



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) = \$ \_\_\_\_\_
Renewal Installation Fee: \$25.00 X \_\_\_\_\_ Box(s) = \$ \_\_\_\_\_
[ ] New Installation [ ] Renewal

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)

Newspaper / Periodical Name(s): \_\_\_\_\_ Color of Box: \_\_\_\_\_

Box Location: \_\_\_\_\_
(Street Name, Intersection, Coordinates)

Newspaper / Periodical Name(s): \_\_\_\_\_ Color of Box: \_\_\_\_\_

Box Location: \_\_\_\_\_
(Street Name, Intersection, Coordinates)

Newspaper / Periodical Name(s): \_\_\_\_\_ Color of Box: \_\_\_\_\_

Box Location: \_\_\_\_\_
(Street Name, Intersection, Coordinates)

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.

Permit Approval Information
(For Office Use Only)

Bond Received: \_\_\_\_\_
(Date)

Certificate of Insurance Received: \_\_\_\_\_
(Date)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Permit #: \_\_\_\_\_