



**Business Information**

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

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

Legal Owner of business listed above: \_\_\_\_\_

Address of Owner listed above: \_\_\_\_\_  
Street Address City State ZIP

**Criminal Conviction(s) Statement - Required**

**Has the applicant ever been convicted of any crime or of any violation of any laws of Michigan or ordinances of Westland involving a controlled substance, alcohol, minors, receiving and concealing stolen property, prostitution, sanitation laws, or any offense involving moral turpitude? *If yes, describe.***

Yes  No

Misdemeanor:  Yes  No

Felony:  Yes  No

Attach additional sheets to describe each conviction.

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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**

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

Fire Department investigation:  **Approved**  **Denied** **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: June 30,** \_\_\_\_\_