

**CITY OF MADISON HEIGHTS
LAWN SPRAYING**

DATE _____

LICENSE NO. _____

Fee Per Vehicle: \$100.00 Permit Amount: \$2.00 per vehicle Number of Vehicles: _____

BUSINESS NAME _____ **TELEPHONE #** _____

ADDRESS OF BUSINESS _____ **CITY/ZIP** _____

NAME OF APPLICANT _____ **TELEPHONE#** _____

ADDRESS _____ **CITY/ZIP** _____

BIRTH DATE _____ **DRIVER'S LICENSE #** _____

ANY CONVICTION OF A CRIME, MISDEMEANOR OR MUNICIPAL ORDINANCE: No _____ Yes _____

IF YES, GIVE DETAILS _____

INSURANCE POLICY ATTACHED: _____ (Liability - \$100/300,000. Property Damage - \$10,000)

MATERIAL SAFETY DATA SHEETS ATTACHED: _____

VEHICLE INFORMATION

<u>MAKE</u>	<u>YEAR</u>	<u>LICENSE #</u>	<u>PERMIT #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

APPLICANT'S NAME -PRINTED

APPLICANT'S SIGNATURE

OFFICE USE ONLY:
RECEIPT NO. _____
NEW OR RENEWAL _____
LICENSE ISSUED _____

POLICE DEPARTMENT REPORT:
APPROVED: _____
DATE: _____