



**TOWN OF ADDISON**  
**16801 WESTGROVE DR.**  
**ADDISON, TX 75001**  
**Phone: 972/450-2880**

**Email: Registrations@addisontx.gov**

**Required Documentation:**

1. \$5000.00 Surety Bond  
OR
2. Certificate of Insurance

**LICENSE SIGN HANGER**  
**REGISTRATION APPLICATION**

**\$75.00 REGISTRATION FEE**

**COMPANY NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COMPANY ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**NUMBER** \_\_\_\_\_ **STREET** \_\_\_\_\_

**CELL** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**OWNER OF COMPANY:**

**NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**NUMBER** \_\_\_\_\_ **STREET** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**THOSE IN THE BUSINESS WHO ARE AUTHORIZED TO SIGN FOR PERMITS:**

_____	_____
_____	_____
_____	_____

**PLEASE NOTIFY THIS OFFICE OF ANY CHANGE IN THE ABOVE INFORMATION.**

**SIGNED** \_\_\_\_\_  
**AUTHORIZED SIGNATURE**

**BOND ON FILE** \_\_\_\_\_

**DATE PAID** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **RECEIPT #** \_\_\_\_\_ **REGISTRATION #** \_\_\_\_\_

**INVOICE #** \_\_\_\_\_