

**TOWN OF BARRINGTON, RHODE ISLAND
APPLICATION FOR
AMPLIFIER/LOUD SPEAKER PERMIT**

NAME/ADDRESS OF APPLICANT: _____

NAME/ADDRESS OF PROPERTY OWNER: _____

(if not applicant)

DAY, DATE AND TIME (BEGINNING/ENDING) OF EVENT: _____

TYPE OF EVENT: _____

TYPE OF EQUIPMENT TO BE USED: _____

Property Owner's Signature

Telephone number

Applicant's Signature, if not property owner

Telephone number

The fee of \$25.00 (cash or check payable to the Town of Barrington) should be submitted with the application.

THIS SECTION WILL BE COMPLETED BY THE TOWN CLERK:

Date received by Town Clerk's Office: _____

Application approved on: _____

Application denied on: _____ Reason for denial _____

Town Clerk

Cc: Chief of Police
Fire Chief

NOTE: THE BUILDING OFFICIAL ISSUES TENT PERMITS.