



Application – Liquor License

Application for non-transferrable license in accordance with Chapter 10 of the Westland Code of Ordinance. The applicant(s) and operator(s) shall comply with all liquor laws, regulations, ordinances, and all provisions of the Code. Upon any violation, the Westland City Council may request the MLCC to revoke this license and any permit.

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

Type: [] Class C [] SDD [] SDM [] Tavern [] Brewpub [] Club [] Hotel

[] Original filing [] Transfer [] Relocation Total fees collected: \$1500.00

If a transfer or relocation, verify previous location: _____

Required Plan of Operation submitted [] Yes [] No [] Cash [] Check # _____

Required Plot Plan submitted [] Yes [] No

Required Detailed Diagram submitted [] Yes [] No

Required Written Statement submitted [] Yes [] No See Chapter 10, Sec. 10-5 (e)

Date Application submitted: _____ Received by: _____

Applicant Information

Applicant Name: _____ Business Title: _____
Last First

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

Telephone: _____ Are you a United States Citizen? [] Yes [] No
Mobile Business

Driver License number: _____ Issuing state: _____

Have you ever been involved in a similar business? [] Yes [] No

If yes, provide a detailed description on supplemental sheets and attach to this application.

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____. Acting in the County of _____

Notary Public My Commission Expires: _____

Business Information

Business Name: _____

Business Address / Telephone: _____

Parcel ID number and Legal Description: _____

Legal Owner of Property listed above: _____

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

Business hours of operation: _____ Desired Inspection time: _____
MUST be within 9:00 AM and 5:00 PM

Type: Corporation LLC Partnership Foreign Corporation Individual Firm Association

Note: If a Corporation, LLC, or Partnership, detailed documentation and supplemental questionnaires are required to be submitted. The documents must include the character of the business, the purpose for which it was formed, the persons entitled to share in the profits, names and addresses of shareholders and partners, and all other elements as described in Sec. 10-5 in the Westland Code of Ordinance.

If Business is a Corporation (including LLC):

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

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: _____

Criminal Conviction(s) Statement - Required

Has any person having an interest in this business been convicted of a crime: Yes No
If yes, describe each conviction. Misdemeanor: Yes No
Felony: Yes No

Attach additional sheets to describe each individual and each conviction.

Michigan LCC approval is required and supersedes consideration by the City of Westland. Information required within this application complements information provided to and verified by the MLCC.

This City of Westland application, supplemental questionnaires, and all other documents received from the applicant will be reviewed for completeness and accuracy. If determined that required information or documentation is incomplete, deficient, or defective, the licensing process will be delayed.

Office Use Only

Required: Building Department investigation: **Approved** **Denied** **Date:** _____

Required: Department of Public Service investigation: **Approved** **Denied** **Date:** _____

Required: Engineering Department investigation: **Approved** **Denied** **Date:** _____

Required: Finance Department investigation: **Approved** **Denied** **Date:** _____

Required: Fire Department investigation: **Approved** **Denied** **Date:** _____

Required: Planning Department investigation: **Approved** **Denied** **Date:** _____

Required: Police Department investigation: **Approved** **Denied** **Date:** _____

Other Department: _____ **Approved** **Denied** **N/A** **Date:** _____

Notes: _____

Office of the City Clerk: **Approved** **Denied** _____
Signature Date

License number: _____ **Date issued:** _____ **Expiration:** _____