

Village of Buchanan
Village Hall, Buchanan, NY
(914)737-1033

APPLICATION FOR MECHANICAL SOUND DEVICE PERMIT

Name of Organization(s) _____

Address of Organization: _____

_____ Telephone _____

Person in Charge: _____

Address: _____

Telephone: (Business) _____ (Home) _____

Type of Sound Being Amplified (Music, Speech, etc): _____

Date Requested: _____ Hours – From: _____ To _____

Description of Function: _____

We agree to abide by the Village Code and the rules and regulations of the Village of Buchanan. We further agree to adjust the volume of the mechanical sound device if so requested by an agent of the Village of Buchanan. We further acknowledge that this permit shall be subject to revocation at any time, at the discretion of an agent of the Village of Buchanan.

Signature of Person in Charge of Group

Approval is hereby given to the above-named organization for the use of mechanical sound device(s) on the date and times requested.

Mayor or Police Chief

PLEASE NOTE: THIS PERMIT MUST BE AVAILABLE UPON REQUEST AT THE TIME THE MECHANICAL SOUND DEVICE IS IN OPERATION