, maximum two hour window.
- The assigned permit time frame is held regardless of weather conditions. If you choose not to make use of the permit for any reason, this permit does not transfer and you must reapply for a new date and time.
- While operating under this permit the holder is still subject to the terms and provisions of conduct and reasonable noise thresholds outlined in City Code.
- Permit holder must be able to produce their permit card upon request or otherwise display this authorized application to prove legitimacy.
- Any violation of these terms is cause for immediate revocation of the permit and more than two violations in a twelve month period will result in the permit holder being ineligible for re-application for one calendar year from date of offense.

I have read and agree to the above terms and conditions.

Signature: _____ Date: _____

Permit applications should be submitted directly to the Main Street Program Manager at Rouss City Hall, or via email at otw@winchesterva.gov

FOR OFFICE USE ONLY	
Date application received:	Date applicant notified of status:
Date approved/denied:	Rental fee in the amount of _____ received _____ (attach copy of check to application)