APPLICATION FOR HORSE-DRAWN CARRIAGE OPERATOR PERMIT

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 (non-refundable): $25 (One Year Renewable Permit)
$10 per person (background check fee)

Other: Passport photos (2), Certificate from a physician certifying that the applicant is not afflicted with any disease or infirmity which might make the applicant an unsafe operator, completed Voluntary Law Enforcement Records check form.

1. Name of service _________________________________

2. Applicant’s full name, age, address, birth date, and telephone number
   _________________________________
   _________________________________
   _________________________________
   _________________________________

3. Applicant’s experience in the transportation of passengers
   _________________________________
   _________________________________
   _________________________________
   _________________________________

4. Applicant’s history of previous experience as a horse-drawn carriage operator.
   _________________________________
   _________________________________
   _________________________________
   _________________________________

5. City manager recommendation _________________________________
   _________________________________

6. Director of public safety recommendation _________________________________
   _________________________________
HORSE-DRAWN CARRIAGE OPERATOR INFORMATION
(Please TYPE or PRINT)

Name: ____________________________________________
First    Middle    Last
Address: ____________________________________________
____________________________________________________
____________________________________________________
Birthdate: ___/____/______
MM           DD              YEAR
D/L #: _________________________
Signature: _______________________________________

Please include passport photos (2) & Physician Certificate!!!!

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
Applicant (Authorized 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)  ☐ Passport Photos (2) Received _______________ (Date)
☐ Denied _______________ (Date)  ☐ Physician’s Certificate Received _______________ (Date)
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
- 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
- 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

<table>
<thead>
<tr>
<th>Name:</th>
<th>(Last) / (First) / (Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>(Street Address, City, State, Zip)</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>___________________________</td>
</tr>
<tr>
<td>Driver’s License Number:</td>
<td>___________________________</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>___________________________</td>
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<tr>
<td>Signature: X</td>
<td>___________________________</td>
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</tbody>
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*A copy of the applicant’s driver’s license is required*

### FOR INTERNAL USE ONLY

- Application Received (Date) ______________________________________
- Application Fee Received (Date) __________________________
- JUSTICE
- LERMS
- ICHAT
- Driving Record
- Public Site Search