



Application – Pool and Billiard Room (and Tables)

Application for non-transferrable license to conduct, operate or maintain in accordance with Chapter 14, Article II, 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 **Number of Tables Licensed** _____

Application fee \$ _____ Table(s) fee \$ _____ Total fees collected \$ _____
(See attached chart for fee amount)

Date Application submitted: **Received by:**

Applicant Information

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

Telephone: _____ Are you a United States Citizen? Yes No

Driver license number: _____ Issuing state: _____

Have you ever engaged in operating a Pool or Billiard Room? Yes No If yes, when, where, and

how long in each place?

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: _____

Legal Owner of Property listed above: _____

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

Business hours of operation: _____ Desired Inspection time: _____
Not allowed between 2:00 AM and 7:00 AM 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 _____

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

Has the applicant or any person having an interest in this business ever been convicted of any crime involving a controlled substance, alcohol, minors, gambling, receiving and concealing stolen property, or any offense involving moral turpitude?

Yes No

If yes to either question, describe. Attach additional sheets to describe each individual / each conviction.

Fees are established by Sec 46-1 (1) at \$27.00 per device (table)

Fees are established by Sec 46-1 (5) for the premises, as described below

Add to the fees described above and below \$21 per person referenced within the application (for the background check).

Sec. 46-1. - Master fee schedule established. (5)

Annual fee for the premises (including the initial inspection fee) (section 14-248(a)):

Number of devices: 1 - 4	Number of devices: 5 - 25	Number of devices: 26 - 50
Initial application fee \$160.00	Initial application fee \$268.00	Initial application fee \$321.00
Renewal application fee \$80.00	Renewal application fee \$170.00	Renewal application fee \$160.00
Plus per device \$27.00	Plus per device \$27.00	Plus per device \$27.00

Number of devices: 51 - 75	Number of devices: 76 - 100	Number of devices: Over 100
Initial application fee \$375.00	Initial application fee \$428.00	Initial application fee \$535.00
Renewal application fee \$215.00	Renewal application fee \$268.00	Renewal application fee \$321.00
Plus per device \$27.00	Plus per device \$27.00	Plus per device \$27.00

Only if an Original license, the first year fee for devices only (not the application fee, and not the premises license fee) will be reduced on a percentage basis as described below (section 14-248(b)):

Date of Issuance:

July 1 - September 30:	100% of device fee required
October 1 - December 31:	75% of device fee required
January 1 - March 31:	50% of device fee required
April 1 - June 30:	25% of device fee required

Re-inspection fee is \$80.00 for all re-inspections required under the Code (section 14-249, and all Code sections).

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: June 30, _____