Southfield
*the center of it all™*

# BUILDING SAFETY & ENGINEERING

## COLLECTION BOX PERMIT ANNUAL APPLICATION

BUILDING DEPARTMENT
26000 EVERGREEN RD
P.O. BOX 2055
SOUTHFIELD, MI 48037-2055
P. (248) 796-4100

Date:_____

Note: An annual Collection Box Permit is required by the Collection Box Ordinance, Chapter #, Article #, Section # through #. The permit expires December 31st of each calendar year and must be renewed at least 10 days prior to December 31st to allow for processing.

**APPLICANT INFORMATION**

| | | |
|---|---|---|
| Is applicant a Partnership, LLC, Corporation or other business entity?<br>☐ Yes<br>☐ No<br>Date of establishment of Partnership, LLC, Corporation or other business entity: _____ | Type of Application:<br>☐ New<br>☐ Renewal Current Permit #:_____<br>☐ I am currently operating a Collection Box in City of Southfield without a permit | |
| Name: | | |
| Contact Person | Email | |
| Address | Phone | Mobile |
| City | State | Zip Code |
| Please indicate whether benefactor of the collection items is a profit or non-profit organization:<br>☐ Profit<br>☐ Non-Profit<br>If non-profit, please provide the following:<br>Name of Charitable Organization:<br>_____<br>EIN#_____ | FEE SCHEDULE:<br>$40.00 application | |

Please provide the following information for all partners or limited partners of partnership applicant; all members of an LLC applicant; all officers or directors of a non-publicly traded corporation applicant; all stockholders owning more then five percent (5%) of the stock of a non-publicly traded corporation applicant; and any other person who is financially interested directly in the ownership and/or operation of the business entity, including all aliases.

**APPLICANT PARTNERS**

| | | |
|---|---|---|
| **(1)** Name | Email | |
| Address | Phone | Mobile |
| City | State | Zip Code |
| **(2)** Name | Email | |
| Address | Phone | Mobile |
| City | State | Zip Code |
| **(3)** Name | Email | |
| Address | Phone | Mobile |
| City | State | Zip Code |
| **(4)** Name | Email | |
| Address | Phone | Mobile |
| City | State | Zip Code |

| COLLECTION BOX LOCATION | | |
|---|---|---|
| Address | Parcel ID# | |
| City | State | Zip |

**COLLECTION BOX OPERATOR (AGENT)**

☐ Check here, if applicant is Collection Box Operator (Agent)

| | | |
|---|---|---|
| Agent's Name | Email | |
| Address | Phone | Website |
| City | State | Zip Code |
| **PROPERTY OWNER INFORMATION** | | |
| Name | Email | |
| Address | Phone | |
| City | State | Zip Code |
| **24 Hour Hotline Number to be listed on Permit for Public Use:**_____ | | |

**APPLICANT SIGNATURE**

**Please Read Before Signing:**

The permit is valid for one (1) year and shall expire at midnight on December 31st of each year. Prior to the expiration of the permit, the permit holder may voluntarily cancel the permit by providing written notice to the Building Department Director. Otherwise, the Collection Box permit must be renewed annually. Any application for renewal must be submitted to the Building Deparment at least ten (10) days prior to the expiration date of the current permit. If the permit expires and is not renewed, the Collection Box must be removed within ten (10) days after expiration of the permit.

_____ _____ _____

Date Signature of Applicant Applicant Title

**APPLICATION CHECKLIST**

- ☐ Completed, signed, and notarized Affidavit and Acknowledgement of Property Owner
- ☐ Non-Refundable Fee (Check; Cash; Money Order; or Credit Card excluding American Express)
- ☐ Copy of the License and Registration from the State of Michigan under the Michigan Consumer Protection Act and the Charitable Organizations Solicitations Act, if statutorily required
- ☐ A photograph of the Collection Box to be installed
- ☐ Site Plan indicating the location of the Collection Box and the dimensions of the Collections Box. The Site Plan must contain a statement that the location complies with the requirements of Ordinance No. 1840

**OFFICE USE ONLY:**

_____ _____

DIRECTOR APPROVAL DATE