



City of
GRAND HAVEN, MICHIGAN

APPLICATION FOR HORSE-DRAWN CARRIAGE BUSINESS LICENSE

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

Please refer to the attached ordinance for all requirements for this business license.

Fees (non-refundable): \$100 first horse-drawn carriage, \$25 each additional carriage
(One Year Renewable License)
\$10 per person background check fee

Insurance: P/L 100/300,000 - P/D 50,000

Required attachments: **Proof (s) of insurance, completed Voluntary Law Enforcement Records Check form.**

1. **Name of service** _____
2. **Applicant’s Full Name:**
(First) _____ **(Middle)** _____ **(Last)** _____
Street Address _____ **State** _____ **Zip** _____
Telephone _____ **Birth Date** _____ **Age** _____
3. **Is applicant(s) a person, partnership, corporation or other legal entity?**

4. **Applicant’s experience in the transportation of passengers for hire:**

5. **Applicant’s financial status. Please include the amounts of any and all unpaid judgments and the nature of the transaction:**

6. Why would this service be convenient and necessary for the public?

7. Number of horse-drawn carriages proposed to be operated by applicant _____

8. List type and make of the horse-drawn carriages to be used.

9. Examination of horse-drawn carriage(s) _____

10. City manager recommendation _____

11. Director of public safety recommendation _____

12. City council approval/denial _____

13. Proof of insurance (P/L 100/300,000 – P/D 50,000) _____

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/she has read the foregoing application by him/her signed, and knows 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 to be true.

X _____
Authorized Applicant's Signature, Date

Driver's License Number

X _____
Director of Public Safety Approval

Date

Clerk's Use Only

Application Received _____ (Date)

Application Fee Received _____ (Date)

Approved _____ (Date)

Background Check Fee(s) Rec'd _____ (Date)

Denied _____ (Date)

Proof of Insurance _____ (Date)
(City named as additional insured)

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 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 Marijuana 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

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