Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
Toll-Free: 866-813-0011 - www.michigan.gov/lcc

Business ID: _____

Request ID: _____

(For MLCC Use Only)

Conditional License Application
(New Specially Designated Merchant (SDM) License)

For information on retail licenses and permits, including a checklist of required documents for a completed application, please visit the Liquor Control Commission's frequently asked questions website by clicking this link.

Part 1 - Applicant Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it is filed with the State of Michigan Corporation Division.

Applicant name(s):	Business Name to be used (DBA):
Address to be licensed:	
City:	Zip Code:
City/township/village where license will be issued:	County:

Are there motor vehicle fuel pumps on or adjacent to the proposed licensed premises? ◯ Yes ◯ No

Part 2 - Fee & Required Documents

Leave Blank - MLCC Use Only
Fee Code 4012

- ☐ $300.00 Conditional License Fee - Make Check Payable to **State of Michigan**
- ☐ Completed application for a new SDM license - See Form LCC-100
  Including all applicable documents required for a new SDM license as described on Page 3 of Form LCC-100 for the type of new SDM license requested.
- ☐ Valid Proof of Financial Responsibility (Liquor Liability Insurance) - See Form LC-95
- ☐ An acceptable, executed property document, such as a lease, land contract, or deed.

Part 3 - Signature of Applicant

I certify that:

- I certify that all information contained in my application for conditional and permanent license is true and accurate.
- I understand that a conditional license issued to me by the Commission is nontransferable and nonrenewable.
- I understand that it is my responsibility to maintain acceptable proof of financial responsibility for my conditional license.
- I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules.
- I understand that issuance of a conditional license does not guarantee approval of a permanent license.
- I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing **false** or **fraudulent** information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Print Name of Applicant & Title	Signature of Applicant	Date

Please return this completed form along with corresponding documents and fees to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Hand deliveries or overnight packages: Constitution Hall - 525 W. Allegan, Lansing, MI 48933
Fax to: 517-373-4202

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