



Application – Animal Business (Kennel)

Application for non-transferable license to operate in accordance with Chapter 18, Article I, 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: Boarding \$75.00 Private \$48.00
NOTE – Add \$3 if after March 1st (includes \$21 for background check)

Date Application submitted: _____ **Received by:** _____

Applicant Information

Applicant Name: _____ Business Title: _____

Residential Address: _____ Street Address _____ City _____ State _____ ZIP _____ Date of Birth _____

Telephone: Mobile **Business** Email:

Driver License or ID Card number: _____ Issuing state: _____

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 _____)
COUNTY OF _____) ss

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

[Handwritten signature]

Notary Public

My Commission Expires: _____

Acting in the County of

Business Information

Business Name: _____

Business Address / Telephone: _____

Describe the type of animals / pets to be purchased, sold, kept, exhibited or boarded at this location:

Hours of operation: _____ Desired Inspection time: _____
MUST be within 9:00 AM and 5:00 PM

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: _____

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

Required: Building Department investigation: **Approved** **Denied** **Date:** _____

Fire Department investigation: **Approved** **Denied** **N/A** **Date:** _____

Required: Police Department investigation: **Approved** **Denied** **Date:** _____

Other Department: _____ Approved Denied N/A Date: _____

Notes: _____

License number: _____ **Date issued:** _____ **Expiration:** February 28, _____