



City of GRAND HAVEN, MICHIGAN

SOLICITORS & TRANSIENT MERCHANT 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: 9 \$3/Day 9 \$6/Week 9 \$10/Month 9 \$20/Year
Bond: \$1,000

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 application and the same information as above about each one.)

Business Information:

Address of Place of Business:
City: State: Zip:
Phone (1): Phone (2):

Employer Information:

Employer:
Address:
City: State: Zip:
Phone (1): Phone (2):

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

Previous Business:

Business Name:
Address:
City: State: Zip:
Length of time in business:

Have any previously due personal property taxes been paid on any previously owned business?
9 Yes 9 No

Description of Goods to be Sold:

Sale of Any Food Products:

Has the Ottawa County Environmental Health Dept been notified and necessary permits obtained?

Source of Food Purchase and Manner of Sale: _____

Number of Units or machines and an attached list of their locations _____

Vehicle Use

Description of vehicle to be used: _____

Anticipated route: _____

Advertising:

Brief statement of the nature and character of the advertising:

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/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 #

X _____
Director of Public Safety Approval

Date

Clerk's Use Only

- Application Received _____ (Date)
- Public Safety Director Approval _____ (Initials) _____ (Date)
- Application Fee Received _____ (Date)
- Bond Received _____ (Date)
- Health Department Approval (for sale of food) Received _____ (Date)

