



CITY OF BATTLE CREEK  
**QUADRICYCLE DRIVER PERMIT  
APPLICATION**

Pursuant to Chapter 817 Battle Creek, MI Code of Ordinances

**Quadricycle Driver Information**

Name of Company You Are Driving For: \_\_\_\_\_

Full Name: \_\_\_\_\_

Maiden Name or Aliases: \_\_\_\_\_

Michigan Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

**List all traffic violations and accidents:** (If necessary, attach additional sheets)

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_

**Have you ever been convicted of, or pled guilty to, a violation of any ordinance or statute?** Yes No If yes, complete below.

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_

\*Are you over the age of 18? \_\_\_ Yes \_\_\_ No

\*\*Have you completed the Quadricycle Training Program? \_\_\_ Yes \_\_\_ No

\*All drivers must be over the age of 18.

\*\*All drivers must complete the required Quadricycle Training Program provided by the quadricycle owner which covers, at a minimum, the safe operation of commercial quadricycle vehicles, customer service policies and the requirements of Chapter 817 of the Codified Ordinances of Battle Creek, Michigan. The quadricycle owner is required to provide proof of completed training to the City of Battle Creek.

Term: February 1 – January 31. Please allow 14-21 business days for processing.

NON-REFUNDABLE annual fee: **\$25.00; \$10.00 Replacement tag/per vehicle**

Please submit your completed application along with a copy of your Michigan driver's license, proof of training from the quadricycle owner and required fees to:

City of Battle Creek

City Clerk's Office

10 N. Division Street, Room 111

Battle Creek, MI 49014

Any quadricycle driver failing to obtain a valid permit in accordance with City Ordinance is responsible for a Class D Municipal civil infraction and shall be subject to the civil fines provided in Section 202.98 and any other relief that may be imposed by the court.

If you have any questions please contact the Battle Creek Clerk's Office at (269) 966-3348 or via email at [cityclerk@battlecreekmi.gov](mailto:cityclerk@battlecreekmi.gov).

**The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Chapter 817 is available on the City of Battle Creek website at [www.battlecreekmi.gov](http://www.battlecreekmi.gov).**

I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapter 817 of the Codified Ordinances of Battle Creek, Michigan and all applicable ordinances, statutes, regulations, and laws. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application and I authorize the City of Battle Creek to conduct a criminal background check and driving history on myself.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Chief of Police**

Approved

Denied

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_