



City of
GRAND HAVEN, MICHIGAN

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): _____

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 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 #

(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

<i>Clerk's Use Only</i>	
<input type="checkbox"/> Application Received _____ (Date)	<input type="checkbox"/> Application Fee Received _____ (Date)
<input type="checkbox"/> DPS Approved _____ (Date)	<input type="checkbox"/> Surety Bond Received _____ (Date)
<input type="checkbox"/> Denied _____ (Date)	

GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

525 Washington Avenue • Grand Haven, MI 49417
Office 616.842.3460 • Fax 616.847.6050

VOLUNTARY LAW ENFORCEMENT RECORDS 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 nationwide 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 - Local Records Check Waiver
- Bed & Breakfast - Complete Criminal History & **Driving Record Check**
- Building Mover (Yearly) License - Local Records Check Waiver
- Building Wrecker (Yearly) License - Local Records Check Waiver
- General Permit Application - Local Records Check Waiver
- Going Out of Business Sale Application - Local Records Check Waiver
- Junk Dealer License - Complete Criminal History & **Driving Record Check**
- Metal Detectors License - Local Records Check Waiver
- Pedicab Business License - Local Records Check Waiver
- Pedicab Operators License - Local Records Check Waiver
- Permanent Vendor Application – Complete Criminal History & **Driving Record Check**
- Precious Metal & Gem Dealer Registration – Complete Criminal History
- Solicitors & Transient Merchants License - Complete Criminal History & **Driving Record Check**
- Sound Truck (Use General Permit Application) - Local Records Check Waiver
- Taxicab Business License - Complete Criminal History & **Driving Record Check**
- Taxicab Driver's License - Complete Criminal History & **Driving Record Check**
- 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:

(Address, City, State, Zip)

Date of Birth: ____/____/____

Driver's License Number: _____

If a Driving Record Check is indicated, a copy of the applicants license is required

Phone Number: _____

Signature: X _____

_____ No records were found identified with the above individual.

_____ The records check did disclose information for the individual named above:

<u>Date of Event</u>	<u>Complaint Number</u>	<u>Charge</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Records Check Completed by: _____

Date: ____/____/____ **Years Included with Check:** _____