



City of
GRAND HAVEN, MICHIGAN

JUNK DEALER 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: \$15

No license shall be issued without the written consent of a majority of the property owners within a radius of five hundred (500) feet from the proposed premises. Such consent shall not be required if the proposed premises abut any railroad right-of-way or is located entirely within the radius of five hundred (500) feet from any railroad right-of-way.

Name of Business (please include all assumed, trade or firm names under which applicant intends to do business):

[Blank lines for business name]

Business Address:

Telephone Number:

Length of Time Business Proposed to be Conducted:

Type of Goods, Wares, Merchandise or Services to be Sold or Offered for Sale:

[Blank lines for type of goods]

Applicant(s) Information:

Applicant (full name): Birth Date:

Mailing Address:

City: State: Zip:

Phone (1): Phone (2):

Have you ever been convicted of a crime, misdemeanor, or violation of any municipal ordinance?

No
Yes Explanation of conviction(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 #

(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.)

X _____
Director of Public Safety Approval

Date

X _____
Mayor Approval

Date

Clerk's Use Only

Application Received _____ (Date)

Application Fee Received _____ (Date)

DPS Approved _____ (Date)

Denied _____ (Date)