

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: _____

RECIPT NUMBER: _____ LICENSE NUMBER: _____

CITY CLERK: _____