CITY OF
EAST GRAND RAPIDS
750 LAKESIDE DRIVE SE • EAST GRAND RAPIDS, MICHIGAN 49506

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 or MI ID#:_____**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 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 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: _____**Supervisor Email:** _____

Describe the intended activity for this license:

_____

Select License Type:

Per Day: $25.00 ___ **Per Week: $100 ____** **Per Year: $200 ____**
(*Ice cream truck only*)

Please submit either a copy of your Driver's License or 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:

Please Circle One:

APPROVED **DENIED**

DIRECTOR SIGNATURE: