



# Application – Public Entertainment

*Application for non-transferrable license to conduct, exhibit, operate, or maintain in accordance with Chapter 14, Article III of the Westland Code of Ordinance. Applicant and operator shall comply with all provisions of the Code. It is understood and agreed that any license granted upon this application shall be revocable at the will of the Westland City Council.*

## Application Information

**Submit application to:** City of Westland City Clerk's Office, 36300 Warren Road ▪ Westland, MI 48185  
 Telephone: 734-467-3185 ▪ Fax: 734-422-1208 www.CityofWestland.com

Original filing       Renewal      **Total fee's collected:** \_\_\_\_\_  
(See attached chart for fee amount)

Plot Plan submitted       Yes     No

\$1000 Bond submitted     Yes     No       Cash     Check # \_\_\_\_\_

\$250,000 / \$500,000 Insurance submitted     Yes     No      Policy # \_\_\_\_\_

(Sec. 14-118 - Bonding and insurance requirements)

Date Application submitted: \_\_\_\_\_ Received by: \_\_\_\_\_

## Applicant Information

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

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

Telephone: \_\_\_\_\_ Are you a United States Citizen?     Yes     No  
Mobile      Business

Driver License number: \_\_\_\_\_ Issuing state: \_\_\_\_\_

Have you ever engaged in public amusement or entertainment?     Yes     No      If yes, when, where, and how long in each place?  
 \_\_\_\_\_

## Applicant signature - Notarized

**I hereby swear or affirm that all information contained in this application and its attachments, as well as all foregoing statements, are true.**

Signature: \_\_\_\_\_

**STATE OF** \_\_\_\_\_ )  
 ) **ss**  
**COUNTY OF** \_\_\_\_\_ )

Sworn to and signed in my presence by \_\_\_\_\_, and sworn to on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_

Acting in the County of \_\_\_\_\_

**Event Information**

Event Name: \_\_\_\_\_ Event date(s) \_\_\_\_\_

Event Address / Telephone: \_\_\_\_\_

Legal Owner of Property listed above: \_\_\_\_\_

Address of Owner listed above: \_\_\_\_\_  
Street Address City State ZIP

Business hours of operation: \_\_\_\_\_ Desired Inspection time: \_\_\_\_\_  
Not allowed between 1:00 AM and 7:30 AM MUST be within 9:00 AM and 5:00 PM

Type:  Carnival / Circus  Concession / Amusement Stand  Outdoor Amusement  
 Outdoor Movie  Other Entertainment or Amusement

**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.***

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

**Public Entertainment Fees are established by Sec 46-1 of the Westland Code of Ordinance (Master Fee Schedule).**

**Please note:** Other fees are established by different sections of the Westland Code of Ordinance for mechanical devices, premises, and events that do not fall within the Public Entertainment portion of the code. Other license applications may be applicable and can be found at <http://www.cityofwestland.com/departments/city-clerk/forms-applications-publications>

**Add to the fees described above and below \$21 per person referenced within the application for individual background checks.**

**Carnival and/or Circus flat fee: \$535.00**

**Concession stand or amusement stand: \$11.00 per week**

**Outdoor amusement areas or amusement places maintaining or operating five or less than five kinds or varieties of exhibits, shows, or amusements: \$215.00 annually**

**Outdoor amusement areas or amusement places maintaining or operating six or more than six kinds or varieties of exhibits, shows, or amusements: \$321.00 annually**

**Outdoor movies: \$107.00 annually**

**Any public entertainment or amusement not included above, for which pay is demanded or received: \$11.00 per day**

**Re-inspection fee is \$80.00 for all re-inspections required under the Code (section 14-249, and all Code sections).**

**Office Use Only**

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**License number:** \_\_\_\_\_ **Date issued:** \_\_\_\_\_ **Expiration: November 1,** \_\_\_\_\_