



SIGN HANGERS & PANEL POSTERS

NAME OF BUSINESS: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PLACES WORK HAS BEEN PERFORMED IN PAST 2 YEARS: _____

LIST OF ON-SITE EQUIPMENT:

TYPE OF WORK ENGAGED IN: _____

INSURANCE CO: _____

ADDRESS: _____ PHONE: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: _____

APPROVED BY: _____ Date: _____

NOTE: Attach Certificate of Liability Insurance (to include GL, Auto, etc.), Bond and copy of License in other city. Applications are approved by the governing body at their next meeting.