City of Grand Rapids

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

Second Hand License Application

Proposed Start Date:_____

Steps to complete before applying:	☐ Contact the Planning Department to confirm property zoning		
Select nature of sales:	☐ Used Cars	☐ Used Tires	☐ Furniture, clothing, etc.
	☐ Appliances	☐ Other:	

Business Information

Business Name: _____

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

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

Phone: _____ Email: _____

Sales Tax License Number: _____ Federal ID#: _____

Property Information

Is the building owned by the applicant? ☐ YES ☐ NO *If No, complete marked sections.

*Property Owner: _____

*Owner Address: _____
Street Address, City, State, ZIP Code

*Phone Number: _____

On-Site inspections are required before approval will be granted.

Contact Person for Inspection: _____ Phone Number: _____

Contacts

Primary Contact (Manager or person principally in charge of business operations):

Full Name: _____ Title: _____

E-mail Address: _____ Phone: _____

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

Accountant (Individual in charge of accounting records):

Full Name: _____ Title: _____

E-mail Address: _____ Phone: _____

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

Turn over to complete application

Business Ownership

Select Ownership Type: ☐ Individual/Sole Proprietor ☐ Sole Member, LLC ☐ Partnership
☐ Corporation ☐ LLC ☐ Other:

A. Complete this section if you selected Individual/Sole Proprietor or Sole Member, LLC

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)

B. Complete this section if you selected Partnership, Corporation, LLC or Other

Official Corporate Name: _____

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

E-mail Address: _____ Phone: _____

Michigan Corporate/LLC ID#: _____ Date of Incorporation: _____

LLC Qualification Date: _____

List all Owners, Partners or Corporate Officers

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)

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)

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)

Attach list if there are additional owners.

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: _____