



# CHARTER TOWNSHIP OF COMSTOCK

## Collection Box Permit Application

Shipping: 6138 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.

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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><b>*Collection Box Permit Application will not be reviewed without payment of required fee(s):</b></p> <p>Required Fee: \$100 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: