



*City of*  
**GRAND HAVEN, MICHIGAN**

**APPLICATION FOR PEDICAB OPERATOR'S LICENSE**

Please return application to: **City of Grand Haven Clerk's Office**  
**519 Washington Avenue**  
**Grand Haven, MI 49417**  
[www.grandhaven.org](http://www.grandhaven.org)  
**Phone: 616-847-4886**  
**Fax: 616-842-0648**

**Fees:** \$25, non-refundable (One Year Renewable License)

**Other:** Passport photos (2), Certificate from a physician certifying that the applicant is not afflicted with any disease or infirmity that might make the applicant an unsafe operator.

1. **Name of service** \_\_\_\_\_
2. **Applicant's Full Name:**  
**(First)** \_\_\_\_\_ **(Middle)** \_\_\_\_\_ **(Last)** \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Age** \_\_\_\_\_
3. **Applicant's experience in the transportation of passengers:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. **Applicant's criminal history, if any, and the applicant's driving record:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. **Applicant's concise history of previous experience as a pedicab operator:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **City manager recommendation** \_\_\_\_\_
7. **Director of public safety recommendation** \_\_\_\_\_

