JUNK DEALER APPLICATION

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

☐ Junk Yard
  Fee: $15/Year

☐ Pawn Broker
  Fee: $50/Year
  Bond: $3,000

No license shall be issued without the written consent of a majority of the property owners within a radius of five hundred (500) feet from the proposed premises. Such consent shall not be required if the proposed premises abut any railroad right-of-way or is located entirely within the radius of five hundred (500) feet from any railroad right-of-way.

Name of Business (please include all assumed, trade or firm names under which applicant intends to do business): __________________________________________________________
______________________________________________________________________
______________________________________________________________________

Business Address: ________________________________________________________
______________________________________________________________________

Telephone Number: ________________________________________________________

Length of Time Business Proposed to be Conducted: __________________________

Type of Goods, Wares, Merchandise or Services to be Sold or Offered for Sale:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Applicant(s) Information:

Applicant (full name): ________________________________ Birth Date: __________________

Mailing Address: ___________________________________________________________________

City: _____________________________________________ State: _______ Zip: ______________

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

Have you ever been convicted of a crime, misdemeanor, or violation of any municipal ordinance?

☐ No
☐ Yes Explanation of conviction(s): _________________________________________________

________________________________________
Applicant Signature      Drivers License #

(In case of more than one applicant, a partnership, a corporation or other required names, please attach a sheet of names that list all people involved in the application and the same information as above for each person.)

X __________________________
Director of Public Safety Approval  Date

X __________________________
Mayor Approval  Date

Clerk’s Use Only

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

☐ DPS Approved __________ (Date)  ☐ Surety Bond Received __________ (Date)

☐ Denied __________ (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
☐ Medical 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
☐ 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 __________________________

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.

(FOR INTERNAL USE ONLY)
☐ Application Received _________________ (Date)
☐ Application Fee Received _______________ (Date)
☐ Justice
☐ LERMS
☐ ICHAT
☐ Driving Record
☐ Public Site Search