

VILLAGE OF SCOTIA

Mayor

Kris Kastberg

Trustees

Joseph Rizzo, Deputy Mayor

Thomas A. Gifford

Andrew M. Kohout

E. Thomas Neals



Clerk-Treasurer

Maria A. Schmitz

Attorney

Lydia R. Marola

APPLICATION FOR TELEPHONE DIRECTORY DISTRIBUTION

NAME OF APPLICANT: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DATE YOU WISH TO DISTRIBUTE: START: _____ END: _____

ARE YOU SELF EMPLOYED: YES: _____ NO: _____

BUSINESS NAME: _____

IF NOT SELF-EMPLOYED, BY WHOM ARE YOU EMPLOYED?: _____

DO YOU HAVE CREDENTIALS AUTHORIZING YOU TO ACT AS A REPRESENTATIVE OR EMPLOYEE OF ANOTHER: YES _____ NO: _____

NAME OF AUTHORITY AND NAME AND ADDRESS OF PERSON OR CORPORATION GIVING THE CREDENTIALS (CREDENTIALS TO BE EXHIBITED TO VILLAGE CLERK)

_____) _____

APPLICANT'S SIGNATURE

DATE

STATE OF:

COUNTY OF:

_____ BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE IS THE PERSON SIGNING THE FORGOING APPLICATION FOR A VENDOR'S LICENSE AND THAT THE ANSWERS GIVEN TO THE QUESTIONS ABOVE ARE TRUE IN ALL RESPECTS AND PARTICULARS AND ARE MADE FOR THE PURPOSE OF OBTAINING THE ISSUANCE OF SAID LICENSE.

SWORN TO ME BEFORE THIS _____ DAY OF _____ 20____

COMMISSIONER OF DEEDS/NOTARY PUBLIC

ACTION BY VILLAGE CLERK

APPROVED: _____ NOT APPROVED: _____ SIGNATURE _____