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

License Fee: $50
Background Check fee: $10 (per person)
(Fees are non-refundable)

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): _________________________________
Email Address: _______________________________________________________________________
Address of Operation: __________________________________________________________________

City of
GRAND HAVEN, MICHIGAN
**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

____________________________________
Driver’s License

X

___________________________________
Recommendation by the Planning Commission (for new applications only)

X

___________________________________
Building Inspector Approval

X

___________________________________
Director of Public Safety Approval

______________________________
Date

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**Clerk’s Use Only**

- Application Received __________ (Date)
- Application Fee Received __________ (Date)
- Background Check Received __________ (Date)
- Background Check Fee Rcvd __________ (Date)
- Approved __________ (Date)
- Floor Plan (new) __________ (Date)
- Denied __________ (Date)
- 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

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
☐ 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
☐ 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: _______________________________________________________
(Street Address, City, State, Zip)

Date of Birth: _______/_____/_____

☐ Driver’s License Number: ______________________________________

Phone Number: ______________________________________

Signature: X ______________________________________

*A copy of the applicant’s driver’s license is required

(internal use only)

☐ Application Received (Date) ________________________

☐ Application Fee Received (Date) ________________________

☐ JUSTICE

☐ LERMS

☐ ICHAT

☐ Driving Record

☐ Public Site Search