



City Clerk's Office
221 East Clark Street
Albert Lea, MN 56007-2496
Telephone: 507-377-4335
Email: dmaras@ci.albertlea.mn.us

SIGN HANGER
LICENSE APPLICATION
FEE: \$100.00

Please Type or Print Legibly

Applicant:

Full Name: _____

Home Address: _____ City, State, Zip Code: _____

Home Telephone Number (Daytime): _____

Email Address: _____

Business:

Business Name: _____

Business Address: _____ City, State, Zip Code: _____

Business Telephone Number (Daytime): _____

Taxpayer and Business Identification numbers: _____
(Required per statute §270C.72, subd. 4)

State of Minnesota)
County of Freeborn)
City of Albert Lea)

THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH THE LAWS OF THE STATE OF MINNESOTA AND THE ALBERT LEA CITY CODE AS THEY RELATE TO THE LICENSING AND OPERATION OF LICENSES BEING APPLIED FOR. I UNDERSTAND THAT FALSIFICATION OF ANY PART OF THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION.

Signature _____

Date _____

Office Use Only

Date Received: _____

Check Number/Cash/CC: _____

Fee Received: _____

Processors Initials: _____

Council Approval Date: _____

Insurance Certificate Rec'd: _____

Bond Rec'd: _____