



# SIGN CONTRACTOR LICENSE APPLICATION

**PRINT ALL INFORMATION**

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**Must attach a copy of the following information**

\$50,000.00 General Liability Insurance and Worker's Comp Insurance, or exemption thereof

Applicant's Drivers License No. : \_\_\_\_\_ State: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

**All employees working for you must be listed. Attach additional sheet if needed.**

Employee Full Name:	State	Driver's License #	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

