



CITY OF SAULT STE. MARIE, MICHIGAN
DRAIN LAYER APPLICATION

1. Company requesting license:

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

2. Amount of Bond or Insurance (if Applicable): _____

3. 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:

_____	_____	_____	_____
Building Dept	Date	City Clerk	Date

License Fees:

Annual \$ 55

Amount Paid: _____ Receipt Number: _____ License # _____

- Check List:**
 Application
 License Fee
 \$1000 Surety Bond
 Certificate of Insurance