



## **Application – Food Truck**

*Application for non-transferrable license to operate in accordance with Chapter 26, Article XIV, 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** Food Truck Plate No. \_\_\_\_\_ **Fee: \$150.00 (non-refundable)**

Required State of Michigan Food Service License submitted ☐ Yes ☐ No (Sec. 26-912)

Required Proof of Comprehensive General Liability Insurance submitted ☐ Yes ☐ No (Sec. 26-912)

Required Site Plan submitted ☐ Yes ☐ No

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

### ***Applicant Information***

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

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

Telephone: Mobile \_\_\_\_\_ Business \_\_\_\_\_ Email: \_\_\_\_\_

### ***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 \_\_\_\_.

\_\_\_\_\_  
Notary Public

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

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

## ***Business Information***

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

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

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 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: \_\_\_\_\_

***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, 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

***Office Use Only***

**Required**: Fire Department investigation: ☐ **Approved** ☐ **Denied** Date: \_\_\_\_\_  
Call for inspection – 734-467-3201

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

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

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