APPLICATION FOR SIGN HANGER’S LICENSE

CITY OF ALLEN PARK
Office of the City Clerk
16850 Southfield Road
Allen Park, MI 48101

DATE OF APPLICATION: ___________________

PERSON PARTNERSHIP FIRM CORPORATION

TRADE NAME: ____________________________________________________________

ADDRESS: ______________________________________________________________

CITY, STATE, ZIP: _________________________________________________________

PHONE: _________________________________________________________________

FAX NUMBER: ____________________________________________________________

NAME OF OWNER: _________________________________________________________

HOME ADDRESS: _________________________________________________________

CITY, STATE, ZIP: _________________________________________________________

HOME PHONE: ___________________________________________________________

NAME OF OWNER: _________________________________________________________

HOME ADDRESS: _________________________________________________________

CITY, STATE, ZIP: _________________________________________________________

HOME PHONE: ___________________________________________________________

CERTIFICATE OF INSURANCE - DATE RECEIVED: _____________________________

PUBLIC LIABILITY DAMAGE $ 50,000.00 each person
PUBLIC LIABILITY DAMAGE $100,000.00 each accident
PUBLIC LIABILITY DAMAGE $ 25,000.00 property damage per accident

APPLICANT’S SIGNATURE: _________________________________________________

FOR OFFICE USE ONLY

FEE $150.00 DATE PAID: ________________

RECEIPT NUMBER: ____________ LICENSE NUMBER: ________________

CITY CLERK: ____________________________________________________________