

**APPLICATION FOR LICENSE TO
WRECK/MOVE BUILDINGS**

Community Planning & Economic Development
245 N Rose St, Ste 100
Kalamazoo, MI 49007 (269) 337-8026

Date Submitted _____ License No. _____
Rec'd by _____ Issue by/date _____
OK to Issue _____ License Fee _____

Name of Firm _____
Name of Applicant _____

MAIN OFFICE INFORMATION

General Manager _____
Address _____

Phone _____
Email _____

LOCAL OFFICE INFORMATION

Resident Agent _____
Address _____

Phone _____
Email _____

Business Owner(s) or [] _____
Corporation Officer(s) or [] _____
Evidence of appropriate knowledge and experience attached []

Public Liability Insurance [] Policy Number _____ Expires _____
Insurance Company Name _____
\$1,000,000 Bodily Injury [] \$1,000,000 Property Damage []
30-Day Written Cancellation Notice Provision []
City of Kalamazoo, its Agents, and employees included as additional insured []

*cancellation or lapse of this policy will void license and all permits.

I hereby certify that I have read and examined this Application and know same to be true and correct. I agree to comply with all provisions of laws and ordinances governing this type of work. The granting of this license does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating the wrecking or moving of buildings.

Applicant Signature

Date

This License shall not be assigned or transferred and shall expire on _____