



APPLICATION FOR AMBULANCE LICENSE

Pursuant to Chapter 804 Battle Creek, MI Code of Ordinances

Ambulance Trade or Fictitious Name _____

Applicant Information

Name _____

Address _____
City _____ State _____ Zip _____

Contact Number _____ Date of Birth _____

Owner Information

Name _____

Address _____
City _____ State _____ Zip _____

Contact Number: Home _____ Business _____

Date of Birth _____ E-mail _____

Individual Legally Responsible

Name _____

Address _____
City _____ State _____ Zip _____

Contact Number _____ E-mail _____

Location or the place(s) from which business is intended to operate. (Include any locations wherein only dispatch or administrative operations are conducted.)

1. _____
2. _____
3. _____

Description of color scheme, insignia, name, monogram, or other distinguishing characteristics of vehicle.

Degree of training and experience of applicant in the transportation and care of patients.

List of vehicles to be used: (attach additional sheet(s) if necessary)

Year _____ Make/Model _____ Serial/VIN No. _____
Current License _____ Odometer Reading _____
Year _____ Make/Model _____ Serial/VIN No. _____
Current License _____ Odometer Reading _____
Year _____ Make/Model _____ Serial/VIN No. _____
Current License _____ Odometer Reading _____
Year _____ Make/Model _____ Serial/VIN No. _____
Current License _____ Odometer Reading _____
Year _____ Make/Model _____ Serial/VIN No. _____
Current License _____ Odometer Reading _____

I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapter 804 of the Codified Ordinances of Battle Creek, Michigan. I do hereby declare that myself as well as all vehicles and personnel driving or providing patient care are licensed, certified, or approved by the Department.

Signature of Individual Legally Responsible

Date

The following **MUST** be attached to this application upon submission:

- \$1,000,000 Automobile Liability (insurance certificate must list schedule of automobiles)
- NON-REFUNDABLE fee: \$25.00 Annual Fee
- Renewals must include copies of all complaints of any nature filed with or against the ambulance operation in the past 18 months, along with an explanation of the resolution of the complaint, or whether the complaint is still pending with any administrative agency or court. **If you do not have any complaints filed with or against the ambulance operation please provide a written statement indicating such.**
- Renewals must also include copies of any disciplinary proceedings before the Department concerning the ambulance operation as well as any resolution or sanctions imposed against the operation by the Department. **If you do not have any disciplinary proceedings before the Department please provide a written statement indicating such.**

Please submit the completed application, with required fees and documents to:

City of Battle Creek Clerk's Office
10 North Division Street, Room #111
Battle Creek, MI 49014
(269) 966-3348

The following **MUST** be filed during the term of the license year:

Schedule of Rates must be filed with the City Clerk at least 30 days prior to the effective date of said rate schedule. Performance criteria is to be maintained and submitted to the City Clerk on a monthly basis.

License Term: June 1 – May 31. Please allow 5-10 business days for processing.

FOR OFFICE USE ONLY

Please conduct your inspection and forward your recommendations to the Clerk's Office

Risk Management Approved Denied Initials: _____

Comments: _____