
Lic. #

*****LICENSE/PERMIT APPLICATION*****

NOTE: NO SIGNS MAY BE PLACED WITHIN CITY RIGHT OF WAY OR ON ANY POLES OR TREES WITHIN THE RIGHT-OF-WAY

CITY OF LESLIE
602 W. Bellevue St.
P.O. Box496
Leslie MI 49251 Ph:
517-589-8236

APPLICANT NAME _____
Last First Middle

HOME ADDRESS _____

DRIVER LICENSE # _____

HOME PHONE _____ WORK PHONE _____

VEHICLE(s) _____ LICENSE # _____
Year Make Year # State

Full Names of Employees working with/for Licensee:

- 1. _____ 2. _____
- 3. _____ 4. _____

PURPOSE OF LICENSE/PERMIT? _____

DATES: _____

I authorize investigation of all statements on this application. I understand that misrepresentation of facts called for is cause for denial of the issuance of the license/permit.

Signature of Applicant Date

Date Issued _____ Date Expires _____

License Fee _____ Paid by _____
Check #/Cash

Approved by _____ Title _____

RESIDENTIAL SALES ARE LIMITED TO 2 (TWO) PER PROPERTY PER CALENDAR YEAR.

SOME LICENSES/PERMITS REQUIRE PRIOR COUNCIL APPROVAL.