

Date: _____

Receipt #: _____

Amount paid: _____

APPLICANT'S NAME

MAILING ADDRESS

PHONE NUMBER

e-mail address

APPLICATION FOR SNOW REMOVAL EQUIPMENT LICENSE

1) This application must be signed by the applicant and returned with the proper license fee(s) to the City Clerk's Office by **November 15**.

2) Applicants are to contact their Insurance Company to renew their **CERTIFICATE OF INSURANCE**. Have a copy forwarded to the City Clerk's Office so your license can be issued to you. **LICENSES WILL NOT BE ISSUED UNTIL THE CERTIFICATE IS ON FILE IN OUR OFFICE.**

	<u>MAKE OF VEHICLE</u>	<u>YEAR</u>	<u>LICENSE NUMBER</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____

(\$10.00 FOR EACH PIECE OF EQUIPMENT)

TOTAL _____

The undersigned applicant for snow plowing and removal equipment hereby certifies that the equipment intended to be used for such snow removal is in good working order.

APPLICANT'S SIGNATURE

DATE

CITY OF STEVENS POINT:
PAUL F. PIOTROWSKI, CITY CLERK
1515 STRONGS AVENUE
STEVENS POINT, WI 54481

LICENSE # _____ ISSUED BY THE CITY