



**Event Information**

Event Name: \_\_\_\_\_ Event date(s) \_\_\_\_\_

Event 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 1:00 AM and 7:30 AM MUST be within 9:00 AM and 5:00 PM

Type:  Carnival / Circus  Concession / Amusement Stand  Outdoor Amusement  
 Outdoor Movie  Other Entertainment or Amusement

**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

***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.***

\_\_\_\_\_  
\_\_\_\_\_

**Public Entertainment Fees are established by Sec 46-1 of the Westland Code of Ordinance (Master Fee Schedule).**

**Please note:** Other fees are established by different sections of the Westland Code of Ordinance for mechanical devices, premises, and events that do not fall within the Public Entertainment portion of the code. Other license applications may be applicable and can be found at <http://www.cityofwestland.com/departments/city-clerk/forms-applications-publications>

**Add to the fees described above and below \$15 per person referenced within the application for individual background checks.**

**Carnival and/or Circus flat fee: \$500.00**

**Concession stand or amusement stand: \$10.00 per week**

**Outdoor amusement areas or amusement places maintaining or operating five or less than five kinds or varieties of exhibits, shows, or amusements: \$200.00 annually**

**Outdoor amusement areas or amusement places maintaining or operating six or more than six kinds or varieties of exhibits, shows, or amusements: \$300.00 annually**

**Outdoor movies: \$100.00 annually**

**Any public entertainment or amusement not included above, for which pay is demanded or received: \$10.00 per day**

**Re-inspection fee is \$75.00** 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: \_\_\_\_\_

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

**License number:** \_\_\_\_\_ **Date issued:** \_\_\_\_\_ **Expiration: November 1,** \_\_\_\_\_