

**APPLICATION FOR LIQUOR LICENSE
PART I**

1. **INSTRUCTIONS.** This application must be completed and returned to the Clerk's Office with a \$_____ non-refundable fee before you can be considered for a license. All answers must be typed or printed in ink. This form must be signed by the applicant.
2. **APPLICATION IDENTIFICATION – ALL APPLICANTS** (Each applicant must complete a separate form)

Applicant (Name of individual, partnership, association, limited liability company, or corporation):

Home Address Business Address

City/State/Zip Code

Business Phone Number

Home Phone Number

Emergency Contact (the name, address, and telephone number of the person to be called in the event of an emergency at the proposed or existing licensed establishment):

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3. **NATURE OF APPLICATION.** Check all that apply:

_____ New license	_____ Class C
_____ Resort	_____ Transfer Ownership
_____ Tavern	_____ Transfer Location
	_____ Redevelopment License

New licenses only – send two photographs of the building, one of the interior and one of the exterior.

4. **LOCATION DETAILS:**

A. Provide legal description of the property.

B. What is the zoning classification of the property?

C. Is a new building proposed or will an existing structure be utilized?

5. CURRENT LICENSEE – FOR TRANSFER APPLICANTS:

Name(s) of Licensee(s)

Street Address

City/State/Zip Code

6. PROPOSED LICENSED ADDRESS:

Street Address

City/State/Zip Code

7. BRIEFLY DESCRIBE THE OPERATION OF THE BUSINESS, FOR INSTANCE RESTAURANT, BAR, LOUNGE, ETC.

8. THIS PROPOSED LICENSED BUSINESS WILL BE OWNED BY (CHECK THE APPROPRIATE BOX):

- Individual/Sole Proprietorship
(If doing business under an assumed name attach D/B/A Certificate)
- Partnership (General or Limited)
(Attach applicable Certificate of Partnership)
- Association
(Attach a copy of all written agreements of Association)
- Corporation
(Attach a copy of Articles of Incorporation)
- Limited Liability Company
(Attach a copy of Articles of Organization)

8A. PARTNERSHIPS: LIST PARTNERS (Put an (L) before the names of limited partners)

1st Partner Name and Phone Number

Street Address/ City/State/Zip Code

2nd Partner Name and Phone Number

Street Address/ City/State/Zip Code

3rd Partner Name and Phone Number

Street Address/ City/State/Zip Code

Note: List any additional partners on separate sheet.

9. PERSONAL INFORMATION – INDIVIDUAL APPLICANTS AND FOR EACH MEMBER OF THE LIMITED LIABILITY COMPANY OR STOCKHOLDER OF CORPORATION:

Sex: M ___ F ___ Height _____ Color of Hair _____ Color of Eyes _____

Date of Birth: _____ Place of Birth _____ Social Security No. _____

If you are not a U.S. Citizen – are you a registered alien? ___ Yes ___ No
OR do you have a VISA? ___ Yes ___ No

Full name, address (if address is different from yours) and phone number of your spouse:

Have you ever legally changed your name? ___ No ___ Yes If yes, changed from:

_____ to _____

Have you ever been known by any other names? ___ No ___ If yes, give names:

List your criminal record, if any, including the date, place, charge, and disposition (include any alcohol-related convictions): _____

List your former employer(s) and occupation(s) for the past three (3) years:

Employed from _____ to _____ Occupation _____

Name and Address of Employer

Employed from _____ to _____ Occupation _____

Name and Address of Employer

Employed from _____ to _____ Occupation _____

Name and Address of Employer

List all interests previously or presently held by Applicant or Spouse in licenses for the sale of alcoholic beverages as sole licensee, partner, or stockholder:

Name of Licensee/Type of License/Location/Date

Name of Licensee/Type of License/Location/Date

Name of Licensee/Type of License/Location/Date

10. LIMITED PARTNERSHIPS – Is the limited partnership authorized to do business under the laws of Michigan?

___ Yes ___ No

Date Authorized _____

11. CORPORATION OR LIMITED LIABILITY APPLICANTS ATTACH A COPY OF THE LATEST FILED OR PROPOSED ARTICLES OF INCORPORATION, OR ORGANIZATION, AND A COPY OF THE OPERATING AGREEMENT OR BYLAWS.

Corporation/L.L.C. Name

Incorporation/Organization Date

Incorporated/Organized in what State?

