



CITY OF WESTMINSTER

45 West Main Street
Westminster, MD 21157
www.westminstermd.gov

HANDBILL DISTRIBUTION APPLICATION

1. Applicant – name, address and telephone number:

2. Business name, address and telephone number:

3. Description of item(s) being distributed, **with a copy of each item attached to this application:** _____

4. Names of participants: _____

5. Date(s) for distribution: _____

6. Location(s) of distribution: _____

I HEREBY AGREE, IF SAID PERMIT IS GRANTED, TO ABIDE BY ALL ORDINANCES AND RESOLUTIONS OF THE MAYOR AND COMMON COUNCIL OF WESTMINSTER AND ALL PERMIT CONDITIONS.

THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE AND CORRECT. ANY MATERIALLY FALSE STATEMENTS ARE GROUNDS FOR REVOCATION OF THE PERMIT. A COPY OF EACH ITEM BEING DISTRIBUTED MUST ACCOMPANY THIS APPLICATION. **Submit signed application and the non-refundable \$25 application fee to the City of Westminster at 45 West Main Street, Westminster, MD 21157.**

Date

Signature (SEAL)

FOR OFFICE USE ONLY