



City of  
**GRAND HAVEN, MICHIGAN**

**AUCTION/AUCTIONEER APPLICATION**

**Please return application to:** City of Grand Haven Clerk's Office  
519 Washington Avenue  
Grand Haven, MI 49417  
[www.grandhaven.org](http://www.grandhaven.org)  
Phone: 616-847-4886  
Fax: 616-842-0648

**Fees (nonrefundable):** Auction: \$10 Surety Bond: \$2,500  
Auction Inspection Fee: \$25 per day

Auctioneer License: \$25 Surety Bond: \$2,500

**Type of License Sought:** \_\_\_\_\_ License to conduct an Auction  
\_\_\_\_\_ Auctioneer License  
\_\_\_\_\_ Both of the Above

**Business/Property Owner Information Conducting the Auction:**

Business/Property Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Address of Operation: \_\_\_\_\_

Length of time the business has operated in the City: \_\_\_\_\_

**Auction and Auctioneer Information:**

Applicant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Auction Location: \_\_\_\_\_

Date and time of the auction: \_\_\_\_\_

Is the auction a closing-out auction? Yes/No      Is a closing-out auction being held? Yes/No

Will the auction be conducted in good faith for the purpose of retiring from business? Yes/No

Have all statutes and provisions of the Grand Haven Code of Ordinances governing closing-out sales been complied with? Yes/No



# GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

525 Washington Avenue • Grand Haven, MI 49417  
Office 616.842.3460 • Fax 616.847.6050

## LAW ENFORCEMENT BACKGROUND CHECK

I am making application as indicated below for the purpose of operating a business or other enterprise within the City of Grand Haven. I understand that my application requires a check of local and/or criminal law enforcement and driving records. My signature represents a request to the Grand Haven Department of Public Safety to perform the law enforcement records check indicated.

- Auction/Auctioneer – Michigan ICHAT & Local Records Check
- Bed & Breakfast – Michigan ICHAT & Local Records Check
- Building Mover (Yearly) License - Local Records Check
- Building Wrecker (Yearly) License - Local Records Check
- General Permit Application - Local Records Check
- Going Out of Business Sale Application - Local Records Check
- Horse Drawn Carriage Business License – Michigan ICHAT & Local Records Check
- Horse Drawn Carriage Operators License – Michigan ICHAT & Local Records Check
- Junk Dealer License - Michigan ICHAT & Local Records Check
- Medical Marihuana Facilities - Michigan ICHAT & Local Records Check
- Metal Detectors License - Michigan ICHAT & Local Records Check
- Pedicab Business License - Local Records Check
- Pedicab Operators License - Michigan ICHAT & Local Records Check
- Permanent Liquor License – Michigan ICHAT & Local Records Check
- Permanent Vendor Application – Michigan ICHAT & Local Records Check
- Precious Metals/Gem License – Michigan ICHAT and Local Records Check
- Solicitors & Transient Merchants License – Michigan ICHAT & Local Records Check
- Sound Truck (Use General Permit Application) - Local Records Check
- Taxicab Business License - Michigan ICHAT & Local Records Check
- Taxicab Driver's License - Michigan ICHAT, Driving Record & Local Record Checks
- Taxicab Additional Vehicle to Existing License – Vehicle Inspection

## WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I authorize the **GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY** to query and release law enforcement and driving records from all sources. I release and forever discharge the City of Grand Haven and its agents, officers, and employees from any and all actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.



## PLEASE PRINT:

Name:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Maiden/Alias)

Address:

\_\_\_\_\_  
(Address, City, State, Zip)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_

If a Driving Record Check is indicated, a copy of the applicant's license is required.

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

Signature: X \_\_\_\_\_

## (FOR INTERNAL USE ONLY)

- Application Received \_\_\_\_\_ (Date)
- Application Fee Received \_\_\_\_\_ (Date)
- Justice
- LERMS
- ICHAT
- Driving Record
- Public Site Search