
2010 LICENSE YEAR – SIGN CONTRACTOR LICENSE

CITY OF COON RAPIDS
11155 ROBINSON DRIVE
COON RAPIDS, MN 55433
763-767-6430
FAX: 763-767-6573

Date of License

Licensee's Full Name and Title (Please Print)

Licensee's Date of Birth

Business Name - DBA

Address

City

State

Zip Code

Telephone Number

Fax Number

Licensee's Signature

***A COPY OF YOUR STATE OF MINNESOTA SIGN CONTRACTOR BOND OR CITY BOND
ALONG WITH PROOF OF INSURANCE AND \$50.00 FEE MUST BE SUBMITTED TO THE
CITY OF COON RAPIDS WITH THIS LICENSE FORM. THE FORM MUST HAVE AN
ORIGINAL SIGNATURE.***