

Application for a Sound Level Permit

Event Address: _____

Responsible Party (must be able to be reached at the phone numbers listed below **prior** to the event, and on the premises and available **during** the event at one of the phone numbers listed).

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Day Telephone No.: _____ Night Telephone No.: _____

Email: _____

Please fill out the section for the permit requested.

Single Event	<i>Single vendor requesting for event lasting no more than three consecutive days.</i>		
<ul style="list-style-type: none"> 6 a.m.–10:30 p.m. Decibel level of 70 dbA until 8 p.m. and 65 dbA until 10:30 p.m. Main Street SF: Sunday–Thursday, 6 a.m.–10:30 p.m.; Friday–Saturday, 6 a.m.–11:30 p.m. (max. 70 dbA). 	<ul style="list-style-type: none"> Application Deadline: Minimum one week prior to event. Application Cost (<i>Application fees are nonrefundable</i>): \$60 Past Deadline Fee (<i>Permit and Penalty</i>): \$90 		
Date(s) of Event: _____	Start Time: _____	End Time: _____	Nature of Event: _____
Person Who Represents Musical Group: (<i>Sound Board Operator</i>)			
Name: _____		Telephone: _____	

OR

Monthly	<i>Single vendor permitting multiple events within a calendar month. Limited to no more than ten days.</i>		
<ul style="list-style-type: none"> 6 a.m.–10:30 p.m. Decibel level of 70 dbA until 8 p.m. and 65 dbA until 10:30 p.m. Main Street SF: Sunday–Thursday, 6 a.m.–10:30 p.m.; Friday–Saturday, 6 a.m.–11:30 p.m. (max. 70 dbA). 	<ul style="list-style-type: none"> Application Deadline: Minimum two weeks prior to first day of the month. Application Cost (<i>Application fees are nonrefundable</i>): \$240 Past Deadline Fee (<i>Permit and Penalty</i>): \$360 		

Please list the person who represents the musical group for each event:

Name: _____ Telephone: _____
 Date(s) of Event: _____ Start Time: _____ End Time: _____ Nature of Event: _____

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 Date(s) of Event: _____ Start Time: _____ End Time: _____ Nature of Event: _____

OR

Special	<i>Single event lasting no more than three consecutive days requesting extended time and/or decibel levels.</i>
<ul style="list-style-type: none"> • Include drawing of venue. • Neighbors must be notified. • Special applications will be approved and permitted on a case-by-case basis after all conditions are met to minimize community and neighborhood impact. • Application Deadline: Minimum one month prior to event date. • Application Cost (<i>Application fees are nonrefundable</i>): One day—\$90; Two-day—\$130; Three-day—\$170 • Past Deadline Fee (<i>Permit and Penalty</i>): One-day—\$135; Two-day—\$195; Three-day—\$255 	

Sound Application Agreement

I, _____ agree to the single/monthly/special application
(please print name) (please circle appropriate application)

decibel and time limits, the following requirements and neighborhood notifications as specified.

I realize that this application is not a guarantee of a permit being granted.

The permit may prescribe any reasonable conditions or requirements deemed necessary to minimize adverse effects upon the city or the surrounding neighborhood.

The Public Health Director or designated agent may revise the conditions of any permit due to atmospheric conditions, topography, or unanticipated acoustic reverberations increase sound levels at the receiving land.

The permit shall be posted at the activity.

Applications for a special sound permit must enclose a layout drawing of the event.

Special Sound Permit holders must notify all neighbors potentially affected by the event. Notification can be by direct contact or other means and should include the nature and duration of the event. Past history has shown this method increases the likelihood of a successful event.

A compliance review will be conducted if a permit holder violates the parameters of their sound permit. Failure to comply with the terms of the compliance review can result in the revocation of any and all current or future permits.

The responsible party will be present and available during the entire event.

Steps Taken to Minimize Noise: _____

Responsible Party Signature

Date

—OFFICE USE ONLY—

Make check payable to: City of Sioux Falls
Mail to: Sioux Falls Health Department
521 North Main Avenue, Suite 101
Sioux Falls, SD 57104-5963
605-367-8760

Amount Received: \$ _____
Receipt No.: _____
Date: _____