



*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](http://www.grandhaven.org)  
**Phone: 616-847-4886**  
**Fax: 616-842-0648**

**Application Deadline:** January 1<sup>st</sup>

**Months Requested:** \_\_\_\_\_

**Fee:** \$100 per calendar month, non-refundable & not-prorated

**Background Check:** \$10 per person

**Location Desired:**  Mulligan's Hollow Skate Park  
 Harbor Island Municipal Boat Launching Ramp

**IMPORTANT INFORMATION:**

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

**Sale of Any Food Products:** Contact the Ottawa County Environmental Health Department, you may need an additional license.

**Food Trucks:** Contact the City of Grand Haven Department of Public Safety Fire Marshal for additional requirements / inspection.

**All Applicants:** No license shall be granted to any person owing any personal property taxes or other indebtedness to the city, or who contemplates using any personal property on which personal property taxes are owing, in the operation of such business.

**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:**

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**References:**

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

*The undersigned hereby acknowledges that he/she has read and 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* *Driver's License #*

*Clerk's Use Only*

- |  |   |
|--|---|
| <input type="checkbox"/> Application Received _____ (Date)                             | <input type="checkbox"/> Records Check Waiver Received _____ (Date) |
| <input type="checkbox"/> Fee Received _____ (Date)                                     | <input type="checkbox"/> Background Check Fee Received _____ (Date) |
| <input type="checkbox"/> Public Safety Director Approval _____ (Initials) _____ (Date) |   |
| <input type="checkbox"/> Fire Marshal Approval _____ (Initials) _____ (Date)           |   |
| <input type="checkbox"/> Treasurer Approval _____ (Initials) _____ (Date)              |   |