

City of Allen Park
Office of the City Clerk
15915 Southfield Road, Allen Park, MI 48101

APPLICATION FOR HANDBILL LICENSE

Name of Business _____

Address of Business _____

Type of Business _____

Business Telephone Number () _____ Extension if applicable _____

Fax Number () _____ E-MAIL _____

Name of Owner (s) _____ Home Telephone () _____

Home Address _____

Name of local supervisor(s) _____

Home Telephone () _____

Home Address _____

In case of Fire or Police emergency person or persons to be contacted who will be supervising the distributors:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Make, model, and license plate # of person or persons to be used in the distribution of the handbills:

Last three communities where the applicant conducted similar activities

_____, _____, and _____

APPLICANT'S
SIGNATURE _____

AMOUNT OF FEE \$300.00	DATE PAID _____	STAFF INITIALS _____
RECEIPT NO. _____	LICENSE NUMBER _____	