

Business Information

Business Name: _____

Business Address / Telephone: _____

Parcel ID number and Legal Description: _____

Legal Owner of Property listed above: _____

Address of Owner listed above: _____
Street Address _____ City _____ State _____ ZIP _____

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

Type: Corporation LLC Partnership Foreign Corporation Individual Firm Association

Note: If a Corporation, LLC, or Partnership, detailed documentation and supplemental questionnaires are required to be submitted. The documents must include the character of the business, the purpose for which it was formed, the persons entitled to share in the profits, names and addresses of shareholders and partners, and all other elements as described in Sec. 10-5 in the Westland Code of Ordinance.

If Business is a Corporation (including LLC):

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 _____

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: _____

Criminal Conviction(s) Statement - Required

Has any person having an interest in this business been convicted of a crime: Yes No

If yes, describe each conviction. Misdemeanor: Yes No

Felony: Yes No

Attach additional sheets to describe each individual and each conviction.

Michigan LCC approval is required and supersedes consideration by the City of Westland. Information required within this application complements information provided to and verified by the MLCC.

This City of Westland application, supplemental questionnaires, and all other documents received from the applicant will be reviewed for completeness and accuracy. If determined that required information or documentation is incomplete, deficient, or defective, the licensing process will be delayed.

Office Use Only

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

Required: Department of Public Service investigation: **Approved** **Denied** **Date:** _____

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

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

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

Required: Planning Department investigation: **Approved** **Denied** **Date:**

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

Other Department: Approved Denied N/A Date:

Notes: [View](#) [Edit](#) [Delete](#) [Print](#) [Email](#)

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

License number: _____ Date issued: _____ Expiration: _____