



APPLICATION FOR SHOOTING GALLERIES, TARGET AREAS AND GUN CLUBS

Pursuant to Chapter 844 Battle Creek, MI Code of Ordinances

Business Information

Business Name _____

Address _____

Phone Number _____ E-mail _____

Owner Information

Name _____
First _____ Middle _____ Last _____

Address _____

Contact Number _____ Date of Birth _____

Additional Owner Information (if applicable)

Name _____
First _____ Middle _____ Last _____

Address _____

Contact Number _____ Date of Birth _____

I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapter 844 of the Codified Ordinances of Battle Creek, Michigan.

Signature of Owner _____ Date _____

Please submit the completed application, valid photo ID for each owner/operator and required fees to:

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

NON-REFUNDABLE fee: \$25.00 Annual Fee

License Term: May 1 - April 30. 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

Fire Department Approved Denied Initials: _____

Comments: _____

Inspection Department Approved Denied Initials: _____

Comments: _____

Planning Department Approved Denied Initials: _____

Comments: _____

Police Department Approved Denied Initials: _____

Comments: _____