



**IVINS CITY**  
 55 N. Main St., Ivins, UT 84738  
 435-628-0606 Fax: 435-674-5486  
 www.ivins.com

HBP # 1  
 OR  
 HBP # 5

Filing Fee: **\$25.00** Per Application  
 Receipt #: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/201\_\_\_\_  
 Check #: \_\_\_\_\_ Cash/CC \_\_\_\_\_

**HANDBILL PERMIT APPLICATION**

**Applicant**

Name _____	Applicant SSN _____
Street Address _____	Mailing Address (If different) _____
City, State, Zip _____	City, State, Zip _____
Home Phone (____) _____	Cell Phone (____) _____
	Fax Phone (____) _____

**Business**

Name _____	Mailing Address _____
Street Address _____	(If different) _____
City, State, Zip _____	City, State, Zip _____
Business Phone (____) _____	Cell (____) _____
	Fax (____) _____

This Business is a: (1) Corporation (2) Limited Liability Company (LLC) (3) Partnership (4) Sole Proprietor Please circle appropriate selection

Applicant is applying for a 30 Day Handbill Permit. ( ) Yes ( ) No  
 Applicant is applying for a One Year Handbill Permit\*. ( ) Yes ( ) No

\* The duration of a Handbill Permit is for 30 days. In the event an applicant desires to engage in ongoing distributions of handbills throughout the year and there have been no violations of the handbill ordinance during the initial thirty (30) day permit period, the applicant may apply for a handbill permit with duration of one (1) year from date of issuance.

Give a brief description of the nature of the business and the name of the manufacturer or distributor of any article or service advertised:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Place or places within Ivins City where the applicant proposes to distribute commercial handbills:

\_\_\_\_\_  
 \_\_\_\_\_

List of municipalities in which the applicant has engaged in business within the last six months:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_ hereby declare that the foregoing information given on this application for a handbill distributor in residential neighborhoods is true and that falsifying any information constitutes cause for rejection of my license/permit.

I further understand that my license/permit may be revoked at any time (after notice and hearing) including but not limited to fraud, misrepresentation, false statement, and violation of the Ivins City Municipal Code, conviction of any crime or misdemeanor involving moral turpitude, or conducting business in an unlawful manner.

Dated this \_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_  
 Day Month Year \_\_\_\_\_  
 Signature of Agent/Applicant