

City of La Verne

HANDBILL PERMIT APPLICATION

APPLICANT INFORMATION

Individual or Business Name _____

Individual or Business Address _____
Street City Zip

Mailing Address _____
Street City Zip

Telephone Number _____

Name of Representative _____

OWNER INFORMATION (If different from applicant)

Name _____

Residence Address _____
Street City Zip

Telephone Number _____

I (we) hereby apply for a permit for the distribution of handbills, etc., as defined the City of La Verne Ordinance Code. I (we) further agree to comply with all applicable State laws, County and City ordinances pertaining to said handbill distribution.

Date: _____

Signature Title

Signature Title

DO NOT WRITE BELOW THIS LINE. FOR CITY USE ONLY

Date filed _____ Date \$25.00 fee paid _____

Approved/Denied _____ by: _____
Date

Business License # _____ Handbill Permit # _____