

APPLICATION FOR SNOW PLOWERS LICENSE  
CITY OF KENTWOOD  
KENTWOOD CITY CLERK'S OFFICE  
4900 BRETON SE PO BOX 8848  
KENTWOOD, MI 49518-8848  
FAX # 616-554-0796

1. Applicant's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_

2. Owner of Business \_\_\_\_\_ Phone No. \_\_\_\_\_  
Owner's Address: \_\_\_\_\_

3. Vehicle Description:

Year	Make	License No.	Serial No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any additional vehicles on back of page.

4. I Hereby affirm that the above statements are true.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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5. Fee per Snow Plowing Vehicle:  
\$30.00 a year for each License

6. Copy of current registration for each vehicle.

7. Must provide a certificate of required insurance: Contractor's Motor Vehicle Bodily Injury and Property Damage Insurance in the amount of \$100,000.00 per person, \$300,000.00 per accident, bodily injury, including accidental death: \$100,000.00 per occurrence, property damage.

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8. Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

Business License #: \_\_\_\_\_ Issued City Decals: \_\_\_\_\_