● APPLICATION FOR PERMIT FOR AMPLIFIED SOUND ●

SEASIDE LAGOON

200 Portofino Way
Redondo Beach, CA 90277

NAME:	DATE OF PARTY:
RESERVATION #:	DAY OF WEEK:
PHONE:	PARTY BEGIN / END HOURS:

Name, address and phone number of disk jockey must be provided below.

NAME OF COMPANY:		PHONE:
PERSON OPERATING SOUND SYSTEM:		
ADDRESS:		
CITY:	STATE:	ZIP:

PLEASE NOTE AMPLIFIED SOUND MUST END EXACTLY 9:00 P.M. WITH NO EXCEPTIONS.

The following conditions must be met:

- If any complaints are received and verified that the sound is disturbing anyone beyond the grounds of your event, you will cooperate and further reduce the amplification to a level where this is not the case.
- Please understand that any excessive noise or noise source, that initiates any citizen complaint(s) will be investigated by the Police Department Patrol Division. Appropriate enforcement of the Noise Ordinance as required to ensure the public health, safety and welfare, may be initiated by the on-duty Watch Sergeant, and this enforcement action may include criminal prosecution.

_____ will be available on site for contact by any member of
(Name of responsible individual)
the Police Department for the duration of this event.

I certify that the information on this application is true and complete to the best of my knowledge and belief. I have read the information and agree to abide by the terms herein.

PRINT NAME:	DRIVERS LICENSE #:
SIGNATURE:	DATE:

Seaside Lagoon, Manager Approved: _____ Date: _____

As authorized by Redondo Beach Municipal Code Section 4-24.701, this application is conditionally granted and fees are waived to allow you to deviate from the provisions of Redondo Beach Municipal Code section 4-24.512 during your special event at Seaside Lagoon.

Police Department: Approved ☐ Disapproved ☐

Police Department: _____ Date: _____

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