



# NOISE PERMIT APPLICATION

*Code Section 12.32.010*

**NOISE APPLICATION FEE: \$10** *(License fee is Non-Refundable)*

**Please Print Clearly**

Full Name of Business: \_\_\_\_\_

Name of Business if DBA: \_\_\_\_\_

Name of Agent/Contact: \_\_\_\_\_

Agent/Contact Email: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Agent Phone Number: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Group Sponsoring (If applicable): \_\_\_\_\_

Date of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_ till \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED AGENT SIGNATURE

*Applicant may mail or drop off the application and fee to the Ripon City Hall, 100 Jackson St., Ripon, WI 54971.*

*Questions may be emailed to the City Clerk at [nmiller@cityofripon.com](mailto:nmiller@cityofripon.com) or call 920-748-4915.*

Date received and filed with Municipal Clerk:	Cash, Check or Credit Card (Circle One)	Receipt Number:
Date application reviewed by City Administrator:	City Administrator Recommendation:  <input type="checkbox"/> Approve <input type="checkbox"/> Denied	City Administrator Initial:
Noise Permit Number:	Date Issued:	Initial of Clerk/Deputy Clerk: