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**2012 SIGN CONTRACTOR LICENSE APPLICATION**

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

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\_\_\_\_\_  
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

\_\_\_\_\_  
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.***