



Department of Neighborhood and Development Services
410 E. Washington Street
Iowa City, IA 52240

APPLICATION FOR SIGN INSTALLER'S LICENSE

Name _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____

Fax _____

Email _____

Name of Insurance Company _____

Address of Insurance Company _____

I hereby acknowledge that as part of this application procedure, I have reviewed the applicable sections of the Code of Ordinances of the City of Iowa City known as the "Sign Regulations" and that I will be held accountable for and abide with all provisions of said ordinance.

Name _____ Title _____

Fee: \$50.00