



# CITY OF CRETE COMMERCIAL SNOW REMOVAL PERMIT

7/1/19 to 6/30/20

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

P.O. Box

Apt. #

City

State

Zip

Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Type of Services to be Performed: \_\_\_\_\_

Location of Services to be Performed: \_\_\_\_\_

How Services will be Performed: \_\_\_\_\_

(Gross weight shall not exceed 750 lbs. per wheel on sidewalks.)

I hereby agree to the terms and conditions set forth in the City of Crete Ordinance #1604. I also understand that if any of these terms and conditions are not fully met, the Public Works Director reserves the right to revoke this permit for a period of one year.

\_\_\_\_\_  
Signature - Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Public Works Director

\_\_\_\_\_  
Date

This permit is effective for one season, running thru July 1<sup>st</sup> to June 30<sup>th</sup>.

**Fee: \$10.00**

Date Paid: \_\_\_\_\_

Initials: \_\_\_\_\_