

# APPLICATION FOR SIGN HANGER'S LICENSE

**CITY OF ALLEN PARK  
Office of the City Clerk  
15915 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: \_\_\_\_\_