



# CITY OF LAKE STATION

1969 Central Avenue Lake Station, IN 46405 (219) 962-2081

## Application for Collection Box Permit

The following form and required information must be completed for any person wishing to obtain a permit to place, operate, maintain, or allow any collection box on any real property within the City of Lake Station.

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Street address of Collection Box Location:

\_\_\_\_\_

Is a scaled drawing that shows the proposed site location, verification that another collection box is not located within 1,000 feet, and 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 property where the collection box will be located, is the affidavit form attached?

Yes  No

**If no, the information must be attached before the application is submitted.**

Has the applicant previously received a permit for a collection box in the city?  Yes  No

Is the applicant currently operating a collection box without a permit?  Yes  No

**If yes, list addresses below:**

\_\_\_\_\_

\_\_\_\_\_

Is the permit fee (\$100.00 for new \$100.00 for renew) included with the application?  Yes  No

**If no, the permit fee must be provided at the time the application is submitted.**

### Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number (s): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

**AFFIDAVIT AND ACKNOWLEDGEMENT OF OWNER GIVING PERMISSION TO LOCATE A  
COLLECTION BOX ON REAL PROPERTY**

STATE OF INDIANA )  
  )SS.  
COUNTY OF LAKE )

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

1. I am (check appropriate box below)  
 Owner of the real property located at \_\_\_\_\_, Lake Station, IN, 46405  
  
 An officer, Director, Member, or manager of an entity owning the real property located at \_\_\_\_\_, Lake Station, IN, 46405
2. The operator of a collection box, \_\_\_\_\_, has requested permission to place  one or  two collection box(es) on the property owned by me or the entity I represent in the location as shown on the drawing attached.
3. I have been provided and read a copy of the City of Lake Station Collection Box Ordinance and understand the requirements contained therein for issuance, renewal, revocation and penalty/remedies of permit.
4. I understand that in addition to the collection box operator, the owner is also responsible for:
  - a. Ensuring the requirements of the City of Lake Station Collection Box Ordinances are met.
  - b. The Maintenance of the collection box and the area surrounding the collection box are free from and junk, debris, or other material(s)
  - c. Violation of any provision of the Collection Box Ordinance,
  - d. Payment of any fines and costs of abatement which if not paid shall be placed on the property as a lien.
5. As owner of the property 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 This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
AFFIANT Date  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission Expires: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTARY PUBLIC  
Resident, \_\_\_\_\_ County, IN