



ZION POLICE DEPARTMENT

2101 Salem Blvd., Zion, IL 60099
847-872-4000 - FAX 847-746-4093

www.cityofzion.com



SOUND AMPLIFIER/TEMPORARY ROAD CLOSURE PERMIT APPLICATION

TYPE OF LICENSE/PERMIT APPLYING FOR:	FEES:
_____ Sound Amplifier	Sound Amplifier License:
_____ Temporary Road Closure	_____ Resident (\$5.00)
_____ Both	_____ Business (\$50.00)
	_____ Non-Profit (\$0.00)
	Temporary Road Closure Permit:
	_____ (\$5.00)
	_____ TOTAL DUE

Name of Applicant or Responsible Party:	
Address:	
Contact No.:	Name of Business or Organization:
Nature of Business or Event:	
Address where Event is being held:	
Date(s) of Event(s):	Time of Event(s):
	From _____ To _____

Sound Amplifier Licenses:

No amplifier licenses will be issued for **Sunday or for any day before 8:00 a.m.**

No amplifier licenses will be issued for **Monday through Wednesday after 8:00 p.m.**

No amplifier licenses will be issued for **Thursday through Saturday after 9:00 p.m., unless an extension is granted until 10:00 p.m.** with signatures on the attached form of at least **51%** of neighbors within one block or no less than **100 feet.**

Any type of sound amplification must be kept within reasonable audible limits. Reasonable audible limits will be at the discretion of the Zion Police Department. Any licensee receiving multiple complaints will risk their license being revoked and be subject to a fine of not more than \$750 per Zion Municipal Code Sect. 1-6

I have read and fully understand the above requirements (initial here)

Temporary Road Closures:

Requested Road Closure: _____

Block Number: _____

Barricades Requested? Yes No (circle one)

For all special events requiring road closures, the route for the event must be provided, along with the number of anticipated participants, when possible.

If any City Services are requested, please submit your requests along with this application.

Temporary Road Closure hours are from dawn to dusk only.

For Temporary Road Closures, neighbors on the block must approve of this request, and sign the attached signature form.

If either of these requests are for a multi-day event, or involves special or unusual circumstances, or if it is temporary closure of a State or County road, the request will be discussed at the next regular City Council meeting.

Additional Comments:

All permit fees are non-refundable

The undersigned hereby agrees to abide by the Ordinances of the City of Zion

Applicant Signature

Date

Print Applicant's Name

APPROVAL FOR TEMPORARY ROAD CLOSURES: (ESDA will be notified of the dates and times of the Event)

Fire/Rescue _____
Signature

Date

Police _____
Signature

Date

(For Office Use Only)

Date: _____

Receipt No.:
SA _____
TRC _____

Permit No.:
SA _____
TRC _____

Total Amount Paid:
SA _____
TRC _____

