

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.