Application – Street Vendor

Application for non-transferrable license to operate in accordance with Chapter 26, Article X, 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** **Fee:** ☐ **Vehicle $80.00** ☐ **Vehicle reinspection $11.00**

Fee: ☐ **Vendor $80.00 (without vehicle, $48)** ☐ **Helper $48** ☐ **Assistant $48** ☐ **ID Badge $6**
(includes $21 for background check)
Date Application submitted: _____ **Received by:** _____

Applicant Information

Applicant Name: _____ _____
Last First Date of Birth

Residential Address: _____ _____
Street Address City State ZIP Telephone

Gender: ☐ M ☐ F Height: _____ Weight: _____ Eyes: _____ Hair: _____

Driver License / ID Card number: _____ Ever Revoked: ☐ **Yes** ☐ **No**

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 _____

Business Information

Business Name: _____

Business Address / Telephone: _____

Hours of operation: _____ Length of Sale activity (dates): _____

Describe the route to be followed: _____

Vehicle: _____ _____ _____
Year / Make / Model VIN License Plate Number

Vehicle owner: _____ _____
Name Residential Address

"Mechanically Sound" Certificate submitted: ☐ **Yes** ☐ **No** Dated within past 90 days: ☐ **Yes** ☐ **No**

Describe the product(s) or service(s) involved with this activity: _____

_____

_____

Will a minor between 14 and 17 years of age conduct any selling or peddling?
☐ Yes ☐ No

If yes, an approved copy of State Department of Labor Form L52 showing the approved hours of work and the type of selling or peddling, shall be attached to the application. Appropriate working papers shall be filed at the time of application for all persons under the age of 17 years.

NOTE – All persons working in a Street Vendor capacity shall be licensed. All applicants shall provide a passport-style 2"x2" photograph showing head and shoulders.

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: _____

_____

_____

_____

Office of City Clerk: ☐ **Approved** ☐ **Denied** _____

Signature Date

License number: _____ **Date issued:** _____ **Expiration: December 31,** _____

NOTE – All applicants / licensees shall provide a passport-style 2”x2” photograph showing head and shoulders.

The issued license shall show the name, address and photograph of licensee.