

SUPPLEMENTAL INFORMATION RELATIVE TO
HORSE DRAWN CARRIAGE BUSINESS LICENSE – CARRIAGE INSPECTION

The undersigned hereby submits the following information to support an application for a **Horse-Drawn Carriage Business License**:

To be completed by **Applicant**: Please type or print.

• **Applicant** Name _____ Phone _____

Applicant Address _____ City _____ State ___ Zip _____

DOB _____ Driver's License # _____ Email _____

• **Owner** of carriage: Yes _____ No _____ If No: Owner Name _____

Owner Address _____ City _____ State ___ Zip _____

Owner Email _____

• **Operator** of Carriage: Yes _____ No _____ If No: Operator Name _____

Operator Address _____ City _____ State ___ Zip _____

Operator Email _____

Carriage Style _____

Total number of Carriages currently in service: _____

To be completed by **Inspector**:

Date Inspected: _____ Inspected by: _____

To schedule an appointment please contact Police Division Inspector at 616-355-1122.

I do hereby affirm that the above information is correct to the best of my knowledge.

Date

Applicant Signature

Please bring this form and the required insurance information to the inspection.