

**CITY OF KALAMAZOO  
APPLICATION FOR  
RECYCLING DEALER  
LICENSE**

For Office Use Only:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Circulated: \_\_\_\_\_

Application is hereby made for a Recycling Dealer License under the provisions of Chapter 24, Article II, of the City of Kalamazoo Code of Ordinances:

Name of Business: \_\_\_\_\_

Street Address of the Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Phone Number: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Description of the Business Conducted: \_\_\_\_\_

Previous Experience as a Recycling Dealer: \_\_\_\_\_

FOR PURPOSES OF SECURING A RECYCLING DEALER LICENSE, I, THE APPLICANT, AFFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE AND BELIEF. FURTHERMORE, I AND ANY OTHER PERSON, FIRM OR CORPORATION OPERATING UNDER THE REQUESTED LICENSE WILL ABIDE BY ALL APPLICABLE ORDINANCES. ADDITIONALLY, I AUTHORIZE A CRIMINAL BACKGROUND CHECK TO BE CONDUCTED.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**IN ADDITION TO COMPLETING THIS APPLICATION FORM, THE FOLLOWING ITEMS MUST BE SUBMITTED TO THE CITY CLERK'S OFFICE IN ORDER TO ISSUE A LICENSE:**

- A fully dimensioned site plan of the entire property showing the location of all buildings, parking spaces, storage areas, fences or walls, gates and landscaping and all other features required by the applicable zoning requirements.
- Payment of the license fee, currently \$100.00 per license year (September 1 - August 31).

KALAMAZOO CITY CLERK'S OFFICE  
241 West South Street  
Kalamazoo, Michigan 49007

Phone: 269-337-8792

Fax 269-337-8494