



*City of*  
**GRAND HAVEN, MICHIGAN**

**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](http://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** \_\_\_\_\_



# 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:** \_\_\_\_\_