SALTASH TOWN COUNCIL

Booking form for consent to use the loudspeakers in Saltash Fore Street for the following:

Title:Click or tap here to enter text. First Name:Click or tap here to enter text. Last Name:Click or tap here to enter text. Address:Click or tap here to enter text. Postcode:Click or tap here to enter text.

Mobile Telephone Number: Click or tap here to enter text.

Email:Click or tap here to enter text.

Applicant Details

Is the person responsible for the event on the day, and testing of equipment before the event different from the above?

the event different from the above	7 :
Yes: □	No: □
Please provide details of the person/s responsible for the event:	
Title:Click or tap here to enter tex	t.
First Name:Click or tap here to enter text.	
Last Name:Click or tap here to enter text.	
Address:Click or tap here to ente	r text.
Postcode:Click or tap here to enter	er text.

Mobile Telephone Number: Click or tap here to enter text.

Email:Click or tap here to enter text.

Event Information Name of the Event: Address of the Event: Estimated number of participants: Date of Event: Click or tap to enter a date. Start Time: Click or tap here to enter text. End Time: Click or tap here to enter text. Hours of Loudspeaker Operation:

Click or tap here to enter text.

Will you require use of the wireless microphones:

Yes: □ No:□

<u>Applicant's Statement of Agreement:</u>

I hereby affirm that the above information is true and correct in describing the intent of this application. I ________ the undersigned, agree to use the loudspeakers in a careful and prudent manner so as not to cause complaints from neighbours. I understand the decibel range has been capped at 85dB therefore should I require to, I will lower or terminate the amplification levels when requested. I understand it is an offense to use loudspeakers for any purpose in the street at night between 9pm and 8am and that the Council does not authorise use of the loudspeakers during that period of time. I understand it is my responsibility to obtain a PRS licence if required.

Signature: Date:	
------------------	--

FOR OFFICE USE ONLY

Approved: □	Not approved: □
Ву:	Date: Click or tap to enter a date.
(Administration Department Staff)
Reason for Denial:	