



## Application – Food Truck

Application for non-transferable 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](http://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, \_\_\_\_\_