

**VILLAGE OF WHEELING
HAND BILL PERMIT**

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____
Street

City _____ State _____ Zip _____

PHONE _____ **DRIVERS LICENSE** _____

DESCRIBE HAND BILL _____

FEE: No Charge

LIST ALL PERSONS PASSING HANDBILLS ON REVERSE SIDE, NAME AND ADDRESS

ATTACH A SAMPLE OF THE HANDBILL

Chief of Police

Director of Community Development

NOT VALID UNLESS COUNTERSIGNED BY POLICE CHIEF