CITY OF FERNDALE

APPLICATION FOR HANDBILL LICENSE - ORDINANCE NO. 747

HOME PHONE_____ BUSINESS PHONE_____

I, or we, the undersigned, do hereby make application for a license to distribute Handbills as specified below in the City of Ferndale in accordance with the provisions of Ordinance 747 and to agree to comply with all requirements of such Ordinance.

APPLICANT'S NAME_____

APPLICANT'S HOME ADDRESS_____

APPLICANT'S DATE OF BIRTH_____ APPLICANT'S DRIVER'S LICENSE #_____

NAME OF BUSINESS_____ ADDRESS_____

NAME OF CENTRAL OR DISTRICT OFFICE_____ ADDRESS_____

NATURE OF BUSINESS - IN DETAIL_____

_____

_____

HAVE YOU HAD OR APPLIED FOR A HANDBILL LICENSE IN FERNDALE PREVIOUSLY?

YES ☐ NO ☐ WHEN_____

APPLICANT'S COST OF INVENTORY $_____

NAME AND ADDRESSES OF ALL PERSONS, AGENTS AND EMPLOYEES ENGAGED IN THE PROPOSED DISTRIBUTION OF HANDBILLS:

NAME ADDRESS

_____

_____

_____

_____

_____

_____

WHAT BUSINESS HAVE YOU BEEN ENGAGED IN FOR THE PAST EIGHTEEN MONTHS?_____

NATURE OF BUSINESS_____ LOCATION_____

DATE/LENGTH OF DISTRIBUTION _____

SIGNED _____
APPLICANT

FEE_____ LICENSE NO._____ DATE_____

EXPIRATION DATE _____

C: Police Department

_____
CITY CLERK