

**TOWN OF HIGHLANDS
PERMIT FOR
AMPLIFIED SOUND**

Name of Business _____

Owner _____

Location _____

Type of Sound _____

Date Special Event will be Held _____

Time: From _____ Until _____

Applicant Date

* * *

Permission is hereby granted for the above-described event on the date and for the time indicated, provided that every effort is made not to disturb persons in the vicinity of the place of business by excessive volume of sounds.

Mayor Date