



CITY OF EAST GRAND RAPIDS PUBLIC SAFETY

TRANSIENT MERCHANTS LICENSE APPLICATION

(CLERK'S USE ONLY →)

License # _____

Date: _____

EXPECTED DATE OF LICENSE APPLIED: FROM _____ TO _____

NAME _____ D.O.B. _____ BIRTHPLACE _____
(LAST) (FIRST) (MIDDLE)

DRIVERS LIC. # _____ STATE _____ HEIGHT _____

WEIGHT _____ RACE _____ HAIR/EYE COLOR _____ FEMALE _____ MALE _____

PERMANENT HOME ADDRESS (City, State, Zip) _____

LOCAL ADDRESS (City, State & Zip) _____

NATURE OF BUSINESS _____

NAME OF EMPLOYER _____ PHONE # _____

EMPLOYER'S ADDRESS _____

GOODS TO BE SOLD _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, WHERE? _____ WHEN? _____

HAVE YOU EVEN BEEN CONVICTED OF A MISDEMEANOR? _____

IF YES, WHERE? _____ WHEN? _____

IMPORTANT NOTE: The fact that you may have been convicted of a crime will not necessarily make you ineligible for a license, but if you supply false information, your license will be denied

★ **PHONE #** _____ **(to be contacted after application is reviewed)**

CHARACTER REFERENCES OR EVIDENCE:

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

STATEMENT BY APPLICANT: I have read the foregoing application and have received a copy of the ordinance and regulations applicable to this license. The information provided on this application is accurate. I have read the ordinance and regulations and agree to comply with them

X Signature of Applicant

Signature of Parent or Guardian

* If Minor

Date _____

Date _____

CITY CLERK USE ONLY:

To be completed by the City employee accepting the application:

Have you checked the information on this application against?

A driver's license _____

Other picture I.D. _____

PUBLIC SAFETY USE ONLY:

TIMS Record Check: _____ Person Query Check: _____

Criminal Record: _____

Signature – Public Safety Official

DIRECTOR OF PUBLIC SAFETY:

Approved _____

Disapproved _____

Signature _____ Date _____