

My Commission Expires: _____

Business Information

Business Name: _____

Business Address / Telephone: _____

Legal Owner of business listed above: _____

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

Criminal Conviction(s) Statement - Required

Has the applicant ever been convicted of any crime or of any violation of any laws of Michigan or ordinances of Westland involving a controlled substance, alcohol, minors, receiving and concealing stolen property, prostitution, sanitation laws, or any offense involving moral turpitude? *If yes, describe.*

Yes No

Misdemeanor: Yes No

Felony: Yes No

Attach additional sheets to describe each conviction.

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

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

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** _____
Signature Date

License number: _____ Date issued: _____ Expiration: June 30, _____

