



CITY OF BAY CITY, MICHIGAN

APPLICATION TO OPERATE GASOLINE FILLING STATION

License Year _____

Applicant's Name _____

Home Address _____

Business Name _____

Business Address _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

Number of Dispenser Hoses _____

Is this a new location? _____

Previously licensed location? _____

If yes, previous operator _____

List dates of any previous licenses _____

Have you ever had a license refused or revoked for the same activity? _____

If yes, please explain _____

Signature

STATE OF MICHIGAN)
) SS.
COUNTY OF BAY)

_____, being duly sworn, deposes and says that the foregoing application is made in accordance with the provisions of Chapters 30 of the Code of Ordinances of the City of Bay City and that all statements made in this application are true.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____ County, Michigan
My Commission expires: _____

New License Reports Required:

Fire Dept. \$ 1.00
Building Dept. 1.00
TOTAL \$ 2.00

License Fee: \$10.00 for first pump
\$ 5.00 for each additional pump

Number of Hoses: _____

LICENSE NO. _____
DATE ISSUED _____
AMOUNT PAID _____