



CITY CLERK'S DEPARTMENT
4243 Remembrance Rd.
Walker, MI 49534

SELF-SERVICE LICENSE APPLICATION
(Please type or print clearly)

STATION NAME _____

ADDRESS _____

MANAGER'S NAME _____

STATION'S PHONE # _____

COMPANY NAME _____

ADDRESS _____

CONTACT PERSON _____

PHONE NUMBER _____ FAX NUMBER _____

STATION OPERATED BY _____

ADDRESS _____

CONTACT PERSON AT THIS LOCATION _____

NUMBER OF DISPENSER HOSES _____ OF THESE,

NUMBER OF GASOLINE____ DIESEL____DIESEL EXHAUST____ KEROSENE ____

NUMBER OF PUMP CABINETS _____

SIGNATURE OF APPLICANT _____ DATE _____

BEST TIME OF DAY TO INSPECT INTERIOR OF CABINETS _____

*Submit completed application along with **\$30.00 fee for each product dispensing hose.***

(Office Use Only)

Amt Paid _____ Date Rcv'd _____ Rcv'd By _____

Inspected by: _____ Date: _____

Approved:_____ Denied:_____