State Authorization Date

___ Profit or ___ Non-Profit Corporation?

___ Public or ___ Private Corporation?

Date the last annual report/statement was filed with the Michigan Department of Labor & Economic Growth Bureau of Commercial Services: _____

Corporate Officers:

President/Address/Phone

Vice President/Address/Phone

Secretary/Address/Phone

Treasurer/Address/Phone

Resident Agent/Address/Phone

Number of shares authorized: Common _____ Preferred _____

Number of shares issued: Common _____ Preferred _____

12. FINANCIAL DETAILS – ALL APPLICANTS.

A. Banks with which you do business:

Name/Address/Type of Account

Name/Address/Type of Account

- B. Source of funds used to establish business, or which will be used to purchase this business.

Bank or Money Lender/Address/Amount

Bank or Money Lender/Address/Amount

- C. Attorney or representative:

Name/Address/Phone

- D. Realtor/Broker:

Name/Address/Phone

- E. Accountant/Bookkeeper:

Name/Address/Phone

Name/Address/Phone

- F. Real Estate is owned by:

Name/Address/Phone

Name/Address/Phone

- 13. TRANSACTION DETAILS – ALL APPLICANTS.** Any balance owed on the business selling price must be secured by a non-title retaining instrument such as a promissory note, security agreement, etc.

Land Contracts are not acceptable as security for any unpaid balance to be owed on the business portion of the sale.

Business, fixtures, and equipment cannot be listed on land contracts or real estate mortgages.

All alcoholic beverage inventory must be paid in cash at the time of transfer and not by installment payments.

Acceptable lease agreements must be provided if ownership of real estate is not in the names of applicants.

BUSINESS PURCHASE PRICE

Business, Fixtures, and Equipment \$ _____

Goodwill (if any) \$ _____

Covenant not to compete (if any) \$ _____

Alcoholic Beverages \$ _____

Other Inventory (estimate) \$ _____

TOTAL COST OF BUSINESS \$ _____

Down Payment \$ _____

Balance owed, explain: \$ _____

Terms _____

Collateral _____

REAL ESTATE PURCHASE PRICE

Land \$ _____

Buildings \$ _____

Other \$ _____

TOTAL REAL ESTATE COSTS \$ _____

Down Payment \$ _____

BALANCE OWED \$ _____

Balance Secured by:

Terms

Collateral

14. DISTANCE FROM OTHER ON-PREMISE LICENSEES WITHIN A TWO (2) MILE RADIUS OF THE PROPOSED BUSINESS.

Name of other licensee

Distance from proposed licensee

Name of other licensee

Distance from proposed licensee

Name of other licensee

Distance from proposed licensee

Name of other licensee

Distance from proposed licensee

15. PLEASE ANSWER THE FOLLOWING QUESTIONS:

- A. Is the proposed business within five hundred feet (500') of a church or school building?
- B. Have you or any partner, member, or shareholder ever made another application for a liquor license?

If yes, explain the disposition of such application.

- C. Have you been disqualified to receive a license by reason of any provision contained in the Liquor Control Ordinance of the municipality or the laws of the State of Michigan?

If yes, please explain.

- D. Describe your experience, financial capability, and history of business experience, including experience as a licensee.
- E. Do you promise not to violate any of the laws of the State of Michigan or of the United States or any ordinances of the municipality in the conduct of the licensed business?
- F. Will the proposed location and the methods of operation detrimentally or unreasonably impact nearby property owners, businesses, and residents?
- G. Is there any other information relevant to a determination by the municipality that there is or is not a need for additional licenses to be issued within the City?

16. PLEASE ATTACH THE FOLLOWING:

- A. A sketch, drawn to scale, showing floor plans, seating arrangements, site dimensions (including parking areas), future building alterations, and other pertinent physical features for existing buildings or proposed buildings in which the applicant's business will be conducted. If the applicant is approved for issuance of a license, the municipality may condition its approval upon its further consideration and approval of an engineered site plan, complete with building elevations.
- B. A general operational statement outlining the proposed manner in which the establishment will be operated, including a schedule of the hours of operation, food service, crowd control, use of facilities, parking facilities, and the estimated cost of development.
- C. Certification of approval from the Health Department of an adequate sewage disposal system if the public sewer system is not available to the proposed operation.
- D. A Manager Information Statement for all managers employed or to be employed at the licensed premises.
- E. Any other information relevant to a determination by the municipality that there is or is not a need for additional licenses to be issued within the municipality.

17. PERMITS

Are you applying for any of the following permits? Check all that apply.

- Dance
- Entertainment
- Dance & Entertainment
- Outdoor Service

If so, please attach a copy of your permit or a permit request and plan outlining the type of activity and a plan for dealing with and for avoiding nuisances and neighborhood problems created by the permit.

