



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

Dear Applicant:

The Grandville City Code of Ordinances requires a license in order to snowplow within the City of Grandville. Complete the enclosed application and return it, along with a check for the appropriate amount made payable to the City of Grandville.

Please be sure that we have a copy of your certificate of insurance for public liability and property damage, insuring both the applicant and the City in the minimum limits of liability as follows:

Bodily Injury Each Person -	\$300,000
Bodily Injury Each Occurrence -	\$500,000
Property Damage Each -	\$100,000

The fee is \$25.00 per vehicle. If you have any questions, please feel free to call the City Clerk's Office at (616) 530-4977.

We would like to take this opportunity to remind you of City Ordinance Sec. 25-168 which states:

No snow or ice shall be removed from private property and deposited or left upon any public road or any public sidewalk nor shall snow or ice be plowed into or left upon the property, sidewalk, driveway or parkway of another person.

Thank you,

Mary L. Meines
City Clerk



3195 Wilson Avenue SW
 Grandville, MI 49418-1274
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APPLICATION FOR CITY OF GRANDVILLE SNOWPLOW LICENSE

Date: _____

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

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

The Applicant must file the following:

1. Fee for the Snowplow License is \$25.00 per
2. A certificate of insurance with coverage in an amount not less than \$300,000 public liability and \$100,000 damage which lists the City of Grandville as an additional insured to protect the City and its employees and the agents against any and all claims for damage arising from the operations covered by the Snowplow License. The certificate provide that the insurance may not be cancelled without ten days notice to the City.

Applicant's Name and Title _____

Applicant's Signature _____

Applicant's Address _____

Applicant's Phone Number _____

City, State, Zip _____

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

DO NOT USE THIS SPACE
SNOW - _____
SNOWPLOW LICENSE NO.

SNOWPLOW STICKER NO.