



CHARTER TOWNSHIP OF COMSTOCK

Collection Box Permit Application

Shipping: 5858 King Hwy, Kal., MI 49048
Mailing PO Box 449, Comstock MI 49041-0449
Phone: 269-381-2360 Fax: 269-381-4328

APPLICANT INFORMATION

Name (refer to note below):

Company/Organization:

Street Address:

City:

State:

Zip:

Email Address:

Street Address of Collection Box location:

Are a *scaled drawing* that shows the proposed site and placement of box(es), *verification* that another collection box(es) are not located within 1,000 feet, and the *dimensions* of each collection box attached to this application?

- Yes
 No. If no, the information must be attached before the application is submitted.

If the Applicant is not the owner of the real property where the collection box will be located:

- Owner affidavit is attached.
OR
 Proof of 501(c)3 status is attached.

Has Applicant previously received a permit for a collection box in the Township?

- Yes. If yes, give address: _____.
 No

Is the Certificate of Insurance for each collection box attached?

- Yes
 No. If no, the Certificate(s) of Insurance must be provided before the application is submitted.

Is the permit fee enclosed with this application?

- Yes
 No. If no, the fee must be provided at the time the application is submitted.

CONTACT INFORMATION

(for all matters relating to the collection box)

Contact Name:

Contact telephone:

Contact Email address:

Contact Street Address:

City:

State:

Zip:

NOTE: The Applicant must provide the name, address and email of all partner or limited partners of a partnership applicant, all members of a LLC applicant, all officers and directors of a non-publicly traded corporation applicant, and any other person who is financially interested directly in the ownership or operation of the business, including all aliases. The Applicant must also provide the date of birth of individuals and date of establishment of an entity or the birthdate of an individual applicant. If needed, separate sheets may be attached to this application form. The Zoning Administrator reserves the right to request additional information as part of the review process.

OVER

The permit is valid for one year beginning on January 1 and expiring on December 31 of the same calendar year. Prior to expiration of the permit, the Permittee may voluntarily cancel the permit by providing written notification to the Zoning Administrator. Otherwise, the collection box permit must be renewed annually and must be filed with the Township not later than thirty (30) days before the permit expires. If the permit expires and is not renewed, the collection box(es) must be removed within 10 days after expiration of the permit.

Signature of Applicant:	Printed Name of Applicant:
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Date:

Township Use Only:

Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Permit Number: 2016-_____	Permit Expiration Date: _____
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Date field inspection to verify collection box location completed: _____

<p>*Collection Box Permit Application will not be reviewed without payment of required fee(s):</p> <p>Required Fee: \$200 Each Collection Box – New Permits and Renewals</p>	Check No.: _____	Cash/Receipt # (If any): _____ Initials: _____
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If Revoked or Cancelled:

Revocation date, if applicable: _____	Cancellation date, if requested by Permittee: _____
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Field inspection to verify collection box removal:

AFFIDAVIT AND ACKNOWLEDGEMENT OF OWNER

GIVING PERMISSION TO LOCATE COLLECTION BOX ON REAL PROPERTY

STATE OF MICHIGAN)
) SS.
COUNTY OF KALAMAZOO)

I, _____, after being duly sworn, submit this affidavit in support of giving permission to locate collection box(es) on real property and state as follows:

1. I am (check applicable line below):

- ___ owner of the real property located at _____, Comstock Township, Michigan.
- ___ an officer, director, member or manager of an entity owning the real property located at _____, Comstock Township, Michigan.

2. The operator of a collection box, _____, has requested permission to place ___one or ___two (check applicable line) collection boxes on the property owned by me or the entity I represent in the location as shown on the drawing attached as Exhibit A.

3. I have been provided with and read a copy of the Comstock Charter Township Collection Boxes Ordinance and understand the requirements contained therein for issuance, renewal, revocation and penalty/remedies of the permit.

4. I understand that in addition to the collection box operators, the owner is also responsible for a) ensuring the requirements of the Comstock Charter Township Collection Boxes Ordinance are met, b) the maintenance of the collection box(es) and that the area surrounding the collection box is free from any junk, debris or other material, c) violation of any provision of the Collection Boxes Ordinance, and d) payment of any fines and costs of abatement, which if not paid, shall be placed on the property as a tax lien

5. As the owner of the property described above or as an officer, director, member or manager thereof, I give permission to place a collection box(es) on the property by the operator named above.

DATED: _____, 20____. _____

On this _____ day of _____, 20__, before me, a Notary Public, in and for said County, personally appeared _____, to me known to be the same person described in and who executed the within instrument, who acknowledged the same to his free act and deed.

Notary Public
_____ County, Michigan
My Commission Expires _____
Acting in _____ County, Michigan