



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
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

Provide a description of the property to be sold:

(If additional space is required, please complete the list on a separate sheet of paper and attach it to this application.)

Will property other than that described on this application be sold during the auction? Yes/No

Is all the property listed in the description of the property to be sold, actually located on the premises where the auction is being conducted? Yes/No

Is the property which is being sold a bona fide part of the business stock? Yes/No

Has the property to be sold on the tax rolls of the City for one year? Yes/No

Have all taxes on the property to be sold been paid? Yes/No

Applicant's Affirmation of Truth and Understanding

It is affirmed that the information on this application is the truth. It is understood that it shall be unlawful for the auctioneer to conduct the auction any place other than that stated in the application, and it shall be unlawful for either the auctioneer or owner to do, either themselves or through their agents or servants, any act or thing contrary to the statements made in this application. In addition, it is understood that any false statement in the application, or any act done contrary to such statements are a violation of the Grand Haven Code of Ordinances and punishable under Section 1-8 of the Code of Ordinances.

X _____
Applicant's Signature

Date

X _____
Director of Public Safety Approval

Date

Clerk's Use Only

- | | |
|--|--|
| <input type="checkbox"/> Application Received _____ (Date) | <input type="checkbox"/> Application Fee Received _____ (Date) |
| <input type="checkbox"/> Approved _____ (Date) | <input type="checkbox"/> Proof of Bond for Auction _____ (Date) |
| <input type="checkbox"/> Denied _____ (Date) | <input type="checkbox"/> Proof of Bond for Auctioneer _____ (Date) |

GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

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

VOLUNTARY LAW ENFORCEMENT RECORDS 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 nationwide 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 - Local Records Check Waiver
- Bed & Breakfast - Complete Criminal History & **Driving Record Check**
- Building Mover (Yearly) License - Local Records Check Waiver
- Building Wrecker (Yearly) License - Local Records Check Waiver
- General Permit Application - Local Records Check Waiver
- Going Out of Business Sale Application - Local Records Check Waiver
- Junk Dealer License - Complete Criminal History & **Driving Record Check**
- Metal Detectors License - Local Records Check Waiver
- Pedicab Business License - Local Records Check Waiver
- Pedicab Operators License - Local Records Check Waiver
- Permanent Vendor Application – Complete Criminal History & **Driving Record Check**
- Precious Metal & Gem Dealer Registration – Complete Criminal History
- Solicitors & Transient Merchants License - Complete Criminal History & **Driving Record Check**
- Sound Truck (Use General Permit Application) - Local Records Check Waiver
- Taxicab Business License - Complete Criminal History & **Driving Record Check**
- Taxicab Driver's License - Complete Criminal History & **Driving Record Check**
- 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 applicants license is required

Phone Number: _____

Signature: X _____

_____ No records were found identified with the above individual.

_____ The records check did disclose information for the individual named above:

<u>Date of Event</u>	<u>Complaint Number</u>	<u>Charge</u>

Records Check Completed by: _____

Date: ____/____/____ **Years Included with Check:** _____