

## APPLICATION FOR SEWER CONTRACTOR'S LICENSE

TOWNSHIP OF GRATTAN

Building Department, 12050 Old Belding Road, N.E., Belding, MI 48809-9318, (616) 691-8450, Fax (616) 691-8804

<p><i>(For Dept. Use Only)</i></p> <p>Township Approval: <input type="checkbox"/> Granted <input type="checkbox"/> Denied (check one)</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p>_____</p> <p style="text-align: center;">Title</p> <p>Date: _____</p> <p>License No. _____</p>	<p>1) <input type="checkbox"/> GUARANTEE (in the amount of \$10,000)</p> <p style="margin-left: 20px;"><input type="checkbox"/> PERFORMANCE BOND</p> <p style="margin-left: 20px;"><input type="checkbox"/> LETTER OF CREDIT</p> <p>2) <input type="checkbox"/> LICENSE FEE (\$25.00)</p> <p>3) <input type="checkbox"/> COPY OF CONTRACTOR'S LICENSE</p> <p>4) <input type="checkbox"/> CERTIFICATE OF INSURANCE</p> <p><b>IMPORTANT:</b> The required fee must accompany each application. Do not send cash or post-dated checks. Make all checks and money orders payable to: TOWNSHIP OF GRATTAN.</p>
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Pursuant to the Grattan Township Sewer Connection, Use and Rate Ordinance, I hereby apply for a Sewer Contractor's License in the Township of Grattan and submit that the following information is true and correct:

### BUSINESS INFORMATION

BUSINESS NAME	BUSINESS PHONE #	BUSINESS FAX #
BUSINESS ADDRESS	(City)	(State) (Zip)
LICENSE HOLDER'S NAME		CONTRACTOR'S LICENSE #
TYPE OF BUSINESS <input type="checkbox"/> INDIVIDUAL PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION		FED I.D. OR S.S. #
PUBLIC LIABILITY INSURANCE CARRIER		POLICY #
POLICY LIMITS (A license will not be granted unless the minimum amounts of insurance, as set forth below, are in effect.) <input type="checkbox"/> all damages caused by accidents attributable to the work (\$100,000/person) <input type="checkbox"/> bodily injury per accident (\$300,000/accident) <input type="checkbox"/> property damage (\$100,000) <input type="checkbox"/> written evidence that 30 days' notice of cancellation of policy is required <input type="checkbox"/> worker's compensation insurance - Policy No. _____, Insurance Carrier (if different than above) _____		
INSURANCE AGENT NAME	PHONE	POLICY PERIOD

### BUSINESS OWNER INFORMATION

NAME	ADDRESS	PHONE #
BIRTH DATE	TITLE	

### APPLICANT INFORMATION

NAME	ADDRESS	PHONE #
BIRTH DATE	TITLE	

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by law or ordinance. I authorize the Township to obtain any information that it requires concerning statements in this application, which shall remain the property of Grattan Township.

I agree to indemnify and save harmless Grattan Township, Vergennes Township and the owner of the premises against all damages, costs, expenses, outlays and claims of every nature and kind arising out of mistakes or negligence on the part of the business or applicant in connection with the work performed under this license. The bond/letter of credit shall remain in force and effect for the extent of the license period.

I agree that if a sewer license is granted, I will faithfully perform all work in accordance with the laws, rules and regulations established under the authority of the Township pertaining to sewers and plumbing with due care and skill.

_____	_____
DATE	SIGNATURE OF APPLICANT
	_____
	TITLE

**IF YOU NEED ASSISTANCE OR REQUIRE FURTHER INFORMATION, PLEASE CALL THE SEWER DEPARTMENT AT (616) 691-8450 BETWEEN THE HOURS OF 9 AM AND 4 PM, MONDAY THROUGH THURSDAY.** FORM NO. 06-513 Updated 06/2016