

# APPLICATION FOR GRAVE DIGGING PERMIT

(Chapter 6, Bryan City Code)

DATE FILED WITH CITY SECRETARY

((To be filled in by City Secretary))

1. Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Name of Owner of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

2. A nonrefundable annual application fee of \$120 is attached.

3. An insurance certificate is attached which includes the following minimum coverage:

<b>Workers Compensation</b>	<b>\$100,000</b>
<b>Comprehensive General Liability</b>	<b>\$500,000 personal injury per occurrence and (naming City of Bryan as additional insured) \$100,000 property damage per occurrence</b>
<b>Automobile Liability</b>	<b>\$100,000 personal injury per person \$300,000 personal injury per occurrence and \$25,000 property damage per occurrence</b>

4. Listed below is a description of the equipment that will be used by applicant for grave digging. This equipment is capable of operating between graves which have six-foot walkways.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Applicant is an independent contractor when performing grave digging services pursuant to any permit issued by the City of Bryan and will hold harmless the City, its officers and employees from any liability for any claim arising out of the applicant's performance of grave digging services in City cemeteries.

6. I, the undersigned applicant, swear that the information provided by me in this application is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

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**SUBSCRIBED AND SWORN TO**, before me, by the said \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, City of Bryan, Texas

***FOR OFFICE USE ONLY***

\_\_\_ Approved \_\_\_ Disapproved \_\_\_\_\_  
City Sexton Date

\_\_\_ Approved \_\_\_ Disapproved \_\_\_\_\_  
City Secretary Date

If disapproved, state reasons for disapproval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Issuance: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_