Fee: _____

Receipt/Check #: _____

City of Osseo
415 Central Avenue
Osseo, MN 55369-1195
P 763.425.2624 F 763.425.1111
www.DiscoverOsseo.com

Gateway Sign Message Application

The information provided on this form may be considered public data pursuant to data practices law and the City will comply with all applicable laws if the information is subject to a data request.

Business or Event Name	**Contact Person**
Business or Event Address **Osseo, MN**	**Phone Number**

Email	**Number of Slides Requested:** *A fee of $100 per slide/week must be included with every message application.*	

Message Requested: *The City may edit any messages being displayed in any manner deemed necessary (e.g., clarity, length, etc.) Brevity & a maximum of ~50-60 characters recommended.*	

Graphics Requested? _____**No** _____**Yes** (*if yes, circle one:*)
Custom graphics for display the following week should be submitted to jamerman@ci.osseo.mn.us and kbroden@ci.osseo.mn.us by the deadline. For optimum display, full screen graphics should be 630 x 1260 pixels.

Stock Image **Graphic to be Provided**
JPG or BMP format only

Message Scheduling
Messages will be programmed once per week. ***Applications must be received by 7:30 am on Thursday*** *for messages to be displayed the following week. Monday mid-day – Monday mid-day is the standard schedule. However, shorter display periods within that time frame are also allowed.*

Specify Start Date/Time, *if not Monday mid-day*	**Specify End Date/Time,** *if not Monday mid-day*

By signing below, I signify that I understand that City staff will be solely responsible for reviewing applications in accordance with the Gateway Sign Policy. Any decision made by City staff under this Policy may be appealed to the City Council upon written notice of the applicant's intent to appeal. Written notice must be provided to the City Administrator within 10 days of the time upon which the administrative decision being appealed is made. The applicant must pay any fee prescribed for administrative appeals in the City's official fee schedule before any appeal will be heard.

Applicant Signature:	**Date:**

Administrative Approval	**Fee**	**Date**