City of Grand Rapids

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

Mobile Vendor (Transient Merchant)

Documents to submit with application:	☐ Current Driver's License
Nature of Business:	

Applicant

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.

Date	**Offense**	**Court**

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.

Date	**Offense**	**Court**

Business Information

Business Name: _____

Business Address: _____

Street Address, City, State, ZIP Code

Mailing Address: _____

Street Address, City, State, ZIP Code

Phone: Email:

Describe intended activity: _____

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:	☐ Approved	☐ Disapproved	Date:	Signature:

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: _____