

# 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 \_\_\_\_\_