



*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)

\$10 (per person), non-refundable (Background Check Fee)

**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** \_\_\_\_\_

**PEDICAB OPERATOR INFORMATION**  
(Please TYPE or PRINT)

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YEAR

D/L #: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

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

***Please include:***

- ***License fee***
- ***Physician certificate***
- ***(2) passport photos***
- ***Background check form, copy of driver's license, and fee***

***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 foregoing application by him/her signed, and knows 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 to be true.*

X \_\_\_\_\_  
Applicant (Authorized Signature), Date

\_\_\_\_\_  
Driver's License Number

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

\_\_\_\_\_  
Date

***Clerk's Use Only***

- |  |  |
|--|--|
| <input type="checkbox"/> Application Received _____ (Date) | <input type="checkbox"/> Application Fee Received _____ (Date)         |
| <input type="checkbox"/> Approved _____ (Date)             | <input type="checkbox"/> Background Check Fee Received _____ (Date)    |
| <input type="checkbox"/> Denied _____ (Date)               | <input type="checkbox"/> Passport Photos (2) Received _____ (Date)     |
|  | <input type="checkbox"/> Physician's Certificate Received _____ (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