GENERAL APPLICATION FOR: ____________________________

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

Applicant Information:

Applicant: ____________________________ Birth Date: ____________________________

Mailing Address: ___________________________________________________________________

City: _____________________________ State: _______ Zip: ______________

Phone (1): _______________________________ Phone (2): _______________________________

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 contents 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

Director of Public Safety Approval

Date

Clerk’s Use Only

☐ Application Received __________ (Date)  ☐ Application Fee Received __________ (Date)

☐ Approved ________ (Date)  ☐ Other: ____________ _________ (Date)

☐ Denied ________ (Date)  ☐ Other: ____________ _________ (Date)
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.

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
☐ 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
☐ 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

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