

Submit to:
City of Battle Creek
10 N. Division Street, Rm 117
Battle Creek, MI 49014
Phone: 269.966.3387

RENTAL PERMIT APPLICATION

<input type="checkbox"/>	Initial Permit
<input type="checkbox"/>	Renewal Permit

Address of Dwelling: _____
(If multiple-unit dwelling, may list range of addresses or attach additional sheet)

1. Owner*: _____ DOB _____

(*Required)

Permanent Address: _____

Telephone No.: Home: _____ Business: _____ Fax: _____

Driver's License Number: _____ Email Address: _____

If not an individual, type of Business Entity: _____ Corp. ID# _____
(e.g., Corporation; Trust; Partnership)

2. Legal Agent*: _____ DOB _____ Capacity* _____

(*Optional)

(*e.g. Corporate Resident Agent, Managing Partner, Trustee)

Address: _____

Telephone No.: Business: _____ Fax: _____

Email Address: _____

3. Local Agent*: _____ DOB _____

(* Required where owner does not live within a 60 mile radius of Battle Creek)

Permanent Address: _____

Telephone No.: Home: _____ Business: _____ Fax: _____

Email Address: _____

Type of Dwelling: Single Family – 1 Unit Duplex – 2 Units
 Multiple Family # of units in the structure _____ # of units being registered _____

CERTIFICATION

By my signature, I hereby make application for a rental permit for the above premises and/or accept responsibility for the above premises under the terms of the City Code.

1. _____
Signature of Owner **Date**

2. I authorize the person I have designated in this application (if any) as my legal agent.
Owner Initials

2. _____
Signature of Legal Agent **Date**

3. I authorize the person I have designated in this application (if any) as my local agent.
Owner/Legal Agent Initials

3. _____
Signature of Local Agent **Date**

4. I agree to allow City officials and/or appointees to enter and perform inspections as required by the Code of the City of Battle Creek in the manner permitted by said Code.
Owner/Legal/Local Agent Initials