

CITY OF NEWAYGO
Horse Carriage License

Date: _____ Permit #: _____ Fee: _____

1. Applicant information : (if not individual, list business)

Owner Information: (if different from applicant)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Name(s) of individuals operating the carriage rides: _____

2. Property Location:

Property Address: _____

Length of time business will be conducted (dates): _____

Times of operation each day: _____

3. Requirements:

_____ Copy of General Liability Insurance Policy in a face amount not less than one million dollars (\$1,000,000) naming the City of Newaygo as a co-insured

_____ Proof of training and educational background to operate a carriage ride for all operators of the carriage

_____ State Sales Tax License of the business

_____ Copy of driver's license of all individuals operating the carriage

4. Convictions:

Has the applicant(s), or the person(s) conducting carriage rides, been convicted of a crime, misdemeanor or the violation of any municipal ordinance? Yes No

If Yes, list the charge(s) and nature of conviction: _____

Horse Carriage License (con't)

No license shall be granted to any applicant until the applicant has complied with all of the ordinance requirements pertaining to the business listed above and all fees have been paid.

A licensee shall carry the license issued (this signed form) at all times when engaged in the operation, conduct or maintenance of any business for which the license was granted. No license issued under this provision is transferable.

I/we _____ do hereby swear that the above information is true and correct to the best of my/our knowledge. False information on the above application may result in the rejection of the application or revocation of the horse carriage license.

Applicants: _____
Signature Signature

Date: _____

To be completed by the City of Newaygo Office

A horse carriage license for the above application is hereby:

() Approved

() Denied

License Expires: _____ December 31, 20_____

Restrictions/reasons for action: _____

City Manager: _____

Date: _____

Chief of Police: _____

Date: _____