



3195 Wilson Avenue SW
 Grandville, MI 49418-1274
 Phone (616) 530-4977
 Fax (616) 530-3859

APPLICATION FOR CITY OF GRANDVILLE SNOWPLOW LICENSE

DATE: _____

LICENSE CLASSIFICATIONS	ANNUAL FEE AMOUNT	# OF VEHICLES
SNOWPLOW LICENSE	\$25.00 PER VEHICLE	

Name of Business: _____

Name of Owner or Parent Company: _____

Owner's Address: _____ Owner's Phone No. _____
 _____ Fax No. _____

Vehicle Description:

Make:	Model:	License Plate No.:	Serial No.:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Please list additional vehicles on back

Certificate of Insurance attached herewith: Yes No

I hereby affirm that the above statements are true, and that the equipment used by this applicant will not endanger the health and the safety of the inhabitants of the City of Grandville. I also affirm that I will serve the public in a fair, honest, safe and competent manner in compliance with the City Code and all other applicable laws, statutes, ordinances and regulations.

Applicant's Name and Title _____

Applicant's Signature _____

Applicant's Address _____

Applicant's Phone Number _____

City, State, Zip _____

TOTAL AMOUNT ENCLOSED	\$ _____
MAIL THIS RENEWAL WITH REMITTANCE MADE PAYABLE TO THE CITY OF GRANDVILLE.	
LICENSE WILL BE ISSUED BY THE CITY CLERK IF APPROVED.	

APPROVED BY

DO NOT USE THIS SPACE