



24 North Center Street
 Marshalltown, IA 50158-4911
 Tel - (641) 754-5701
 Fax - (641) 754-5717

SIGN ERECTOR'S LICENSE APPLICATION

BUSINESS NAME		DATE
BUSINESS ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE:		EMAIL

NAME AND ADDRESS ON CERTIFICATE OF INSURANCE MUST MATCH LICENSE APPLICATION NAME AND ADDRESS.

Please inform your insurance company the city requires an updated certificate of insurance annually at renewal. Annual licenses are issued coinciding with the insurance certificate expiration date.

APPLICATION REQUIRES THE FOLLOWING BE SUBMITTED PRIOR TO APPROVAL. DO NOT SUBMIT AN INCOMPLETE APPLICATION.

YES	NO	
		I have paid the annual fee of \$25.
		My insurance certificate is current and will be in effect for the term of the license period.
		I have attached the current certificate of insurance.
		Insured name on the certificate of insurance matches the name on the application.
		Certification statement below is signed.

CERTIFICATION:

I have paid the yearly fee of \$25.00 for a sign erector's license and certify that my insurance certificate is current and in effect. A copy of the current certificate is enclosed with payment and I understand the license is only valid when accompanied with a valid certificate of insurance. I am familiar with and agree to abide by the provisions of the City's sign erector's ordinance.

SIGNED:

APPLICANT

Date Signed

NEW LICENSE INFORMATION	
License Number:	
Payment: \$ _____ Receipt #/Date	
License Expires:	
Liability Insurance Expires:	

City Council
 Leon Lamer, Marla Grabenbauer, Joel Greer, Al Hoop,
 Robert Schubert, Robert Wenner, Bethany Wirin

Form revised: Jan 2013

