City of
GRAND HAVEN, MICHIGAN

BUILDING WRECKER YEARLY LICENSE APPLICATION

Please return application to:

Grand Haven Department of Public Safety
525 Washington Avenue
Grand Haven, MI 49417
www.grandhaven.org
Phone: 616-842-3460

Fees: $25 per year
$10 per person working for background check

Bond: $5,000

Insurance: P/L 50/300,000 – P/D 1,000,000
(proof of workers comp coverage required for permits)
City of Grand Haven needs to be listed as an additional insured

Applicant Information:

Applicant: _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone (2):_____

Email: _____

Address of Operation: _____

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 — Driver's License #

X _____ _____
Building Inspector Approval — Date

X _____ _____
Director of Public Safety Approval — Date

Office Use Only

☐	Application Received _____ (Date)	☐	Application Fee Received_____(Date)
☐	Approved _____ (Date)	☐	Proof of Surety Bond _____ (Date)
☐	Denied _____ (Date)	☐	Proof of Insurance _____ (Date) (City named as additional insured)

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 RecordsCheck
- ☐ 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