



Application – Christmas Tree Sales

Application for non-transferable license to operate in accordance with Chapter 26, 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 Fee: \$75.00 (includes \$21 for background check)

Plot Plan submitted Yes No

Cash **Check** (number)

Date Application submitted:

Received by:

Applicant Information

Applicant Name: _____ Business Title: _____
Last _____ First _____

Residential Address: _____ Street Address _____ City _____ State _____ ZIP _____

Telephone: Mobile **Business** Email:

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: _____

Address of sale 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: _____
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

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** _____

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

NOTE: License valid only between the day after Thanksgiving and December 31, and must be dated as such.