



Special Event Noise Permit Application

Organization or Applicant Name: _____

Name of Event: _____

Location of Event: _____

Date(s) of Event: _____ Time(s) of Event: _____

Non-Profit Organization: _____

Contact Person and Phone #: _____

FOR USE BY CITY OF GALLATIN ONLY

Date Submitted: _____

Date Approved: _____

Date Delivered: _____