



**Instruction Sheet  
for  
Sound Amplifying Device Permit/License  
(Mobile)**

Phone: (216) 664-2264

Hours of Operation:  
8:00 a.m. to 4:30 p.m. Weekdays

[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

**When is a permit and license required?**

The Sound Amplifying Device license and permit combination is required whenever a person desires to operate such a device that is mounted on a vehicle.

**Each application must be approved by the Director of Public Safety.**

No such amplifying device shall operate within the area bounded on the west by West 9<sup>th</sup> Street, on the North by Lake Erie, on the East by East 22<sup>nd</sup> Street, and on the South by Woodland Avenue, except by special permission from the Director of Public Safety.

Such sound amplifying device shall only operate within a residential district upon the determination of the Director of Public Safety that the device will not unduly disrupt the district or districts in which the permit applicant intends to operate said device.

**Regulations Governing Mobile Sound Amplifying Devices**

1. The operation of devices is prohibited in the following areas and during the following dates and times:
  - **On Sunday;**
  - **On any day between the hours of 8:00 p.m. and 10:00 a.m.; and**
  - **Within five hundred (500) feet of any school, church or hospital.**
2. No device shall operate with a power output in excess of twenty (20) watts nor with maximum distortion of sound and volume in excess of two percent (2%) at full volume

City of Cleveland Codified Ordinance Chapter §683, Sound Devices

**City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.**

**You may apply for this license in person, by mail or email**

In Person/By Mail: Cleveland City Hall, Division of Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, OH 44114. Applications are accepted Monday-Friday, 8:00 a.m. – 4:30 p.m.

Email: Complete, scan and email the application and required secondary documentation to [DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov). For email submissions, an Automatic Payment Authorization form must be completed and submitted **via secured fax** to (216) 420-7804 **prior** to the application being processed.

**What to bring or submit to the Division of Assessments and Licenses**

1. Completed and signed application.
2. Route map(s) in color on no larger than 8½ x 11 paper to include the route to be traveled.
3. Copy of Owner’s Manual/Device Packaging indicating **Power Output** and **Serial Number of Device**.
4. Fee **License - \$50.00** a year for each device - **Permit - \$10.00** for each day’s operation for each device. Payable by cash, check, or credit card. Make checks payable to the City of Cleveland.



CITY OF CLEVELAND  
Mayor Justin M. Bibb

## Sound Amplifying Device (Mobile) Permit/License Application

**City of Cleveland**  
Division of Assessments and Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, Ohio 44114

Phone: (216) 664-2264

Hours of Operation:  
8:00 a.m. to 4:30 p.m. Weekdays

[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

DATE:	Fee: License <b>\$50.00</b> per device, Permit <b>\$10.00</b> per day (Non-Refundable)
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**SECTION A – OPERATIONAL INFORMATION**

INTENT OR PURPOSE OF DEVICE (EXPLAIN IN DETAIL):

DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	<b>SUNDAY'S ARE PROHIBITED</b>
MONDAY START/END	TUESDAY START/END	WEDNESDAY START/END	THURSDAY START/END	FRIDAY START/END	SATURDAY START/END	
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	

PROPOSED WARDS (ATTACH ROUTE MAPS):

Attach additional sheets if necessary

**SECTION B - APPLICANT INFORMATION**

Name:			
Address:			
City:		State:	Zip:
Telephone:		Email:	
License plate # of vehicle:		Owner of vehicle:	
Date of Birth:		Federal ID or Social Security Number:	

**SECTION C - CORPORATION INFORMATION (IF APPLICABLE)**

Name of Authorized Agent:			
Address:			
City:		State:	Zip:
Telephone:		Email:	
License plate # of vehicle:		Owner of vehicle:	
Federal ID Number:			

**SECTION D – DEVICE INFORMATION**

Device Type (loudspeaker, audio system, etc.):		Power Output:	
Make:	Model:	Serial Number:	

**SIGNATURE OF APPLICANT**

**OFFICE USE ONLY**

	SIGNATURE	DATE	DECISION
<b>PUBLIC SAFETY DIRECTOR</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS: