

VILLAGE OF SCOTIA

Mayor

Kris Kastberg

Trustees

Thomas A. Gifford, Deputy Mayor

Rory Fluman

E. Thomas Neals

Joseph Rizzo



Clerk-Treasurer

Maria A. Schmitz

Attorney

Lydia R. Marola

APPLICATION FOR TELEPHONE DIRECTORY DISTRIBUTION
(Please allow up to ten days to process license applications)

NAME OF APPLICANT (SUPERVISOR): _____

BUSINESS NAME: _____

TELEPHONE DIRECTORY NAME (IF DIFFERENT FROM BUSINESS) : _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ CELL PHONE: _____

DATE YOU WISH TO DISTRIBUTE: START: _____ END: _____
(MUST BE AT LEAST 10 DAYS FROM DATE OF APPLICATION)

LIST BELOW ALL PERSONS THAT WILL BE DISTRIBUTING IN THE VILLAGE OF SCOTIA

NAME: _____

HOME ADDRESS _____

PHONE NUMBER _____

NAME: _____

HOME ADDRESS _____

PHONE NUMBER _____

NAME: _____

HOME ADDRESS _____

PHONE NUMBER _____

OVER

NAME: _____

HOME ADDRESS _____

PHONE NUMBER _____

NAME: _____

HOME ADDRESS _____

PHONE NUMBER _____

NAME: _____

HOME ADDRESS _____

PHONE NUMBER _____

I, _____ hereby declare that the foregoing information given on this application for a Telephone Directory Distribution License is true and that falsifying any information constitutes cause for rejection of my license/permit.

I further understand that my license/permit may be suspended or revoked by the Village Clerk only after notice, in writing, and an opportunity to be heard is given to the licensee if found to have violated or to have permitted a violation of any provision of this chapter or any other law, rule or regulation or state or federal law pertaining to the distribution of telephone directories.

APPLICANT'S SIGNATURE

DATE

TO BE COMPLETED BY VILLAGE CLERK

APPROVED: _____

LICENSE NUMBER: _____

FEE: \$150.00

DATE PAID: STAMP HERE

SIGNATURE _____