



NOVI CITY CLERK'S OFFICE  
45175 TEN MILE ROAD  
NOVI, MI 48375  
(248) 347-0456  
Fax (248) 347-0577

<h2 style="text-align: center;">COMMERCIAL FERTILIZER APPLICATOR REGISTRATION FORM</h2>
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**Business Information:**

Name of business: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Contact Person Information:**

Name of Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please provide the product name or names of fertilizers to be used, including the percentage, weight and ratios of elemental nitrogen and elemental phosphorous, and a confirmation that it shall be reasonably feasible to conform with the requirements of Section 12-276 of the City Code. If this statement may not be made, such fact shall be brought to the attention of the City Manager or the City Manager's designee, in writing, prior to the application of fertilizer within the City. (Attach additional pages as necessary.)

Please provide a description of the vehicles, including trailers, which will be used by the applicator during the ensuing calendar year in connection with the application of fertilizer to turf areas within the City. Such description shall include the make, model, year and type of vehicle, and the license plate number assigned by the Michigan Secretary of State. (Attach additional pages as necessary.)

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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