

CHARTER TOWNSHIP OF WEST BLOOMFIELD

4550 Walnut Lake Road, PO. Box 250130 West Bloomfield, Michigan 48325-0130

(248) 451-4800 FAX (248) 682-3788 TDD (248) 451-4899

\$150.00 License Fee/ \$50.00 Truck Fee

APPLICATION FOR FERTILIZER LICENSE

Company/Institution Name _____ Phone _____

Company Address _____ City/Zip _____

If institution, approximate size of turf area _____ acres

If commercial, State License No. _____ Issued to _____

Name of Owner _____ Date of Birth _____ Phone _____

Michigan Driver's License Number _____

Home Address _____ City/Zip _____

Liability Insurance Company _____

Name of Ins. Agent _____ Phone _____

Insurance Policy Number _____ Expiration Date _____

Fleet Insurance Company _____

Name of Ins. Agent _____ Phone _____

Insurance Policy Number _____ Expiration Date _____

INCLUDE WITH APPLICATION:

- 1. **Certificate of Liability Insurance**
- 2. **Material Safety Data Sheets (MSDS)**

On File 9

Copy Enclosed 9

| TYPE | MAKE | YEAR | WEIGHT | TANK SIZE | MI. LICENSE # | W.B. LICENSE # |
|------|------|------|--------|-----------|---------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

WEST BLOOMFIELD LICENSE STICKERS ARE TO BE DISPLAYED ON THE DRIVERS SIDE FRONT BUMPER OF TRUCK

company identification is displayed on the vehicles: 9 on door 9 on tank 9 other

NOTE: This application is pursuant to Section 7, Licensure Requirement and procedure, of the ORDINANCE TO REGULATE THE APPLICATION OF MANUFACTURED FERTILIZERS. All blanks must be completed in full. ANY changes to this information must be reported immediately, in writing, to the Township. LICENSE APPLICATIONS FOR THE NEXT CALENDAR YEAR MUST BE MADE BY JANUARY 31 TO AVOID PENALTIES. (\$100.00 late fee)

I certify that the above information is true and correct to the best of my knowledge.

signature of owner / representative

Date

print name of owner / representative

APPROVAL: _____
Sharon A. Law, West Bloomfield Township Clerk