



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: _____

IN 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 Codes 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 further that a license may be revoked for reason of misrepresentation of facts in obtaining such license. The applicant **must also provided** a Certificate of Insurance showing Liability Insurance in the amount of no less than \$100,000.

SIGNATURE: _____ DATE: _____

Approved by: _____ License Number: _____
City Official