



# DOWNTOWN DIRECTIONAL SIGN APPLICATION

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Business Owner Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Owner Mailing Address: \_\_\_\_\_  
City State Zip

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

VERBIAGE TO BE ON THE SIGN: \_\_\_\_\_

**FOR OFFICE USE ONLY:  
DATE SUBMITTED & LOTTERY TICKET NUMBER**

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