



# Chris Swope Lansing City Clerk

## Building Wrecker's/Mover's License Application

(City Codified Ordinances – Chapter 870.01 – 870.06)  
<http://mi-lansing.civicplus.com/171/Business-Licenses>

(Check Appropriate Boxes)

Building Wrecker:	<input type="checkbox"/>	Building Mover:	<input type="checkbox"/>
New:	<input type="checkbox"/>	Renewal:	<input type="checkbox"/>
		(Consecutive)	

Applicant Checklist:  
(Ensure All Items Completed)

Payment:	<input type="checkbox"/>	Insurance:	<input type="checkbox"/>
Bond:	<input type="checkbox"/>	Application Completed:	<input type="checkbox"/>

**ANNUAL NON-REFUNADABLE LICENSE FEE:** \$125.00 New / \$100.00 Renewal.

**Bond Requirements:** \$10,000 for Building Wrecker's & Mover's.

**Insurance for Building Wrecker's & Mover's Licenses:** \$100,000 for injury or death to any one person, \$300,000 if more than one person, and \$100,000 property damage. The City of Lansing must be shown as an additional insured.

<b>Business Name</b>	<b>Business Phone Number</b>	
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<b>Business Address</b>	<b>City</b>	<b>State, Zip</b>
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<b>Business Owner</b>	<b>Owner Phone Number</b>	
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<b>Owner Address</b>	<b>City</b>	<b>State, Zip</b>
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<b>Owner Email Address</b>
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Lansing City Clerk's Office  
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695  
517-483-4131 • 517-377-0068 FAX  
[www.lansingmi.gov/clerk](http://www.lansingmi.gov/clerk) • [city.clerk@lansing.mi.gov](mailto:city.clerk@lansing.mi.gov)

Same as above:

<b>Applicant Name</b>		<b>Applicant Phone Number</b>	
<b>Applicant Address</b>	<b>City</b>	<b>State, Zip</b>	
<b>Applicant Email Address</b>			

<b>Bonded By (Bond to be filed with City)</b>	
<b>Bond Expiration Date</b>	<b>Bond Amount</b>

<b>Insured By (Policy to be filed with city)</b>	
<b>Expiration Date</b>	<b>Insured Amount</b>

I understand that a false statement on this application may result in either a denial of this application or subsequent revocation if this license is granted.

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

\_\_\_\_\_  
Date

<b><u>OFFICIAL USE</u></b>	
Amount paid:	_____
Date paid:	_____
License #:	_____

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