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 □ $10/person

Surety Bond: □ $1,000

Background Check Form: □ $10/person

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?
□ Yes □ No
Description of Goods to be Sold:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Sale of Any Food Products:
Has the Ottawa County Environmental Health Dept been notified and necessary permits obtained?
________________________________________________________________________________________
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:
________________________________________________________________________________________

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 Driver’s License #

X _____________________________________ _______________________________________
Director of Public Safety Approval Date

Clerk’s Use Only
☐ Application Received______________ (Date)
☐ Public Safety Director Approval __________ (Initials) ________________ (Date)
☐ Application Fee Rec’d __________ (Date) ☐ Application Fee Rec’ __________ (Date)
☐ Bond Received __________ (Date)
☐ Health Department Approval (for sale of food) Received _________ (Date)
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.

<table>
<thead>
<tr>
<th>PLEASE PRINT:</th>
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<tbody>
<tr>
<td>Name: _________________________ / _________________________ / _________________________</td>
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<tr>
<td>(Last)     (First)           (Middle)</td>
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<tr>
<td>________________________________</td>
</tr>
<tr>
<td>(Maiden/Alias)</td>
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<tr>
<td>Address: __________________________________________</td>
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<tr>
<td>(Address, City, State, Zip)</td>
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<tr>
<td>Date of Birth: <strong>/</strong>/____</td>
</tr>
<tr>
<td>Driver’s License Number: __________________________________</td>
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<tr>
<td>Phone Number: ________________</td>
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<tr>
<td>Signature: X ____________________</td>
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(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.

<table>
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<tr>
<th>LAW ENFORCEMENT BACKGROUND CHECK</th>
</tr>
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<tbody>
<tr>
<td>Auction/Auctioneer – Michigan ICHAT &amp; Local Records Check</td>
</tr>
<tr>
<td>Bed &amp; Breakfast – Michigan ICHAT &amp; Local Records Check</td>
</tr>
<tr>
<td>Building Mover (Yearly) License - Local Records Check</td>
</tr>
<tr>
<td>Building Wrecker (Yearly) License - Local Records Check</td>
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<tr>
<td>General Permit Application - Local Records Check</td>
</tr>
<tr>
<td>Going Out of Business Sale Application - Local Records Check</td>
</tr>
<tr>
<td>Horse Drawn Carriage Business License – Michigan ICHAT &amp; Local Records Check</td>
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<tr>
<td>Horse Drawn Carriage Operators License – Michigan ICHAT &amp; Local Records Check</td>
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<tr>
<td>Junk Dealer License - Michigan ICHAT &amp; Local Records Check</td>
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<tr>
<td>Medical Marihuana Facilities - Michigan ICHAT &amp; Local Records Check</td>
</tr>
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<td>Metal Detectors License - Michigan ICHAT &amp; Local Records Check</td>
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<tr>
<td>Pedicab Business License - Local Records Check</td>
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<td>Pedicab Operators License - Michigan ICHAT &amp; Local Records Check</td>
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<td>Permanent Liquor License – Michigan ICHAT &amp; Local Records Check</td>
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<tr>
<td>Permanent Vendor Application – Michigan ICHAT and Local Records Check</td>
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<tr>
<td>Precious Metals/Gem License – Michigan ICHAT and Local Records Check</td>
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<td>Solicitors &amp; Transient Merchants License – Michigan ICHAT &amp; Local Records Check</td>
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<tr>
<td>Sound Truck (Use General Permit Application) - Local Records Check</td>
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</table>

(FOR INTERNAL USE ONLY)

- Application Received ________________ (Date)
- Application Fee Received ________________ (Date)
- Justice
- LERMS
- ICHAT
- Driving Record
- Public Site Search