PERMANENT LOCATION VENDOR 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

Application Deadline: January 1st

Fee: $100 per calendar month, non-refundable

Insurance: P/L 25/50,000 – P/D 5,000
City of Grand Haven needs to be listed as an additional insured

Location Desired:
☐ Mulligan’s Hollow Skate Park
☐ North Shore Pier
☐ Mulligan’s Hollow Ski Bowl
☐ Harbor Island Municipal Boat Launching Ramp

City of Grand Haven Code of Ordinances, Section 26-3-Definitions.

The following words and terms shall have the meanings respectively ascribed to them:

PERMANENT LOCATION VENDORS - those who sell food or other products from a removable stand at a fixed location without the necessity of moving from place to place.

REMOVABLE STAND - a trailer or motorized vehicle that must be removed from the designated zone between 11:30 p.m. and 8:30 a.m. each day or as otherwise restricted on a location by location basis by resolution of the city council and the primary purpose of which is use for vending purposes.

(Ord. No. 02-10, § 1, 7-1-02; Ord. No. 08-01, § 1, 2-18-08)

Applicant Information:

Applicant: __________________________________________ Birth Date: __________________________

Mailing Address: __________________________________________

City: ___________________________ State: __________ Zip: __________

Phone (1): ___________________________ Phone (2): ___________________________

(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.)

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Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance?
☐ Yes  ☐ No

If so, what was the nature of the offense and the punishment/penalty assessed?
_____________________________________________________________________________________

**Names and Addresses of Applicant’s Employees:**
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Brief Description of the Nature of the Business and the Goods to be Sold:**
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

*(Licenses shall be limited to the sale of products specified on the application.)*

**Employer Information (if different than applicant):**
Employer:____________________________________________________________________________
Address:_____________________________________________________________________________
City:__________________________________________State:________  Zip:______________________
Phone (1):_________________________________  Phone (2):__________________________________

*(Please list and attach credentials establishing the exact relationship with the employer.)*

**Source of Goods or Products and Manner of Delivery:**
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Sale of Any Food Products – Has the Ottawa County Environmental Health Department been notified and necessary permits obtained?**
_____________________________________________________________________________________

Revision Date:  September 3, 2019
Appearance of the Stand/Mobile Vending Unit – Please attach a photograph, diagram, or description of your vending unit.

References:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Applicant’s Affirmation of Truth and Understanding

The undersigned hereby acknowledges that he/she has completed the foregoing application, represents that this information is true to his/her knowledge, and agrees to conform to all the terms and provisions of the Code of Ordinances of the City of Grand Haven.

X___________________________________________ ____________________________________
Applicant’s Signature     Driver’s License #

Clerk’s Use Only

□ Application Received ________ (Date) □ Records Check Waiver Received ________ (Date)
□ Public Safety Director Approval __________________ (Initials) _____________ (Date)
□ Insurance Certificate Received ________ (Date)
□ Application Fee Received ________ (Date)
□ Health Department Approval (for sale of food) Received ________ (Date)
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.