



THE CITY OF EAST GRAND RAPIDS

DEPARTMENT OF PUBLIC SAFETY

770 LAKESIDE DR SE EAST GRAND RAPIDS MI 49506

PHONE: 616-949-7010

FAX: 616-940-4829

TRANSIENT MERCHANT LICENSE APPLICATION

APPLICANT INFORMATION

Full Name: _____

Previous Names or Aliases _____ Phone Number: _____

Email Address: _____ Last 4 digits of S.S. #: _____

Driver's License # _____ Birthdate: _____

Permanent Home Address: _____

Local Address: _____

Brief Description of Vehicle being used
and License Plate Number _____

Criminal 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 a license

Date	Offense	Court



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BUSINESS INFORMATION

Business Name _____

Business Address _____

Phone Number _____ Supervisor Name _____

Supervisor Phone # _____ Email: _____

Describe the intended Activity for this license _____

Select License Type:

Per Day: \$25.00

Per Week: \$100.00

Per Year: \$200.00

Please submit either a copy of your Driver's License or your Birth Certificate along with your State ID when completing this application. Additionally, a photograph will be taken for your Badge ID at the time of application submission.

DISCLAIMER AND SIGNATURE BY APPLICANT

I have reviewed the aforementioned application and received a copy of the relevant ordinance and regulations pertaining to this license. The information provided in this application is accurate. I acknowledge that I have read the ordinance and regulations and agree to adhere to them.

Signature _____ Date _____

For Clerk Use Only.

APPROVED

DENIED

DIRECTOR SIGNATURE _____