



Water Contractor License

Application

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AN EQUAL-OPPORTUNITY EMPLOYER

NOTICE TO APPLICANT: New or Renewal Water Contractors must submit applications to service within the Township. **New Water Contractors' fee is \$100.00.** All contractor licenses will need to be renewed annually with a fee of \$100.00.

I (We), the undersigned, do hereby respectfully request a renewal of a business license and provide the following information to assist the review.

BUSINESS NAME:

Care of: _____

BUSINESS ADDRESS:

CITY: _____ STATE: MI ZIP CODE: _____

PHONE: _____ Ext: _____ Fax: _____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE #: _____

Type of Business:

Corporation: _____ Partnership: _____ Individual: _____

BUSINESS OWNER/PARTNERS:

NAME: _____ Address: _____ Title: _____

NAME: _____ Address: _____ Title: _____

NAME: _____ Address: _____ Title: _____

List Business locations in the past five years:

BOND INFORMATION:

NAME: _____

BOND AMOUNT: _____

EFFECTIVE DATE: _____ EXPIRES DATE: _____

CONTACT: _____ PHONE: _____

INSURANCE INFORMATION:

COMPANY NAME: _____

ADDRESS: _____ STATE: _____ ZIP CODE: _____

POLICY NUMBER: _____

EFFECTIVE DATE: _____ EXPIRES: _____

AGENT NAME: _____ PHONE: _____

E-MAIL: _____ FAX: _____

Has your license ever been revoked or suspended? Yes _____ No _____

If so, by whom?

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that I have read Sumpter Townships Contractor's License Ordinance and that I am in compliance with all provisions contained therein pertinent to the license applied for herewith. Further, all answers to the above questions are true and complete, and I agree and understand that any misstatement of material facts contained in this application will cause forfeiture upon my part of all rights to any license issued by the Township of Sumpter.

Applicant/Owner Signature:

Date:

NOTARY PUBLIC ONLY:

STATE OF MICHIGAN

COUNTY OF WAYNE

On this _____ day of _____ 20____, before me, a Notary Public, personally appeared the applicant who swears (or affirms) the statements in this application are true.

Signature of Notary

County

Commission Expiration Date

EMBOSSING STAMP:

TOWNSHIP USE ONLY

CLERK'S OFFICE:

Application Complete: Yes _____ or No _____ Application received date: _____

Date approved: _____ **Date Issued:** _____ **License No.** _____

Date Rejected: _____

Reason: _____

Clerk Office Personnel Signature

Date