

**APPLICATION FOR USE OF SOUND AMPLIFYING DEVICE**

City of Sapulpa, Oklahoma  
425 East Dewey Avenue  
Sapulpa, OK 74066  
Office 918-248-5901  
FAX 918-224-6660

- 1. Name of Applicant: \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. Telephone No. : \_\_\_\_\_ Email \_\_\_\_\_
- 4. Describe the purpose for which the amplification device(s) will be used:  
\_\_\_\_\_
- 5. Identify the location where the amplification device(s) will be used:  
\_\_\_\_\_
- 6. List dates amplification device(s) will be used: \_\_\_\_\_
- 7. List time device(s) will be used:  
\_\_\_\_\_
- 8. Describe the amplification equipment to be used:  
\_\_\_\_\_

The undersigned states that he has read and pledges to honor the provisions of Ordinance No. 1118 which provides that stationary sound amplification devices located on public streets shall be operated in such a manner that same will not be clearly audible at a distance of over 150 feet and not over a distance of 800 feet from any park.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Print Name

Approved: \_\_\_\_\_  
Police Department

Approval: \_\_\_\_\_ Date(s) & hours approved: \_\_\_\_\_  
City Manager

Denial: \_\_\_\_\_ Reason for denial: \_\_\_\_\_  
City Manager

***Please submit permit to Chris Jeffries at [cjeffries@sapulpapd.gov](mailto:cjeffries@sapulpapd.gov)***