

**CITY OF MADISON HEIGHTS
NON-COMMERCIAL HANDBILL LICENSE REGISTRATION**

Please print and complete every line on this application.

DATE _____

Registration No. _____

NAME OF APPLICANT _____ **PHONE** _____

ADDRESS OF APPLICANT _____

HEADQUARTERS NAME _____

ADDRESS _____

PRINCIPAL OFFICERS/MANAGERS:

NAME _____ **PHONE** _____

ADDRESS _____

NAME _____ **PHONE** _____

ADDRESS _____

REGISTERED AGENT (if any):

NAME _____ **PHONE** _____

ADDRESS _____

PURPOSE & DISTRIBUTION OF RECEIPTS _____

PERSON(S) IN DIRECT CHARGE OF DISTRIBUTION:

NAME _____ **PHONE** _____

ADDRESS _____

METHOD OF DISTRIBUTION _____

LIST ACTUAL DATES AND HOURS OF DISTRIBUTION:

DATES _____ HOURS _____

REGISTRATION FEE: \$1.00

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY:

RECEIPT NO. _____ DATE PAID _____

CITY CLERK APPROVAL _____

COPY GIVEN TO POLICE DEPARTMENT _____
Date _____