

Sign Hanger License Application

Planning & Development Services | Building Safety Division

www.lawrenceks.org/pds/building-safety

Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Company Name: _____

Number of Employees: _____ Kansas Sales Tax Number: _____

Business Address: _____

Mailing Address: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

List Owner(s)/Officer(s)

Last Name: _____ First Name: _____ Middle Initial: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Description of Services Offered

Please Include:

- ✓ \$100.00 initial fee or \$50.00 renewal fee
- ✓ Certificate of Insurance (Public liability insurance in the amount of \$500,000 and employer's liability and workmen's compensation insurance in an amount that is in conformity with the statutory requirements of the laws of Kansas)

I have read a copy of Article 18 in Chapter 5 of the Code of the City of Lawrence, Kansas, and agree to comply with the rules and regulations therein. A Certificate of Insurance must be submitted with this application to be placed on file with the Development Services Division.

Applicant Name (Print): _____

Applicant Signature: _____

Today's Date: _____