

\$50.00 APPLICATION FEE

FORT GRATIOT CHARTER TOWNSHIP
COUNTY OF ST. CLAIR, MICHIGAN
MAY 1ST THRU APRIL 30TH
APPLICATION FOR WASTE REMOVAL

****NOTE****

IF THIS APPLICATION CONTAINS A FALSE STATEMENT OF A MATERIAL FACT, IT CAN BE DENIED OR, IF A LICENSE HAS BEEN ISSUED, IT COULD BE SUBJECT TO SUSPENSION OR REVOCATION.
ALL REPLIES TO QUESTIONS ASKED IN THIS APPLICATION ARE CONSIDERED MATERIAL FACTS.

1. _____ NUMBER OF TRUCKS:

2. _____

3. LIST NAME(S) OF OWNER(S), PARTNER(S) OR CORPORATE OFFICERS: (SHOW RESIDENCE ADDRESS)

NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE

4. TYPE OF LICENSE APPLIED FOR:

5. STATE OF MICHIGAN DEPARTMENT OF REVENUE SALES TAX LICENSE NUMBER:

6. IF APPLICANT IS SOLE OWNER, A CORPORATION OR PARTNERSHIP, HAS HE/SHE OR ANY OF THE PARTNERS OR OFFICERS:

- A. BEEN ARRESTED AND CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? YES NO
- B. HAD A JUDGMENT RENDERED AGAINST THEM OR BEEN DECLARED BANKRUPT? YES NO
- C. BEEN IN THIS OR ANY OTHER STATE, REFUSED THE ISSUANCE OF A LICENSE OR BEEN HOLDER OF A LICENSE WHICH WAS REVOKED OR SUSPENDED? YES NO

(IF THE ANSWER TO A, B OR C IS "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET).

I SWEAR THAT THE STATEMENTS CONTAINED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT AND THAT I, AS (SOLE OWNER), (MEMBER OF THE PARTNERSHIP), (OFFICER OF THE CORPORATION), HAVE AUTHORITY TO SIGN THIS APPLICATION AND TO MAKE THE STATEMENTS CONTAINED, HEREIN.

SIGNATURE OF APPLICANT TITLE

FOR OFFICE USE ONLY

ROBERT D. BUECHLER, CLERK DATE APPROVED
FORT GRATIOT CHARTER TOWNSHIP DENIED