

CITY OF SOUTHFIELD
Department of Building & Safety Engineering

Application for License as Sign Erector

License No. _____

Year: _____

Date: _____ 20_____

Name of Applicant _____

Business Address _____

Character of Organization _____

(Individual, assumed name, partnership, corporation)

If assumed name, give names of owners of business _____

If partners, give names of partners _____

If corporation, give names of officers _____

Bonding Company _____

Have you ever been licensed in Southfield before? _____ If yes, when _____

Is applicant familiar with all ordinances and regulations controlling the activity covered by this application? _____.

Number of years engaged in this business? _____

Describe experience during the above mentioned period _____

As the licensed sign erector as per this Application, I hereby authorize the following people as my agent securing permits under this license. All changes to this list will be signed and dated by me.

Authorized Names

I hereby certify that the above statements are correct and true.

State of Michigan _____
County of Oakland Applicant Signature Printed Name

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public County My Commission Expires