

**CITY OF LAWRENCE, KANSAS
SIGN HANGER LICENSE APPLICATION**

APPLICANT INFORMATION

Company Name: _____				
Street Address: _____				
STREET	CITY	STATE	ZIP	
Mailing Address: _____				
STREET	CITY	STATE	ZIP	
Phone No:(_____) _____		Kansas Sales Tax No: _____		
Number of Employees: _____				
Owners(s)/Officer(s): _____				
Description of Services Offered: _____				

I HAVE RECEIVED A COPY OF ARTICLE 7, 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 CLERKS.

Date

Applicant's Signature

Return completed application and fee to: City Clerk's Office
City of Lawrence
6 East 6th Street, Room 310
P.O. Box 708
Lawrence, KS 66044
(913) 832-3200

FOR OFFICE USE ONLY
LICENSE APPROVAL

FEE: _____ \$100.00 (INITIAL LICENSE) _____ \$50.00 (RENEWAL)

NAME OF INSURANCE
COMPANY: _____

CERTIFICATE ATTACHED: _____

LICENSE
APPROVED: _____