



City of
GRAND HAVEN, MICHIGAN

PERMANENT LOCATION VENDOR 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

Application Deadline: January 1st

Duration: _____

Fee: \$100 per calendar month, non-refundable

Insurance: P/L 25/50,000 – P/D 5,000

Location Desired: Skate Park
 North Shore Pier
 Mulligan's Hollow Ski Bowl
 Harbor Island Municipal Boat Launching Ramp

City of Grand Haven Code of Ordinances, Section 26-3-Definitions.

The following words and terms shall have the meanings respectively ascribed to them:

PERMANENT LOCATION VENDORS - *those who sell food or other products from a removable stand at a fixed location* without the necessity of moving from place to place. The city authorizes the following permanent locations:

- (1) At the city beach (adjacent to the state park).
- (2) At the North Shore Pier.
- (3) At the Harbor Island Municipal Boat Launching Ramp.
- (4) At the Mulligan's Hollow Ski Bowl.
- (5) At the Mulligan's Hollow Skate Park.
- (6) Other locations as approved by city council resolution.
- (7) Any location listed above may be eliminated by city council resolution.

REMOVABLE STAND - *a trailer or motorized vehicle that must be removed* from the designated zone *between 11:30 p.m. and 8:30 a.m. each day* or as otherwise restricted on a location by location basis by resolution of the city council and the *primary purpose of which is use for vending purposes*.

SOLICITOR OR TRANSIENT MERCHANT - *any individual, traveling from place to place, taking or attempting to take orders for the sale of any kind goods for future delivery or for services to be furnished or performed in the future.*

(Ord. No. 02-10, § 1, 7-1-02; Ord. No. 08-01, § 1, 2-18-08)

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 the application and the same information as above for each person.)

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

Yes No

If so, what was the nature of the offense and the punishment/penalty assessed?

Names and Addresses of Applicant's Employees:

Brief Description of the Nature of the Business and the Goods to be Sold:

(Licenses shall be limited to the sale of products specified on the application.)

Employer Information (if different than applicant):

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone (2): _____

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

Source of Goods or Products and Manner of Delivery:

Sale of Any Food Products – Has the Ottawa County Environmental Health Department been notified and necessary permits obtained?

Appearance of the Stand/Mobile Vending Unit – Please attach a photograph, diagram, or description of your vending unit.

References:

Applicant's Affirmation of Truth and Understanding

The undersigned hereby acknowledges that he/she has completed the foregoing application, represents that this information is true to his/her knowledge, and agrees to conform to all the terms and provisions of the Code of Ordinances of the City of Grand Haven.

X _____
Applicant's Signature *Drivers License #*

<i>Clerk's Use Only</i>	
<input type="checkbox"/>	Application Received _____ (Date)
<input type="checkbox"/>	Public Safety Director Approval _____ (Initials) _____ (Date)
<input type="checkbox"/>	Insurance certificate Received _____ (Date)
<input type="checkbox"/>	Application Fee Received _____ (Date)
<input type="checkbox"/>	Health Department Approval (for sale of food) Received _____ (Date)