

SIGN CONTRACTOR LICENSE APPLICATION

Date of License

Licensee's Full Name and Title (Please Print)

Licensee's Date of Birth

Business Name – DBA

Federal Employer Identification Number

Address City State Zip Code

Telephone Number Fax Number

Licensee's Signature

**A COPY OF YOUR STATE OF MINNESOTA SIGN CONTRACTOR BOND OR CITY BOND
ALONG WITH PROOF OF INSURANCE AND \$65.00 FEE MUST BE SUBMITTED TO THE
CITY OF COON RAPIDS WITH THIS LICENSE FORM. THE FORM MUST HAVE AN
ORIGINAL SIGNATURE.**

City Planner: 763-767-6452

Fax: 763-767-6573