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

Months Requested: ________________________________

Fee: $100 per calendar month, non-refundable & not-prorated

Background Check: $10 per person

Location Desired: ☐ Mulligan’s Hollow Skate Park  ☐ Harbor Island Municipal Boat Launching Ramp

IMPORTANT INFORMATION:

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

Sale of Any Food Products: Contact the Ottawa County Environmental Health Department, you may need an additional license.

Food Trucks: Contact the City of Grand Haven Department of Public Safety Fire Marshal for additional requirements / inspection.

All Applicants: No license shall be granted to any person owing any personal property taxes or other indebtedness to the city, or who contemplates using any personal property on which personal property taxes are owing, in the operation of such business.
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?

____________________________________________________________________________________

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:

_____________________________________________________________________________________

_____________________________________________________________________________________

References:
_____________________________________________________________________________________
_____________________________________________________________________________________

Applicant’s Affirmation of Truth and Understanding
The undersigned hereby acknowledges that he/she has read and 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_________________________  Driver’s License #_________________________
Applicant’s Signature

Clerk’s Use Only

☐  Application Received__________ (Date)  ☐  Records Check Waiver Received__________ (Date)
☐  Fee Received __________ (Date)  ☐  Background Check Fee Received __________ (Date)
☐  Public Safety Director Approval ________________ (Initials) ________________ (Date)
☐  Fire Marshal Approval ________________ (Initials) ________________ (Date)
☐  Treasurer Approval ________________ (Initials) ________________ (Date)