



City of Lockhart

Mobile Loudspeaker Permit Application

Applicant: _____

Address: _____

Telephone: _____

Date(s) of Activity: _____

Times of Activity: _____

Purpose of Activity: _____

Vehicle Make _____ Model _____ L.P.# _____

Hours and location of operation:

The operation of a mobile loud speaker within the business district or any hospital or school zone when such school is in session or operation is **prohibited**.

The operation of a mobile loudspeaker between the hours of 8:00 p.m. and 8:00 a.m. on weekdays or between the hours of 7:00 a.m. and 1:00 p.m. or after 8:00 p.m. on Sundays is **prohibited**.

I agree to comply with the requirements for the issuance of this permit and understand that violation of any of these requirements is cause for the immediate revocation of this permit.

Applicant's Signature

Date