



City of  
**GRAND HAVEN, MICHIGAN**

**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](http://www.grandhaven.org)  
Phone: 616-847-4886  
Fax: 616-842-0648

Application Deadline: January 1<sup>st</sup>

Duration: \_\_\_\_\_

Fee: \$100 per calendar month, non-refundable

Insurance: P/L 25/50,000 – P/D 5,000

- 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.)*

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?

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**Names and Addresses of Applicant's Employees:**

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

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*(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:**

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

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**Appearance of the Stand/Mobile Vending Unit – Please attach a photograph, diagram, or description of your vending unit.**

**References:**

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***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* *Drivers License #*

*Clerk's Use Only*

- |  |   |
|--|---|
| <input type="checkbox"/> Application Received _____ (Date)                                   | <input type="checkbox"/> Records Check Waiver Received _____ (Date) |
| <input type="checkbox"/> Public Safety Director Approval _____ (Initials) _____ (Date)       |   |
| <input type="checkbox"/> Insurance Certificate Received _____ (Date)                         |   |
| <input type="checkbox"/> Application Fee Received _____ (Date)                               |   |
| <input type="checkbox"/> Health Department Approval (for sale of food) Received _____ (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:** \_\_\_\_\_