



# APPLICATION FOR COLLECTING, TRANSPORTING AND DISPOSING OF REFUSE

Pursuant to Chapter 1064 Battle Creek, MI Code of Ordinances

## Business Information

Business Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

## Owner Information

Name \_\_\_\_\_  
First Middle Last  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Corporation or Partnership Information

Corporation Name \_\_\_\_\_

## Corporate Officers or Partners (attach an additional sheet if necessary)

Name \_\_\_\_\_ Address \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapter 1064 of the Codified Ordinances of Battle Creek, Michigan. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Please submit the completed application and vehicle list, with required fees and insurance documents to:  
City of Battle Creek Clerk's Office - 10 North Division Street, Room #111, Battle Creek, MI 49014

Insurance Requirements: \$1,000 Licensing/Permit Bond; \$500,000 CSL Comprehensive General Liability; \$500,000 Automobile Liability (insurance certificate must list schedule of automobiles)

NON-REFUNDABLE fee: \$100.00 Annual Fee; \$20.00 Inspection fee/per vehicle; \$10.00 Replacement tag/per vehicle

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

**Risk Management** ☐ Approved ☐ Denied Signature: \_\_\_\_\_

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

**Chief of Police** ☐ Approved ☐ Denied Signature: \_\_\_\_\_

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

**APPLICATION FOR REFUSE HAULER (con't)**  
**Vehicle List for**

Company Name

<b>Inspections:</b>		
Address/Location of where vehicles are parked overnight:		
What are the operating hours?		
Who is the contact person to schedule inspections?	Name:	Phone:

## Vehicle List

Office Use Only

[illegible]