Department of Planning and Development

Building and Inspections

inspection@cityoflacrosse.org 608-789-7530

APPLICATION FOR SIGN ERECTORS LICENSE

Business Name: _____

Contact/Owner Name: _____

Business Address: _____

Business Phone: _____

Contact Phone: _____

Contact Email: _____

_____ _____

Contact Signature **Date**

An annual fee per current fee schedule and a copy of the Certificate of Liability Insurance is required.