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# Chris Swope

## Lansing City Clerk

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### Sign Erector License Application

(City Codified Ordinances – Chapter 1442.01 – 1442.99)  
<http://mi-lansing.civicplus.com/171/Business-Licenses>

(Check Appropriate Box)

New:  Consecutive Renewal:

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**Applicant Checklist:**  
(Ensure All Items Completed)

Payment:  Insurance:

Application Completed:

**ANNUAL NON-REFUNDABLE LICENSE FEE:** \$125.00 New / \$100.00 Renewal.

**Insurance:** \$100,000 for injury or death to any one person, \$300,000 if more than one person, and \$100,000 property damage. The City of Lansing must be shown as an additional insured.

**Expires on April 30<sup>th</sup> Annually.**

<b>Business Name</b>		<b>Business Phone Number</b>	
<b>Business Address</b>		<b>City</b>	<b>State, Zip</b>
<b>Business Owner</b>		<b>Owner Phone Number</b>	
<b>Owner Address</b>		<b>City</b>	<b>State, Zip</b>
<b>Owner Email Address</b>			

Lansing City Clerk's Office  
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695  
517-483-4131 • 517-377-0068 FAX  
[www.lansingmi.gov/clerk](http://www.lansingmi.gov/clerk) • [city.clerk@lansing.mi.gov](mailto:city.clerk@lansing.mi.gov)

Same as above:

Applicant Name		Applicant Phone Number	
Applicant Address	City	State, Zip	
Applicant Email Address			

Insured By (Policy to be filed with city)	
Expiration Date	Insured Amount

I understand that a false statement on this application may result in either a denial of this application or subsequent revocation if this license is granted.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<b><u>OFFICIAL USE</u></b>	
Amount paid:	_____
Date paid:	_____
License #:	_____

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