



City of
GRAND HAVEN, MICHIGAN

BED & BREAKFAST APPLICATION

Please return application and
voluntary law enforcement
records check form 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

Fee (non-refundable): \$50

Type of Application: New \_\_\_\*
Renewal \_\_\_

\*If this is a new application, attach the following for review by the building inspector and
recommendation to the Planning Commission:

- Floor Plan (to scale) showing the layout of the building, location of the guest room(s),
bathroom(s) and any other information to facilitate review of this application.
Site Plan (to scale) of the parcel showing the existing structure and the accessory
structures on the site, location of driveways and vehicular parking areas.

\* Refer to Grand Haven Zoning Ordinance 40-36

Applicant Information:

Applicant: \_\_\_\_\_ Birth Date: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_
Address of Operation: \_\_\_\_\_

Applicant's Affirmation of Truth and Understanding

The undersigned, by the execution of this application, agrees to conform to all the terms and provisions of the Code of
Ordinances of the City of Grand Haven and does represent that he has read the forgoing application by him/her
signed, and know the contends thereof, and that the same is true of his/her own knowledge, except as to the matters
therein stated to be upon his/her information and belief, and as to those matters he/she believes it to be true.

X \_\_\_\_\_
Applicant Signature

\_\_\_\_\_
Drivers License #

X \_\_\_\_\_  
Recommendation by the Planning Commission (for new applications only)

X \_\_\_\_\_  
Building Inspector Approval

X \_\_\_\_\_      \_\_\_\_\_  
Director of Public Safety Approval      Date

<i>Clerk's Use Only</i>	
<input type="checkbox"/> Application Received _____ (Date)	<input type="checkbox"/> Application Fee Received _____ (Date)
<input type="checkbox"/> Approved _____ (Date)	<input type="checkbox"/> Floor Plan (new) _____ (Date)
<input type="checkbox"/> Denied _____ (Date)	<input type="checkbox"/> Site Plan (new) _____ (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:** \_\_\_\_\_