



Application – Used Car Dealer

Application for non-transferable license to operate in accordance with Chapter 26, Article XII, 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: \$214.00 \$5,000 Bond due at time of application

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

Applicant Information

Applicant Name: _____ Business Title: _____

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

Applicant length of residency in Michigan:

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]

Notary Public

My Commission Expires: _____

Acting in the County of

Business Information

Business Name: _____

Business Address / Telephone: _____

Business hours of operation: _____ Desired Inspection time: _____
Not allowed between 9:00 PM and 5:30 AM *MUST be within 9:00 AM and 5:00 PM*

Type: Individual Partnership Corporation Foreign Corporation Firm Association

Surety Bond filed: Yes No Date Bond filed: _____ Date Bond approved: _____

Name(s) and address of owner of premises / buildings at business address: _____

If Business is an Individual:

Name: _____ Business Title: _____
Last _____ First _____

Residential Address: _____

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Partnership: Partner “A”

Name: _____ Business Title: _____
Last _____ First _____

Residential Address: _____

Telephone: Mobile Residence Email:

If Business is a Partnership: Partner "B" Attach additional sheets as required

Name: _____ Business Title: _____
Last _____ First _____

Residential Address: _____

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.

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: _____

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

