CITY OF GRAND RAPIDS
BUSINESS LICENSE APPLICATION

TYPE OF BUSINESS LICENSE **Valet Parking Fixed Location**

1. BUSINESS DATA

Business Name (DBA or other names used): _____

Business Location: _____
(Street Number and Name, City, State, Zip Code)

Mailing Address: _____
(P.O. Box or Street Number and Name, City, State, Zip Code)

Business Telephone: _____ Business FAX: _____

Business E-mail address:_____ Website Address: _____

Is building owned by applicant? (circle one) YES NO If not, Owner's name: _____

Address: _____ Phone Number:_____

Contact person for Inspection: _____ Phone Number: _____

Please check appropriate box(es): ☐ Existing Building ☐ New Construction ☐ Remodel ☐ Change of Use

Present Use of Building (if vacant, what was last use?): _____ Proposed Start Date: _____

Sales Tax License Number: _____ Federal ID #: _____

Sales Activity (circle one): NONE WHOLESALE RETAIL Do you dispense or sell: liquor _____ food _____
yes/no **yes/no**

Manager or person principally in charge of operation of business

Name & Title: _____

Other Names Used or Aliases: _____

Home Address:_____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

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

Individual in charge of Accounting Records (CEO, CFO, CCO)

Name & Title: _____

Other Names Used or Aliases: _____

Home Address:_____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

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

2. OWNERSHIP TYPE

Circle One: Individual/Sole Proprietor Sole Member LLC Partnership

Corporation LLC Other _____

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

Owner's Name:_____

Other Names Used or Aliases: _____

Home Address:_____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

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

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

Official Corporate Name: _____

Corporate Address: _____
(Street Number and Name, City, State, and Zip Code)

Telephone: _____ Fax: _____ E-mail: _____

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

LLC Qualification Date: _____

List all Owners, Partners or Corporate Officers

1. Name & Title: _____

   Other Names Used or Aliases: _____

   Home Address: _____
   (Street Number and Name, City, State, and Zip Code)

   Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

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

2. Name & Title: _____

   Other Names Used or Aliases: _____

   Home Address: _____
   (Street Number and Name, City, State, and Zip Code)

   Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

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

3. Name & Title: _____

   Other Names Used or Aliases: _____

   Home Address: _____
   (Street Number and Name, City, State, and Zip Code)

   Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

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

Attach list if there are additional persons.

3. 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.

_____ _____
Applicant's Printed Name **Applicant's Title**

_____ _____ _____
Applicant's Signature **Date of Birth** **Date**

City Clerk's Office ☐ **Approved** ☐ **Disapproved**

_____ _____
City Clerk or designee **Date**

City of Grand Rapids

Valet Parking – Fixed Location
Participating Businesses

Principal Business Applicant

Business Name: _____

Business Address: _____

Additional Business Applicants

1. Business Name: _____

   Business Address: _____

   Phone Number: _____ E-mail: _____

   Owner/Manager (Please Print): _____

   Signature: _____ Date: _____

2. Business Name: _____

   Business Address: _____

   Phone Number: _____ E-mail: _____

   Owner/Manager (Please Print): _____

   Signature: _____ Date: _____

3. Business Name: _____

   Business Address: _____

   Phone Number: _____ E-mail: _____

   Owner/Manager (Please Print): _____

   Signature: _____ Date: _____

4. Business Name: _____

   Business Address: _____

   Phone Number: _____ E-mail: _____

   Owner/Manager (Please Print): _____

   Signature: _____ Date: _____

5. Business Name: _____

   Business Address: _____

   Phone Number: _____ E-mail: _____

   Owner/Manager (Please Print): _____

   Signature: _____ Date: _____

City of Grand Rapids
Business License Application – Part II

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

Business Name: _____

I fully understand and have completed Part I of the 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 the license year applicable to all licenses shall begin on July 1st of each year and shall end on June 30th of the following year. Initials_____

I understand that licensing fees are not pro-rated for a partial licensing year. Initials_____

I understand that failure to disclose complete and accurate information is falsification of application. This is sufficient cause for immediate denial or revocation of a license. Initials_____

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

I understand 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. Initials_____

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

I understand that if I do not renew my license in June, there will be late fees and/or penalties assessed up to and including a civil misdemeanor. Initials_____

I understand that I will not be able to claim 100% Principal Residence Exemption 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

Valet Parking Plan – Fixed Location

Valet Company: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

Location of Valet Station: _____
(Brief description and address)

Days of Valet Service: _____ Times: _____

Number of Valet Attendants: _____ Estimated Number of Vehicles: _____

Address of Parking Lot to be used: _____

Route from Drop-off Location to Parking Lot: _____

_____

Route from Parking Lot to Pick-up Location: _____

_____

Applicants must submit a detailed map of the drop-off/pick-up location and driving routes.

Applicant Signature: _____ Date: _____

The following affidavit must be signed by a representative of the contracted valet company.

I hereby affirm that I have reviewed this parking plan and will adhere to the route and locations contained herein. No changes will be made to the approved parking plan without consulting with the Fixed Location license holder to submit a new parking plan to the City Clerk's office. Changes will not be enacted until a new parking plan has been approved by the City.

Valet Representative (Please Print): _____

Signature: _____ Date: _____