Print Form

Michigan Department of Labor & Economic Growth
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive, P.O. Box 30005
Lansing, Michigan 48909-7505

APPLICATION FOR HOSPITAL LIQUOR PERMIT

[Authorized by MAC R 436.1251]

FOR MLCC USE ONLY

License No. _____

Date Issued _____

GENERAL INSTRUCTIONS

- This application must be completed by hospitals for a PERMIT to purchase spirits over 21% alcohol by volume for medicinal purposes only on the prescription or order of a licensed physician and not for use in making medicines
- To be considered for a license you must complete this application, sign the form, and attach a copy of the Hospital License issued by the Michigan Department of Community Health. MAKE A COPY OF THIS APPLICATION FOR YOUR FILE.
- Failure to obtain a required permit is a violation of the Liquor Control Code. Submitting FALSE or INCOMPLETE information is also a violation. Violation of the Code may result in denial, suspension or revocation of the permit and a fine.

APPLICANT INFORMATION

CHECK TYPE OF PERMIT: ◯ New Permit or ◯ Renewal

1. Name of Hospital

2. Street Address:

3. City: State: Zip Code:

4. Telephone Number: **5.** Email address:

6. Attach a copy of the Hospital License issued by Michigan Department of Community Health.

7. Expiration date of the Hospital License if not reflected on attached copy:

8. Number of Hospital Beds:

9. Estimated annual amount of alcoholic liquor to be ordered from the MLCC (750 ML Bottles):

10. By signing this application I agree to abide by the provisions of the Liquor Control Code and the Administrative Rules of the MLCC. I also understand that submitting **FALSE** or **INCOMPLETE** information is cause for denial of the license and is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Signature: Title: Date:

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.