



# APPLICATION FOR DROP BOXES

Pursuant to Chapter 866 Battle Creek, MI Code of Ordinances

City Of Battle Creek  
Office of the City Clerk

### Office Use Only

Date Rec'd \_\_\_\_\_

Number of Boxes \_\_\_\_\_

Payment Rec'd \_\_\_\_\_

## APPLICANT INFORMATION

Company/Organization		Name and Title ( <a href="#">See Below</a> )	
Address		Phone Number	
City	State	Zip Code	
E-mail address		DOB or Company Establishing Date & State	

## ATTACHMENTS AND ADDITIONAL INFORMATION

Attached is a scaled drawing showing the proposed site location, dimensions, and that the location complies with Chapter 866.

\_\_\_\_\_ Initials

Attached is a completed owner affidavit form if the Applicant is not the owner of the real property where each drop box will be located.

\_\_\_\_\_ Initials \_\_\_\_\_ N/A

Is Applicant currently operating a drop box in the city without a permit, which is not included in this application?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\*Attached, if an entity, the name, address and email of the entity and its registered agent. If a partnership, names of all partners or limited partners. If an LLC, names of all members of LLC.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant has provided the date of establishment of an entity and DOB?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Attached is proof that the applying company has authority to transact business in the State of Michigan.

\_\_\_\_\_ Yes \_\_\_\_\_ No

## CONTACT INFORMATION

(If different from above)

Contact Name		Phone Number	
Contact Address			
City	State	Zip Code	
E-mail address			

OVER

**PROPOSED LOCATION OF EACH DROP BOX**

		(For Office Use Only)					
Address	Parcel ID Number	Approved	Denied	Approved w/ conditions	Comments	Name / Date ZONING	Name/ Date CLERK

**The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements of the City of Battle Creek, MCL Act 331 of 1976 and Act 284 of 1972. A copy of Chapter 866 is available on the City of Battle Creek website at [www.battlecreekmi.gov](http://www.battlecreekmi.gov).**

The permit is valid for one year beginning on May 1st and expiring on April 30th. Prior to expiration of the permit, the Permittee may voluntarily cancel the permit by providing written notification to the Clerk's Office. Otherwise, the Drop Box Permit must be renewed annually and must be filed with the Clerk's Office not later than thirty (30) days before the permit expires. If the permit expires and is not renewed, the drop box(es) must be removed within 10 days after expiration of the permit.

By my signature below, I affirm that the representations made above are true to the best of my knowledge, and that I have authority to sign on behalf of the company listed on the front page of this application.

**Signature of Applicant**

<b>Printed Name of Applicant</b>	<b>Date</b>
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Please submit the completed application, with required fees and additional documents to:

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

NON-REFUNDABLE fee: \$60.00 Annual Fee per box

License Term: May 1 - April 30. Please allow 5-10 business days for processing.

