



City of
GRAND HAVEN, MICHIGAN

SOLICITORS & TRANSIENT MERCHANT 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

Fee: [ ] \$10/Day [ ] \$100/Year

Bond: \$1,000

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 application and the same information as above about each one.)

Business Information:

Address of Place of Business:

City: State: Zip:

Phone (1): Phone (2):

Employer Information:

Employer:

Address:

City: State: Zip:

Phone (1): Phone (2):

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

Previous Business:

Business Name:

Address:

City: State: Zip:

Length of time in business:

Have any previously due personal property taxes been paid on any previously owned business?

9 Yes 9 No

**Description of Goods to be Sold:**

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**Sale of Any Food Products:**

Has the Ottawa County Environmental Health Dept been notified and necessary permits obtained?

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Source of Food Purchase and Manner of Sale: \_\_\_\_\_

Number of Units or machines and an attached list of their locations \_\_\_\_\_

**Vehicle Use**

Description of vehicle to be used: \_\_\_\_\_

Anticipated route: \_\_\_\_\_

**Advertising:**

Brief statement of the nature and character of the advertising:

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***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 forgoing application by him/her signed, and know 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 it to be true.*

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Drivers License #

X \_\_\_\_\_  
Director of Public Safety Approval

\_\_\_\_\_  
Date

*Clerk's Use Only*

- Application Received \_\_\_\_\_ (Date)
- Public Safety Director Approval \_\_\_\_\_ (Initials) \_\_\_\_\_ (Date)
- Application Fee Received \_\_\_\_\_ (Date)
- Bond Received \_\_\_\_\_ (Date)
- 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:** \_\_\_\_\_