



## Application – Animal Business (Kennel)

*Application for non-transferrable license to operate in accordance with Chapter 18, Article I, 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    Fee:     Boarding \$70.00     Private \$45.00  
**NOTE – Add \$2 if after March 1<sup>st</sup>**

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

**Applicant Information**

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

Residential Address: \_\_\_\_\_  
  Street Address                          City                          State                          ZIP                          Date of Birth

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

Driver License or ID Card number: \_\_\_\_\_ Issuing state: \_\_\_\_\_

**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: \_\_\_\_\_

Describe the type of animals / pets to be purchased, sold, kept, exhibited or boarded at this location:

\_\_\_\_\_

Hours of operation: \_\_\_\_\_ Desired Inspection time: \_\_\_\_\_  
*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 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.***

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

**Office Use Only**

**Required:** Building Department investigation:  **Approved**  **Denied** **Date:** \_\_\_\_\_

Fire Department investigation:  **Approved**  **Denied**  **N/A** **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: February 28,** \_\_\_\_\_