I ACKNOWLEDGE RECEIPT OF THE ALCOHOLIC LIQUOR ORDINANCE

AND

I SWEAR THAT THE ANSWERS ON THIS APPLICATION AND ITS ATTACHMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature and Title of Applicant

Date

Signature of person making out this application
(if not made out by the applicant)

Print name

**APPLICATION FOR LIQUOR LICENSE
PART II
BACKGROUND INVESTIGATION AND AUTHORIZATION**

*****FOR POLICE DEPARTMENT USE ONLY*****

The information requested on the following pages is for use by the Police Department only as part of its background investigation pertinent to the municipality's interests in this matter.

Please be aware that the processing of this Application will not begin until all requested documents are submitted and all questions on the application are answered; use additional pages if necessary. All paperwork is to be submitted to the City Clerk's Office with the appropriate fees.

Your cooperation in completely filling out the application is appreciated.

1. Name of Applicant: _____
2. Address: _____
3. Address of Establishment Proposed to be Licensed: _____
4. Type of license applied for: _____

Attach Photograph
Here

5. Refer to Part I of the application. For each of the individuals listed in the application, the following information must also be completed; use additional pages if necessary.

(Full name)	(Maiden or Former Name)	(Sex: Male/Female)
(Date of Birth)	(Social Security Number)	(Height) (Weight)
(Eye Color)	(Hair Color)	(Driver's License Number)
(Visa: Date and Place of Issue)	(Citizenship)	(Naturalization i.d. Number)

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(Full name)	(Maiden or Former Name)	(Sex: Male/Female)
(Date of Birth)	(Social Security Number)	(Height) (Weight)
(Eye Color)	(Hair Color)	(Driver's License Number)
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(Full name) (Maiden or Former Name) (Sex: Male/Female)

(Date of Birth) (Social Security Number) (Height) (Weight)

(Eye Color) (Hair Color) (Driver's License Number)

(Visa: Date and Place of Issue) (Citizenship) (Naturalization i.d. Number)

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6. Describe any physical characteristics (amputations, scars, tattoos, etc.): _____

7. Full name of spouse, including maiden name: _____

8. Full Name of Child _____ Date of Birth _____
Full Name of Child _____ Date of Birth _____
Full Name of Child _____ Date of Birth _____
Full Name of Child _____ Date of Birth _____
Full Name of Child _____ Date of Birth _____

9. Residence addresses and telephone numbers for the past five (5) years:

(Number and Street) (City and State) (Zip Code) (Telephone)

(Number and Street) (City and State) (Zip Code) (Telephone)

10. Former addresses and telephone numbers for the past ten (10) years:

(Number and Street) (City and State) (Zip Code) (Telephone)

(Number and Street) (City and State) (Zip Code) (Telephone)

11. Give a complete record of all arrests, whether convicted or not, including dates, places, circumstances and dispositions (Use additional pages if necessary):

12. List all civil cases in which you have been involved as a plaintiff or defendant, including dates, places, circumstances, and dispositions, and describe the cases in detail (Use additional pages if necessary):

13. Do you associate, or have you ever associated, with a known person(s) who have been involved in, arrested, or convicted of gambling, narcotic, or vice activities? If yes, explain in detail:

14. List all places of banking, as well as banking references:

15. In regard to your Financial Qualifications: If you are not borrowing the entire amount of money, state specifically the source from which the money was obtained:

Source	Means	Amount
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

APPLICATION FOR LIQUOR LICENSE
MANAGER INFORMATION STATEMENT

ALL MANAGER(S) EMPLOYED OR TO BE EMPLOYED AT THE PROPOSED LICENSED PREMISES MUST COMPLETE THE FOLLOWING:

Name of Licensee: _____

Full Name: _____

Address: _____

Sex _____ Height _____ Color of Hair _____ Color of Eyes _____

Date of Birth: _____ Place of Birth _____ Social Security No. _____

Have you ever legally changed your name? ___ No ___ Yes from _____ to _____

Have you ever been known by any other names? ___ No ___ Yes – give names _____

List all arrests, excluding only minor traffic offenses (include alcohol-related arrests):

Date	Place	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List past experience working for licensed establishments:

From	To	Occupation	Name and Address of Employer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your former employer(s) and occupation(s) for the past three (3) years:

From	To	Occupation	Name and Address of Employer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Hire with Licensee: _____ Hours/Days of Employment: _____

Duties: _____