City of Lawrence

Sign Hanger License Application

APPLICANT INFORMATION					
Last Name:		First Name:		Middle Name:	
Company Name:		Number of Employees:		Kansas Sales Tax Number:	
Business Address	Street:	City:		State:	Zip:
Mailing Address	Street:	City:		State:	Zip:
Home Phone:	Alternate/Business Phone:	E-Mail Address:			

LIST THE OWNER(S)/OFFICER(S)		
Last Name:	First Name:	Middle Name:
Last Name:	First Name:	Middle Name:
Last Name:	First Name:	Middle Name:
Description of Services Offered:		

I HAVE READ A COPY OF ARTICLE 18 IN CHAPTER 5 OF THE CODE OF THE CITY OF LAWRENCE, KANSAS, AND AGREE TO COMPLY WITH THE RULES AND REGULATIONS THEREIN. A CERTIFICATE OF INSURANCE HAS BEEN SUBMITTED WITH THIS APPLICATION TO BE PLACED ON FILE WITH THE CITY CLERK.

PLEASE INCLUDE: ☐ $100.00 initial fee or $50.00 renewal fee
☐ Certificate of insurance

_____	_____	_____
APPLICANT'S NAME (Printed)	APPLICANT'S SIGNATURE	TODAY'S DATE

SIGN HANGER LICENSE APPROVAL (For Office Use Only)

Applicant paid ☐ $100.00 initial fee or ☐ $50.00 renewal fee.

Name of the insurance company:_____

Certificate attached: ☐ Yes ☐ No

License approved: ☐ Yes ☐ No

_____
Development Services

_____
Date