

For Approval: Mayor _____ Bldg Comm. _____

Application Form for City of St. Charles Newspaper Racking System

For office Use: Received: _____ Fee: _____ Admin _____ Template _____ Maintenance _____ Total Paid: \$ _____ Receipt # _____ NP Size _____

Office of the City Clerk
Two East Main Street
St. Charles, IL 60174-1984

Date of Application: _____

Name of Publication: _____

Address: _____

Telephone: _____

Phone number and name of the individual who will replenish newspapers/magazines: _____

On what cycle will new newspapers/magazines be replenished in the box? _____

Requested Locations: _____ First Street and Main _____ First Avenue and Main
If location is outside downtown, where: _____

The application must include a description of and the specifications for the intended newspaper dispensing device, e.g., standard fold or tabloid & measurements and indicate if paper is free or what is cost of paper weekday and weekend price.

I (We), the undersigned, say that I (we) have read the foregoing application and that the statements therein are true, complete and correct and are made upon my (our) personal knowledge and information and are made for the purpose of inducing the City of St. Charles to grant the requested license(s) for the period ending April 30 of the current fiscal year unless otherwise stated herein, and for the location herein before indicated. I (We) further understand that any misrepresentation or the failure to notify the Building Commissioner or his designee of any fact requested in this application or omission of any fact pertinent to this application shall constitute good cause for the City Council to deny this application and/or recommend the revocation of any license issued pursuant to this application.

Printed name of Applicant _____ Signature of Applicant _____ Date _____

Home Address _____ City/State/Zip _____

Printed name of Applicant _____ Signature of Applicant _____ Date _____

Home Address _____ City/State/Zip _____