

APPLICATION FOR FERTILIZER LICENSE

COMPANY NAME _____
 ADDRESS _____
 If institution, approximate size of turf area _____
 If Company, State License No. _____
 Other _____

PHONE _____
 CITY/ZIP _____

Issued To: _____

NAME OF OWNER _____
 ADDRESS _____
 LIABILITY INSURANCE COMPANY _____
 NAME OF AGENT _____
 POLICY NUMBER _____
 FLEET INSURANCE CO. _____
 NAME OF AGENT _____
 POLICY NUMBER _____

PHONE _____
 CITY/ZIP _____

PHONE _____
 EXPIRATION DATE _____

PHONE _____
 EXPIRATION DATE _____

MATERIAL SAFETY DATA SHEETS (MSDS) ARE REQUIRED FOR ALL CHEMICAL COMPOUNDS USED IN CITY

ATTACHED TOTAL #

REGISTERED VEHICLES

TYPE	MAKE	YEAR	LIC #	WEIGHT	VEHICLE #	TANK SIZE	DECAL #
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____

All blanks must be completed in full. Any changes to this information must be reported immediately, in writing, to the City. LICENSE APPLICATIONS FOR THE NEXT CALENDAR YEAR MUST BE MADE BY JANUARY 31.

I certify that the above information is true and correct to the best of my knowledge.

 Signature of Owner or Representative

DATE _____

 Print Name

Approval: _____

Clerk _____

License # _____

Date Issued _____

Expiration Date _____