



City of
GRAND HAVEN, MICHIGAN

GENERAL APPLICATION FOR:

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

Applicant Information:

Applicant: Birth Date:
Mailing Address:
City: State: Zip:
Phone (1): Phone (2):

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 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)
Approved (Date)
Denied (Date)
Application Fee Received (Date)
Other: (Date)
Other: (Date)

