



CITY OF SAULT STE. MARIE, MICHIGAN
DRAIN LAYER APPLICATION

1. New License: _____ Renewal: _____
2. Company requesting license:
Company Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
3. Amount of Bond or Insurance (if Applicable): _____
4. Letter of Credit/Bank Money Order: _____

I hereby declare the foregoing information to be true and correct to the best of my knowledge and agree that the license which may be issued as herein applied for is not assignable and to the powers of revocation and suspension as contained in the Code of the City of Sault Ste. Marie, Michigan.

Signature of applicant: _____ Date: _____

Printed Name of Applicant: _____

License: Granted _____ Withheld _____

Approved by:

WTP Director Date

City Engineer Date City Clerk Date

License Fees:

Annual \$ 55

Amount Paid: _____ Receipt Number: _____ License # _____

Check List:

Application
License Fee
\$1000 Surety Bond
Certificate of Insurance

CITY OF SAULT STE. MARIE, MICHIGAN
DRAIN LAYER QUESTIONNAIRE
For "New License" Application

Company requesting license:

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Have you had a previous license held by the State of Michigan? _____

If yes, please provide license numbers: _____

Locations of previous work: _____

Equipment List: _____
