



# City of McComb

## Distribution of Handbills Permit Application

### Applicant Information

Full Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address

City State ZIP Code

Primary Phone: ( ) \_\_\_\_\_  
Driver's License or SS (last four digits): \_\_\_\_\_

Business/  
Organization: \_\_\_\_\_

### Distribution Information

*This information is being requested in accordance with local laws and will be used in consideration for approval of permit.*

Date of Distribution: \_\_\_\_\_ Method of Distribution: \_\_\_\_\_

Request for permit for the distribution of: \_\_\_\_\_  
*(Please include description of material and quantity, or attach material. Please attach a copy of your bond.)*

Name and Address of Persons Making Distribution:  
\_\_\_\_\_  
\_\_\_\_\_

Area of Town for Distribution: \_\_\_\_\_  
*Upon approval a copy of this approved application will be issued to each person listed. Please use the back if more space is needed.*

I declare that the above information is correct and true. And I have attached a copy of the bond.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

*This application is approved \_\_\_ disapproved \_\_\_ by the Board of Mayor and Selectmen.*

PERMIT NO \_\_\_\_\_ BOND AMOUNT \_\_\_\_\_ EXPIRES \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original: City Clerk

XC: Each Distributor upon Approval