



Village of Menomonee Falls
W156 N8480 Pilgrim Road
Menomonee Falls, WI 53051-3140
Telephone: (262) 532-4200

APPLICATION FOR PERMIT

NEWSPAPER DISTRIBUTION BOX

Owner / Distributor: _____ Phone #: _____

Contact Name: _____ Fax #: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Application Fee: \$15.00 X _____ Box(s) = \$ _____ (max. \$300.00)
New Installation Fee: \$30.00 X _____ Box(s) = \$ _____ New Installation Renewal
Renewal Installation Fee: \$25.00 X _____ Box(s) = \$ _____

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Newspaper / Periodical Distribution Box Location(s)

(Attach Separate Sheet for Additional Boxes)

Newspaper / Periodical Name(s): _____ Color of Box: _____

Box Location: _____
(Street Name, Intersection, Coordinates)

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Newspaper / Periodical Name(s): _____ Color of Box: _____

Box Location: _____
(Street Name, Intersection, Coordinates)

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AGREEMENT TO TERMS

The owner/distributor of the newspaper/periodical described within this permit application certifies, fully accepts and will comply with all the provisions under Sec. 22-152 thru Sec. 22-161 of Ord. 335-O-06.

Signed: _____ **Date:** _____

Return signed & completed permit application, and fee to the: Village of Menomonee Falls, W156 N8480 Pilgrim Road, Menomonee Falls, WI 53051. Notification by the Department of Public Works whether the provisions of this section and approval of the permit application will be made within (5) working days.

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Permit Approval Information (For Office Use Only)

Bond Received: _____
(Date)

Certificate of Insurance Received: _____
(Date)

Approved by: _____ **Date:** _____ **Permit #:** _____