#  **WORTH TOWNSHIP, BUTLER COUNTY**

 **SOUND SYSTEM PERMIT APPLICATION**

**APPLICANT AND ORGANIZER INFORMATION**

 Name of Applicant:

 Address:

 Phone:

 Email:

**EVENT INFORMATION**

 Name of Event:

 Date(s) of Event:

 Name and Address of Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 ***I understand that any false statements and information provided in this application are subject to criminal penalties of 18 Pa.C.S. § 4904 based upon unsworn falsification to authorities.***

Name of Applicant (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_