



6090 Woodson St  
Mission, KS 66202  
913.676.8360  
www.missionks.org

## Application for Sign Installer License

Sign Installer Company: \_\_\_\_\_

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

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

Owner/Applicant: \_\_\_\_\_

Business Conducted as:  Individual  Partnership  Corporation

### Persons Authorized to Obtain Permits:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

BY SUBMITTING THIS APPLICATION it is understood that the applicant whose signature appears below agrees to comply with the provisions of the City of Mission Municipal Code and all adopted ordinances applicable to signs. It is unlawful for a licensee to allow his/her name or license to be used by another to operate as a Sign Installer, and a license may be revoked for reason of misrepresentation of facts in obtaining such license. The applicant **must also provide** a Certificate of Insurance showing Liability Insurance in the amount of no less than \$100,000.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Approved by: \_\_\_\_\_ License Number: \_\_\_\_\_

City Official