



City of Grand Rapids

City Clerk's Office
300 Monroe Ave NW, Grand Rapids, MI 49503
Phone: 616-456-3016

Downtown Vendor Application

Number of Carts: _____

Documents to submit with application:	<input type="checkbox"/> Certificate of Insurance	<input type="checkbox"/> Kent County Health Department License
	<input type="checkbox"/> Photos of Cart	

Business Information

Business Name: _____

Business Address: _____
Street Address, City, State, ZIP Code

Mailing Address: _____
Street Address, City, State, ZIP Code

Phone: _____ Email: _____

Cart Information

Height: _____ Width: _____ Length: _____

2 to 4 functional/decorative wheels

Constructed of durable, easily cleaned material

Detachable tongue, hitch or handle

Litter receptacle at least 3 feet deep

Brakes or chocks

Company name and merchandise pricing on cart

Goods to be sold: _____

For additional carts, please attach separate paper with all requested information.

Business Ownership

Full Name: _____ Title: _____

Other Names Used/Aliases: _____ Phone: _____

E-mail Address: _____ Last 4 digits of S.S. #: _____

Driver's License # _____ D.O.B. _____
(Date of Birth)

Criminal Conviction History – List ALL Misdemeanor and Felony Convictions. Failure to disclose any and all convictions or the submittal of inaccurate information is falsification of application and sufficient cause for immediate denial or revocation of a license.

<u>Date</u>	<u>Offense</u>	<u>Court</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Traffic History – List ALL Violations and Accidents in the Past 12 Months. Failure to disclose any and all traffic incidents or the submittal of inaccurate information is falsification of application and sufficient cause for immediate denial or revocation of license.

<u>Date</u>	<u>Offense</u>	<u>Court</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Disclaimer and Signature

I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 91 of the Grand Rapids City Code and all applicable City of Grand Rapids licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.

Signature: _____ Date: _____

Clerk's Office:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date:	Signature:
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Copy of Ordinance available upon request.



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Application Part II

This form must be submitted with all license applications. Applicants are required to read and initial all sections below.

Business Name: _____

All Businesses

I fully understand and have completed the business license application, and have read the appropriate ordinances for the license category I am applying for. I have completed the application myself or with the assistance of an interpreter, if applicable. Initials: _____

I understand that all fees are non-refundable and cover the cost of processing the application. Initials: _____

I understand that my license will be good for one year from the date of issuance and must be renewed on an annual basis. Initials: _____

I understand that failure to disclose complete and accurate information is falsification of application and is sufficient cause for immediate denial or revocation of license. Initials: _____

I understand that other departments needing to make a recommendation on my application may require an inspection. Initials: _____

I understand that the business property must have the proper zoning classification before a license can be issued. Initials: _____

I understand that a business license is issued to a specific business at a specific location and cannot be transferred to a new owner or new location. Changes in ownership or location will require a new application to be submitted. Initials: _____

If a license is denied, I understand that I must file an appeal in writing to the City Clerk's Office, 300 Monroe Ave NW, Grand Rapids, MI 49503, within 10 days of notification of the denial. Initials: _____

I understand that if I do not renew my license within one month of the expiration date that there will be late fees and/or penalties assessed up to and including a civil misdemeanor. Initials: _____

Home Occupations

I understand that I will not be able to claim 100% Principal Residence Exemption (PRE) if I am making my home or part of my home available for rental. Initials: _____

If an interpreter was used, please provide their name and number below:

Name of interpreter (printed): _____ Phone Number: _____



City of Grand Rapids
Affidavit and Indemnity Agreement
Downtown Vending Company

Applicants must complete and sign the below affidavit.

AFFIDAVIT

- I, _____, am the owner of _____, a Downtown Vending Company (the “Company”)
- I am the legal owner of, or hold a controlling ownership interest in, the Company
- I am, or my co-owner(s) and I are, ultimately responsible for all hiring, firing, and disciplinary decisions of all persons employed by the Company
- If a partial owner of the Company, I have been authorized by my co-owner(s) to execute this Affidavit and enter into this Indemnity Agreement with the City of Grand Rapids on the Company’s behalf.

INDEMNITY AGREEMENT

In exchange for a license to operate as a Downtown Vending Company under Title III, Chapter 46 of the City Code of the City of Grand Rapids, I agree the Company

- Will be held accountable for the actions of any and all persons within its employ, so long as those actions are taken within the scope of said person’s employment
- Will hold harmless and indemnify the City, any special service districts and their officers and employees for any claims for damage to property or injury to persons which may occur as a result of any activity carried on under the terms of the license.

I understand that I am certifying that these statements are true, and acknowledge that the information contained herein may subject me to certain penalties which include, but are not limited to, suspension or revocation of my Downtown Vending Company license.

Owner’s Name: _____

Owner’s Signature: _____

Date: _____