



## Application – Secondhand Dealer

*Application for non-transferable license to operate in accordance with Act 95 of P.A. 1981. Applicant and operator shall comply with all provisions of the Act and local Code of Ordinance. 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](http://www.CityofWestland.com)

Original filing       Renewal      Fee:  \$535.00

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

## ***Applicant Information***

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

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

Telephone: \_\_\_\_\_ 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.**

***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 \_\_\_\_\_ )**

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

Sworn to and signed in my presence by \_\_\_\_\_, and sworn to on this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.  
  
*[Handwritten signature]*

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Notary Public

## Notary Public

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

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

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

Name 1: \_\_\_\_\_ Title: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

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

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

Have you been convicted of a crime? Misdemeanor:  Yes  No  
**If yes, attach sheet to describe each conviction.**

Name 2: \_\_\_\_\_ Title: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

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

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

Have you been convicted of a crime? Misdemeanor:  Yes  No  
**If yes, attach sheet to describe each conviction.**

Name 3: \_\_\_\_\_ Title: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

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

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

Have you been convicted of a crime? Misdemeanor:  Yes  No  
**If yes, attach sheet to describe each conviction.**

Name 4: \_\_\_\_\_ Title: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

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

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

Have you been convicted of a crime? Misdemeanor:  Yes  No  
**If yes, attach sheet to describe each conviction.**

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

Name 5: \_\_\_\_\_ Title: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

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

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

Have you been convicted of a crime? Misdemeanor:  Yes  No  
**If yes, attach sheet to describe each conviction.**

Name 6: \_\_\_\_\_ Title: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

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

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

Have you been convicted of a crime? Misdemeanor:  Yes  No  
**If yes, attach sheet to describe each conviction.**

Name 7: \_\_\_\_\_ Title: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

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

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

Have you been convicted of a crime? Misdemeanor:  Yes  No  
**If yes, attach sheet to describe each conviction.**

Name 8: \_\_\_\_\_ Title: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

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

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

Have you been convicted of a crime? Misdemeanor:  Yes  No  
**If yes, attach sheet to describe each conviction.**

## ***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.*

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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