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)
$10 (per person), non-refundable (Background Check Fee)

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 ___________________________________
PEDICAB OPERATOR INFORMATION
(Please TYPE or PRINT)

Name: __________________________________
First          Middle          Last

Address: __________________________________
________________________________________
________________________________________

Birthdate: ____/____/_______
MM          DD              YEAR

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

Signature: _________________________________

Please include:
• License fee
• (2) passport photos
• Physician certificate
• Background check form, copy of driver’s license, and fee

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)  □ Background Check Fee Received __________ (Date)
□ Denied ____________________ (Date)  □ Passport Photos (2) Received ____________ (Date)
□ Physician’s Certificate Received __________ (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
☐ 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
☐ 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
☐ Taxi cab Business License - Michigan ICHAT & Local Records Check
☐ Taxi cab Driver's License - Michigan ICHAT, Driving Record & Local Record Checks
☐ Taxi cab 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: _____________________________
(Street Address, City, State, Zip)
Date of Birth: ______/_____/______
Driver’s License Number: ____________________________
Phone Number: ____________________________
Signature: X ____________________________

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