



CITY OF GRAND RAPIDS
BUSINESS LICENSE APPLICATION

TYPE OF BUSINESS LICENSE

Valet Parking Company

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

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:



**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 1<sup>st</sup> of each year and shall end on June 30<sup>th</sup> 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



Additional Information for  
**VALET PARKING  
LICENSE APPLICATION**

Company Name: \_\_\_\_\_

List information for all owners, partners, or corporate officers:

1. Name and Title: \_\_\_\_\_

Previous Address: \_\_\_\_\_

(five years immediately prior to the present)

Has your driver's license been suspended, revoked, or denied within the past five years? \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_

If yes, list ALL misdemeanor and felony conviction information below.

Date

Offense

Sentence

Court

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use additional sheet if necessary)

2. Name and Title: \_\_\_\_\_

Previous Address: \_\_\_\_\_

(five years immediately prior to the present)

Has your driver's license been suspended, revoked, or denied within the past five years? \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_

If yes, list ALL misdemeanor and felony conviction information below.

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

(use additional sheet if necessary)

3. Name and Title: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(five years immediately prior to the present)

Has your driver's license been suspended, revoked, or denied within the past five years? \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_

If yes, list ALL misdemeanor and felony conviction information below.

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

(use additional sheet if necessary)



**City of Grand Rapids  
Affidavit and Indemnity Agreement  
Valet Parking Company**

**Applicants must complete and sign the below affidavit.**

**AFFIDAVIT**

- I, \_\_\_\_\_, am the owner of \_\_\_\_\_, a Valet Parking 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 Valet Company under Title VII, Chapter 113 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 Valet Company license.

Owner’s Name: \_\_\_\_\_

Owner’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_