

SIGN CONTRACTOR LICENSE APPLICATION

Date of License

Licensee's Full Name and Title (Please Print)

Licensee's Date of Birth

Business Name – DBA

Federal Employer Identification Number

Address City State Zip Code

Telephone Number

Email

Licensee's Signature

Date

A COPY OF YOUR STATE OF MINNESOTA SIGN CONTRACTOR BOND OR CITY BOND ALONG WITH CERTIFICATE OF INSURANCE AND LICENSE FEE MUST BE SUBMITTED TO THE CITY OF COON RAPIDS WITH THIS APPLICATION VIA EMAIL OR MAIL. THE FORM MUST HAVE AN ORIGINAL SIGNATURE.

Planning Phone: 763-767-6430

Email: planning@coonrapidsmn.gov

A link will be emailed for you to pay any fees online after documents are received electronically. You may include a check if submitting via mail.