



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

### **AUCTION/AUCTIONEER APPLICATION**

**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 (nonrefundable):**

Auctioneer License:	<u>\$25</u>	Auction License:	<u>\$10</u>
Background Check:	<u>\$10/person</u>	Background Check:	<u>\$10</u> (if different than auctioneer)
Surety Bond:	<u>\$2,500</u>	Inspection Fee:	<u>\$25 per day</u>
		Surety Bond:	<u>\$2,500</u>

**Type of License Sought:**    ☐ Auctioneer    ☐ Auction    ☐ Both

**Business/Property Owner Information Conducting the Auction:**

Business/Property Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_  
Address of Operation: \_\_\_\_\_  
Length of time the business has operated in the City: \_\_\_\_\_

**Auction and Auctioneer Information:**

Applicant: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_  
Auction Location: \_\_\_\_\_  
Date and time of the auction: \_\_\_\_\_

Is the auction a closing-out auction? Yes/No      Is a closing-out auction being held? Yes/No

Will the auction be conducted in good faith for the purpose of retiring from business? Yes/No

Auction/Auctioneer License Application  
Side 2

Have all statutes and provisions of the Grand Haven Code of Ordinances governing closing-out sales been complied with? Yes/No

Provide a description of the property to be sold:

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*(If additional space is required, please complete the list on a separate sheet of paper and attach it to this application.)*

Will property other than that described on this application be sold during the auction? Yes/No

Is all the property, listed in the description of the property to be sold, actually located on the premises where the auction is being conducted? Yes/No

Is the property which is being sold a bona fide part of the business' stock? Yes/No

Has the property to be sold been on the tax rolls of the City for one year? Yes/No

Have all taxes on the property to be sold been paid? Yes/No

***Applicant's Affirmation of Truth and Understanding***

*It is affirmed that the information on this application is the truth. It is understood that it shall be unlawful for the auctioneer to conduct the auction any place other than that stated in the application, and it shall be unlawful for either the auctioneer or owner to do, either themselves or through their agents or servants, any act or thing contrary to the statements made in this application. In addition, it is understood that any false statement in the application, or any act done contrary to such statements are a violation of the Grand Haven Code of Ordinances and punishable under Section 1-8 of the Code of Ordinances.*

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Director of Public Safety Approval

\_\_\_\_\_  
Date

***Please include: \* License fee***

***\* Background check form, fee, and copy of driver's license***

***Clerk's Use Only***

- |   |   |
|---|---|
| <input type="checkbox"/> Application(s) Received _____ (Date) | <input type="checkbox"/> Application Fee(s) Received _____ (Date)   |
| <input type="checkbox"/> Approved _____ (Date)                | <input type="checkbox"/> Background Check Fee(s) Rec'd _____ (Date) |
| <input type="checkbox"/> Denied _____ (Date)                  | <input type="checkbox"/> Proof of Bond for Auction _____ (Date)     |
|   | <input type="checkbox"/> Proof of Bond for Auctioneer _____ (Date)  |

# GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

525 Washington Avenue • Grand Haven, MI 49417  
Office 616.842.3460 • Fax 616.847.6050

## LAW ENFORCEMENT BACKGROUND CHECK

**I am making application as indicated below for the purpose of operating a business or other enterprise within the City of Grand Haven. I understand that my application requires a check of local and/or criminal law enforcement and driving records. My signature represents a request to the Grand Haven Department of Public Safety to perform the law enforcement records check indicated.**

- ☐ Auction/Auctioneer – Michigan ICHAT & Local Records Check
- ☐ Bed & Breakfast – Michigan ICHAT & Local Records Check
- ☐ Building Mover (Yearly) License - Local Records Check
- ☐ Building Wrecker (Yearly) License - Local Records Check
- ☐ General Permit Application - Local Records Check
- ☐ Going Out of Business Sale Application - Local Records Check
- ☐ Horse Drawn Carriage Business License – Michigan ICHAT & Local Records Check
- ☐ Horse Drawn Carriage Operators License – Michigan ICHAT & Local Records Check
- ☐ Junk Dealer License - Michigan ICHAT & Local Records Check
- ☐ Marihuana Facilities - Michigan ICHAT & Local Records Check
- ☐ Metal Detectors License - Michigan ICHAT & Local Records Check
- ☐ Pedicab Business License - Local Records Check
- ☐ Pedicab Operators License - Michigan ICHAT & Local Records Check
- ☐ Permanent Liquor License – Michigan ICHAT & Local Records Check
- ☐ Permanent Vendor Application – Michigan ICHAT & Local Records Check
- ☐ Solicitors & Transient Merchants License – Michigan ICHAT & Local Records Check
- ☐ Sound Truck (Use General Permit Application) - Local Records Check
- ☐ Taxicab Business License - Michigan ICHAT & Local Records Check
- ☐ Taxicab Driver's License - Michigan ICHAT, Driving Record & Local Record Checks
- ☐ Taxicab Additional Vehicle to Existing License – Vehicle Inspection

## WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I authorize the **GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY** to query and release law enforcement and driving records from all sources. I release and forever discharge the City of Grand Haven and its agents, officers, and employees from any and all actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.



## PLEASE PRINT

Name:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Last) (First) (Middle)  
\_\_\_\_\_  
(Maiden/Alias)

Address: \_\_\_\_\_  
(Street Address, City, State, Zip)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Driver's License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: X\_\_\_\_\_

**\*A copy of the applicant's driver's license is required**

## (FOR INTERNAL USE ONLY)

- ☐ Application Received (Date) \_\_\_\_\_
- ☐ Application Fee Received (Date) \_\_\_\_\_
- ☐ JUSTICE
- ☐ LERMS
- ☐ ICHAT
- ☐ Driving Record
- ☐ Public Site Search