

LICENSE FEE:

SEWER CONTRACTOR APPLICATION

\$ 25.00 / SURETY BOND & PROOF OF LIABILITY INSURANCE

FORT GRATIOT CHARTER TOWNSHIP  
COUNTY OF ST. CLAIR, STATE OF MICHIGAN

PAYMENT DATE: \_\_\_\_\_

FOR PERIOD BEGINNING MAY 1<sup>ST</sup> – ENDING APRIL 30<sup>TH</sup>

NAME OF BUSINESS: \_\_\_\_\_  
OWNER, PARTNER OR CORP: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
BUSINESS TELEPHONE NUMBER: \_\_\_\_\_  
EMERGENCY CONTACT NUMBER: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_ of the  
(NAME) (TITLE)  
\_\_\_\_\_, wishes to be LICENSED by  
NAME OF COMPANY

the Clerk of the Charter Township of Fort Gratiot, as a Sewer Contractor and agrees that, if granted said license, I will indemnify and save harmless the Township from all accidents and damages caused by any negligence in protecting my work or by any unfaithful, imperfect, inadequate, careless or unskilled work done by me and that I will also, promptly and at a proper time, replace and restore ditching, seeding, shrubbery, sidewalk, pavement or street surface or any opening I may have made to as good a state and condition as I found previous to opening the same and keep and maintain the same in good order to the satisfaction of the municipal authority having jurisdiction for the period of one year next, thereafter.

I further agree to post a *Surety Bond for the sum of Five Thousand and 00/100 (\$5,000.00) Dollars*, to Fort Gratiot Township and will notify the Township of any change of address, thereafter.

The term of this license shall be from **May 1<sup>st</sup> to April 30<sup>th</sup>** of the Application year.

I swear that I have authority to sign this application and to make the statements therein.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ is, hereby, approved as a  
Licensed Sewer Contractor in the Charter Township of Fort Gratiot and granted  
License No. \_\_\_\_\_.

\_\_\_\_\_  
ROBERT 8" 6l 97<@F, CLERK  
CHARTER TOWNSHIP OF FORT GRATIOT

**LICENSE FEE: \$ 25.00 AND APPLICABLE SURETY BOND AND PROOF OF LIABILITY INSURANCE**