



APPLICATION FOR:
SNOW REMOVAL CONTRACTOR PERMIT
SOLON SERVICE DEPARTMENT

CITY OF SOLON 6600 COCHRAN ROAD SOLON, OH 44139
440.248.5834

I hereby make application for a Permit as a contractor to engage in the business of snow plowing and blowing and will be using ten (10) units or less .

Name of Applicant _____

Home Address _____
Number and Street City State Zip

DBA _____

Business Address _____
Number and Street City State
Zip

State Driver's License Number _____ Phone Number _____

Make Model VIN State License Plate

Insurance Company _____

Policy Number _____