



CITY OF MONTCLAIR
5111 Benito Street
Montclair, CA 91763
(909) 625-9423

APPLICATION FOR PERMIT TO DISTRIBUTE
HANDBILLS, CIRCULARS, ADVERTISING SAMPLES OR SIMILAR DEVICES

Date(s) of Distribution _____

Business Name _____ Date _____

Business Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Business Phone _____ Cell Phone _____

Type of Ownership Corporation LLC Partnership Sole Proprietorship

Business Owner(s) or Officer(s)

Name _____ Title _____ Phone _____

Home Address _____ City, State, Zip _____

Name _____ Title _____ Phone _____

Home Address _____ City, State, Zip _____

Social Security Number _____ Federal Tax Number _____

Local Contact/Manager _____ Title _____ Phone _____

Describe in detail the type of material to be distributed _____

I DECLARE UNDER PENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF FACTS.

Signature _____ Date _____ Drivers Lic. No. _____

OFFICE USE ONLY

TOTAL FEE (\$100.00 per day) _____ PERMIT NUMBER _____