Application for Pedicab Operator’s 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

Fees: $25, non-refundable (One Year Renewable License)

Other: Passport photos (2), Certificate from a physician certifying that the applicant is not afflicted with any disease or infirmity that might make the applicant an unsafe operator.

1. Name of service ____________________________________________

2. Applicant’s Full Name:
(First) __________________ (Middle) __________________ (Last) _________________________
Street Address _________________________________ State ___________ Zip _______________
Telephone __________________________ Birth Date ______________________ Age __________

3. Applicant’s experience in the transportation of passengers:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. Applicant’s criminal history, if any, and the applicant’s driving record:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. Applicant’s concise history of previous experience as a pedicab operator:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. City manager recommendation __________________________________________

7. Director of public safety recommendation _________________________________

Revision Date: May 10, 2011
PEDICAB OPERATOR INFORMATION
(Please TYPE or PRINT)

Name: ____________________________________

First  Middle  Last

Address: __________________________________

__________________________________________

__________________________________________

Birthdate: ____/____/_______

MM       DD       YEAR

D/L #:  ___/______/______/______/______

Signature: ________________________________

Please include (2) passport photos & 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)
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
☐ 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 of unauthorized use, negligence or otherwise.

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