



**CITY OF GRAND HAVEN  
PERMANENT VENDOR APPLICATION POLICY  
JANUARY 4, 2006**

**FILING DEADLINE:**

Applications for all permanent vendor locations must be received by January 1 each year. If no applications are received by that date, applications will be received until the permanent location is filled.

**AWARD OF LOCATION:**

To assure the highest quality offering of food and other products, permanent location vendor licenses will be granted based upon:

- The application
- The product offered
- Appearance of the removable stand, or mobile vending unit to be used
- Previous performance as a vendor
- References
- Interviews, at the discretion of the city manager or his/her designee.
- Commitment of days and hours at the location

If more than one application for a location is filed and are similar, the location will be awarded by lottery.

*Grand Haven Code of Ordinances - Chapter 26  
Fee – Section 21-18 (#25) Street Vendor*



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

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*(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:**

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

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

**References:**

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*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 #*

*Clerk's Use Only*

- Application Received \_\_\_\_\_ (Date)
- Public Safety Director Approval \_\_\_\_\_ (Initials) \_\_\_\_\_ (Date)
- Insurance certificate Received \_\_\_\_\_ (Date)
- Application Fee Received \_\_\_\_\_ (Date)
- Health Department Approval (for sale of food) Received \_\_\_\_\_ (Date)

