

**INC. VILLAGE OF CEDARHURST
200 CEDARHURST AVENUE
CEDARHURST NY, 11516**

APPLICATION FOR SIGN/AWNING INSTALLER/CONTRACTOR LICENSE

FEE _____

DATE _____

RECEIPT # _____

NAME OF SIGN/AWNING INSTALLER/CONTRACTOR

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

INSURANCE CARRIER

POLICY NUMBER

CONTACT PERSON

SIGNATURE

TITLE

APPROVED BY: _____

DATE: _____