



# NOISE EXEMPTION APPLICATION

Application Fee: \$25

THIS REQUEST SHOULD BE SUBMITTED TO THE CITY CLERK, BECKER CITY HALL, 12060 SHERBURNE AVENUE SE, PO BOX 250, BECKER MN 55308. QUESTIONS CAN BE DIRECTED TO THE BECKER POLICE DEPARTMENT AT 763-200-4267 OR 763-261-4300.

BECKER CITY CODE SECTION 10.29 PROHIBITS PERSONS FROM MAKING ANY LOUD, UNNECESSARY OR UNUSUAL NOISE WHICH EITHER ANNOYS, DISTURBS OR AFFECTS THE COMFORT, REPOSE, HEALTH OR PEACE OF OTHERS. FURTHER, SECTION 10.29 SUBD. 2 F. PROHIBITS PARTIES OR GATHERINGS OF TWO OR MORE PEOPLE IN WHICH NOISE EMANATES MORE THAN 50 FEET FROM THE PARTY OR GATHREING BETWEEN THE HOURS OF 10:00 P.M. AND 7:00 A.M. THE UNDERSIGNED IS / ARE DESIROUS OF OBTAINING AN EXEMPTION TO THE PROVISIONS OF THIS ORDINANCE FOR PURPOSES OF CONDUCTING THE EVENT DESCRIBED BELOW.

### PLEASE PRINT ALL INFORMATION REQUESTED ON THIS APPLICATION

**1. APPLICANT NAME(S) AND ADDRESS(ES)**

NAME(S) \_\_\_\_\_

ADDRESS(ES) \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

**2. CONTACT NAME AND PHONE NUMBER (MUST BE PRESENT AT THE EVENT FOR DURATION OF EVENT):**

\_\_\_\_\_

**3. ADDRESS WHERE EVENT WILL BE HELD**

\_\_\_\_\_

**4. DATE AND TIME OF EVENT**

DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ AM / PM END TIME: \_\_\_\_\_ AM / PM

**5. TYPE OF EVENT:** \_\_\_\_\_

**6. ANTICIPATED NUMBER IN ATTENDANCE:** \_\_\_\_\_

**7. WILL AMPLIFIED MUSIC (LIVE OR RECORDED) BE PLAYED?** YES \_\_\_\_\_ NO \_\_\_\_\_

**8. WILL INTOXICATING OR 3.2% ALCHOLIC BEVERAGES BE PRESENT?** YES \_\_\_\_\_ NO \_\_\_\_\_

**9. ALL PROPERTIES LOCATED WITHIN 100 FEET OF THE EVENT SITE MUST BE CONTACTED AT LEAST 5 DAYS PRIOR TO THE EVENT.**

(WE ENCOURAGE YOU TO CONTACT EACH RESIDENT IN PERSON AND HAVE THEM SIGN THE FORM BELOW, INDICATING THEY HAVE BEEN NOTIFIED OF YOUR EVENT. IF THAT IS NOT POSSIBLE, YOU MUST PROVIDE THEM WITH A WRITTEN NOTICE VIA MAIL OR HAND DELIVERY. THE NOTICE MUST INCLUDE CONTACT INFORMATION FOR THE APPLICANT (NAME AND PHONE NUMBER). A COPY OF THE WRITTEN NOTICE MUST ACCOMPANY THIS APPLICATION ALONG WITH A LIST OF THOSE TO WHOM IT WAS MAILED OR DELIVERED.)

	SIGNATURE	ADDRESS	PHONE NUMBER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

(USE ADDITIONAL SHEETS IF NECESSARY)

**REMINDER:**

- YOU ARE REQUIRED TO PROVIDE ALL NEIGHBORS LIKELY TO BE IMPACTED BY THE NOISE EMANATING FROM THE EVENT 5 (FIVE) DAYS ADVANCED NOTICE OF THE LOCATION, DATE AND TIME THAT THE EVENT WILL BE HELD. YOUR NOTICE MUST INCLUDE CONTACT INFORMATION.
- AT LEAST ONE APPLICANT MUST BE PRESENT AT ALL TIMES DURING THE EVENT.

**AS THE APPLICANT, I AFFIRM THAT THE STATEMENTS AND INFORMATION PRESENTED HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

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**CITY USE ONLY**

DATE RECEIVED BY CITY CLERK : \_\_\_\_\_

REVIEWED BY POLICE DEPARTMENT THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

RECOMMEND PERMIT BE: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

SIGNATURE: \_\_\_\_\_