

HORSE-DRAWN CARRIAGE LICENSE APPLICATION
City of South Haven

Full Name of Applicant _____

Business Name _____

Business Address _____

Owner's Name _____ Phone _____

Location where carriage will stop for pick-ups _____

Date(s) _____ Times of operation _____

Have you ever been convicted of a crime, excluding minor traffic offenses, misdemeanor or the violation of any municipal ordinance? _____ If yes, describe in full.

Signature of Applicant _____ Date _____

Fee \$30.00 per year Cash or Check # _____

Expiration date: December 31 of the year in which license granted

Attach map of route requested

Attach proof of insurance naming the City of South Haven as an additional insured

Approved by Chief of Police _____ Date _____

Approved by City Clerk _____ Date _____