



## Application – Collision Bump and Paint Shop

*Application for non-transferable license to operate in accordance with Chapter 26, Article IV, 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](http://www.CityofWestland.com)

Original filing    Renewal   **Fee: \$54.00**

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

## **Applicant Information**

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

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

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

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Notary Public

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

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

## ***Business Information***

Business Name: \_\_\_\_\_

Business Address / Telephone: \_\_\_\_\_

Business hours of operation: \_\_\_\_\_ Desired Inspection timeframe: \_\_\_\_\_  
*MUST be within 6:30 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 \_\_\_\_\_

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 \_\_\_\_\_

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, 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***

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

Fire Department investigation:  **Approved**  **Denied**  **N/A** Date: \_\_\_\_\_

Police Department investigation:  **Approved**  **Denied**  **N/A** Date: \_\_\_\_\_

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

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

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

License number: \_\_\_\_\_ Date issued: \_\_\_\_\_ Expiration: December 31, \_\_\_\_\_