

CITY OF ST. CLAIR SHORES
27600 Jefferson Avenue
St. Clair Shores, MI 48081
phone: 586-447-3340 fax: 586-445-4098
www.scsmi.net

Handbill License Application

In accordance with the provisions of the ordinance (Sec. 35.006) of the City of St. Clair Shores, I hereby make application for a license to distribute handbills in the City.

Company Name _____

Company Address _____ **City/State/Zip** _____

Company Phone: _____

Owner's Name _____

Owner's Address _____ **City/State/Zip** _____

Email Address _____

Area/location where handbills are to be distributed

List Names of Distributors

Use reverse side if necessary

I hereby certify that the information herein provided is true, complete and accurate.

Signature _____

Date _____

| | |
|--------------------|---------|
| One (1) day | \$ 5.00 |
| One (1) week | \$10.00 |
| Three (3) months.. | \$25.00 |
| One (1) year..... | \$50.00 |

Fee _____

Receipt Number _____

License Issue Date _____

License Exp. Date _____

Attached:
CC Applicant's Driver's License # _____
Handbill _____
CC SCS Police Dept. _____

Name of Supervisor _____

Address _____

Phone No. _____ Cell Phone/Pager No. _____

Distributors

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____