



**Employee / Agent Information \* NOTE: All employees must complete this section**

Name 1: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP Date of Birth

Driver License or ID Card number: \_\_\_\_\_

Have you been convicted of a crime? Misdemeanor:  Yes  No

Felony:  Yes  No

***If yes, attach sheet to describe each conviction.***

Thumbprint  
to be secured  
and retained  
by the  
Westland Police  
Department

Thumbprint

Name 2: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP Date of Birth

Driver License or ID Card number: \_\_\_\_\_

Have you been convicted of a crime? Misdemeanor:  Yes  No

Felony:  Yes  No

***If yes, attach sheet to describe each conviction.***

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and retained  
by the  
Westland Police  
Department

Thumbprint

Name 3: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP Date of Birth

Driver License or ID Card number: \_\_\_\_\_

Have you been convicted of a crime? Misdemeanor:  Yes  No

Felony:  Yes  No

***If yes, attach sheet to describe each conviction.***

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Department

Thumbprint

**Employee / Agent Information \* NOTE: All employees must complete this section**

Name 4: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP Date of Birth

Driver License or ID Card number: \_\_\_\_\_

Have you been convicted of a crime? Misdemeanor:  Yes  No

Felony:  Yes  No

**If yes, attach sheet to describe each conviction.**

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Department

Thumbprint

Name 5: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP Date of Birth

Driver License or ID Card number: \_\_\_\_\_

Have you been convicted of a crime? Misdemeanor:  Yes  No

Felony:  Yes  No

**If yes, attach sheet to describe each conviction.**

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Department

Thumbprint

Name 6: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP Date of Birth

Driver License or ID Card number: \_\_\_\_\_

Have you been convicted of a crime? Misdemeanor:  Yes  No

Felony:  Yes  No

**If yes, attach sheet to describe each conviction.**

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Thumbprint

**Business Information**

Business Name: \_\_\_\_\_

Business Address / Telephone: \_\_\_\_\_

Type:  Individual  Partnership  Corporation  Foreign Corporation  Firm  Association

**If Business is an Individual:**

Name: \_\_\_\_\_ Business Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP Date of Birth

Telephone: Mobile \_\_\_\_\_ Residence \_\_\_\_\_ Email: \_\_\_\_\_

**If Business is a Partnership: Partner "A"**

Name: \_\_\_\_\_ Business Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP Date of Birth

Telephone: Mobile \_\_\_\_\_ Residence \_\_\_\_\_ Email: \_\_\_\_\_

**If Business is a Partnership: Partner "B" Attach additional sheets as required**

Name: \_\_\_\_\_ Business Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP Date of Birth

Telephone: Mobile \_\_\_\_\_ Residence \_\_\_\_\_ Email: \_\_\_\_\_

***If Business is a Corporation:***

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address City State ZIP

Date and State whose laws organized the Corporation: \_\_\_\_\_

***Must list name, address, and title of each Corporate Officer. Attach additional sheets as required.***

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

***If Business is a Foreign Corporation:***

**Authorized to conduct business in Michigan:  Yes  No (must checkmark one box)**

Name of Principal Officer / Director: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

Business Address: \_\_\_\_\_  
Street Address City State ZIP

***Criminal Conviction(s) Statement - Required***

**Has any person having an interest in this business been convicted of a crime:  Yes  No**

***If yes, describe. Attach additional sheets to describe each individual and each conviction.***

\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

Building Department investigation:  **Approved**  **Denied**  **N/A** **Date:** \_\_\_\_\_

Fire Department investigation:  **Approved**  **Denied**  **N/A** **Date:** \_\_\_\_\_

**Required:** Police Department investigation:  **Approved**  **Denied** **Date:** \_\_\_\_\_

Other Department: \_\_\_\_\_  **Approved**  **Denied**  **N/A** **Date:** \_\_\_\_\_

Notes: \_\_\_\_\_

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Office of City Clerk:  **Approved**  **Denied** \_\_\_\_\_  
Signature Date

License number: \_\_\_\_\_ Date issued: \_\_\_\_\_ Expiration: \_\_\_\_\_  
One year from issue date