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)

# Club License Application

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

| | |
|---|---|
| Applicant name(s): | |
| Address to be licensed: | |
| City: | Zip Code: |
| City/township/village where license will be issued: | County: |

1. Are you requesting a new license? ◯ Yes ◯ No
2. Are you applying ONLY for a new permit or permission? ◯ Yes ◯ No
3. Are you adding space to or dropping space from the licensed premises? ◯ Yes ◯ No
4. Are you transferring the location of an existing license? ◯ Yes ◯ No

*Leave Blank - MLCC Use Only*

## Part 2 - License Transfer Information (If Applicable)

If transferring ownership of a license ONLY and not transferring the location of a license, fill out only the name of the current licensee(s)

| | |
|---|---|
| Current licensee(s): | |
| Current licensed address: | |
| City: | Zip Code: |

## Part 3 - Licenses, Permits, and Permissions

| License Type: New | Transfer | | Base Fee: | Fee Code MLCC Use Only |
|---|---|---|---|---|
| ☐ | ☐ | Club License | $300.00 | |
| | | Number of members: _____ | | |
| ☐ | ☐ | SDM License | $100.00 | |

| Permit/Permission Type: | Base Fee: |
|---|---|
| ☐ Sunday Sales Permit (AM) | $160.00 |
| ☐ Sunday Sales Permit (PM) | $45.00 |
| ☐ Outdoor Service | No charge |

| Permit/Permission Type: | Base Fee: |
|---|---|
| ☐ Dance Permit | No charge |
| ☐ Entertainment Permit | No charge |
| ☐ Extended Hours Permit: | No charge |
| ◯ Dance ◯ Entertainment Days/Hours: _____ | |
| ☐ Specific Purpose Permit: | No charge |
| Activity requested: _____ | |
| Days/Hours requested: _____ | |
| ☐ Topless Activity Permit | No charge |

## Part 4 - Inspection, License, and Permit Fees - Make checks payable to **State of Michigan**

*Inspection Fees* - Pursuant to MCL 436.1529(4) a nonrefundable inspection fee of $70.00 shall be paid to the Commission by an applicant or licensee at the time of filing of a request for a new license or permit, a request to transfer ownership or location of a license, or a request to increase or decrease the size of the licensed premises. Requests for a new permit in conjunction with a request for a new license or transfer of an existing license do not require an additional inspection fee.

*License and Permit Fees* - Pursuant to MCL 436.1525(1), license and permit fees shall be paid to the Commission for a request for a new license or permit or to transfer ownership or location of an existing license.

| Inspection Fees: | License & Permit Fees: | **TOTAL FEES:** |
|---|---|---|


LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

**Part 5 - Club Resolution and Affidavit Relative to Racial Discrimination**

Administrative rule R 436.1127 provides that an applicant for a Club license must submit a certified copy of a resolution requesting a license, which was adopted at a bona-fide club meeting and approved by a majority of the members. An organization must also certify that its charter, constitution, by-laws, franchises, membership application, or related documents under which the organization currently operates does not contain any racial disqualifications for membership or guest privileges. The language below provides the resolution wording and certification required to meet the provisions of R 436.1127.

At a meeting of (name of applicant organization) _____

held at (address) _____ on (date) _____

the following resolution was adopted by this organization and is part of the minutes of the organization, as required by administrative rule R 436.1127.

Number of members present at meeting: _____

Number of members voting in favor of resolution: _____

I, the undersigned, hereby certify that I am an authorized officer of this organization and that this resolution is a true copy of the resolution passed by the membership of this organization on the date indicated above.

I certify that there are no racial disqualifications for membership or guest privileges contained in the charter, constitution, by-laws, franchises, membership application, or related documents under which this organization currently operates, as required by administrative rule R 436.1127.

Furthermore, I certify that pursuant to MCL 436.1532(2) this organization has or will publish a public notice of intent of the Commission to issue the club license in some newspaper published or in general circulation within the local governmental unit where the license will be issued at least ten (10) days before the issuance of the license*.

_____
Signature of Authorized Officer

_____ _____
Print Name of Authorized Officer & Title Date

*The applicant organization must submit a copy of the public notice to the Commission prior to the club license being issued.

**Part 6 - Contact Information**

Provide information on the contact person for this application. Please note that corporations and limited liability companies must provide documentation (e.g. meeting minutes, corporate resolution) authorizing anyone other than the applicant or an attorney of record to be the contact person. If an authorization is not provided, your contact person will not be acknowledged if they are anyone other than the applicant or attorney.

| | | |
|---|---|---|
| What is your preferred method of contact? | ◯ Phone ◯ Mail ◯ Email ◯ Fax | |
| What is your preferred method for receiving a Commission Order? | ◯ Mail ◯ Email ◯ Fax | |
| Contact name: | Relationship: | |
| Mailing address: | | |
| Phone: | Fax number: | Email: |

**Part 7 - Attorney Information (If You Have An Attorney Representing You For This Application)**

| | | |
|---|---|---|
| Attorney name: | Member Number: P- | |
| Attorney address: | | |
| Phone: | Fax number: | Email: |
| Would you prefer that we contact your attorney for all licensing matters related to this application? | ◯ Yes ◯ No | |
| Would you prefer any notices or closing packages be sent directly to your attorney? | ◯ Yes ◯ No | |

**Part 8 - Signature of Applicant**

**Be advised that the information contained in this application will only be used for this request. This section will need to be completed for each subsequent request you make with this office.**

**Notice:** When purchasing a license, a buyer can be held liable for tax debts incurred by the previous owner. Prior to committing to the purchase of any license or establishment, the buyer should request a tax clearance certificate from the seller that indicates that all taxes have been paid up to the date of issuance. Obtaining sound professional assistance from an attorney or accountant can be helpful to identify and avoid any pitfalls and hidden liabilities when buying even a portion of a business. Sellers can make a request for the tax clearance certificate through the Michigan Department of Treasury.

Under administrative rule R 436.1003, the licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcements officials who have jurisdiction over the licensee. Approval of this application by the Michigan Liquor Control Commission does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license for the sale of alcoholic liquor on the licensed premises.

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.

The person signing this form has demonstrated that they have authorization to do so and have attached appropriate documentation as proof.

| 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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# Credit Card Authorization Form

*** * FAX COMPLETED FORM TO SECURE FAX LINE: 517-373-4202 * ***
*** * DO NOT EMAIL OR MAIL THIS FORM * ***

*Requests with credit card payments that are not faxed to the above secure fax line will be destroyed along with the credit card authorization in order to ensure the security of applicants' personal credit card numbers.*

*** *IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED* ***

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Applicant/Licensee Name: _____ Request or Business ID #: _____

Payment is for:

_____

Transaction Amount: _____

Card Number: _____

Check One:

◯ MasterCard ◯ Visa ◯ Discover

Expiration Date: _____

_____
Signature

**IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED.**

**Credit Card Payment Itemization:**

| Fee Type | Fee Amount | *MLCC Fee Code* |
|---|---|---|
| ☐ Inspection Fee(s): | _____ | *4036* |
| ☐ Special License Fee(s): | _____ | *4008* |
| ☐ Temporary Authorization Fee: | _____ | *4037* |
| ☐ License Renewal Fee(s): | _____ | *4004* |
| ☐ Manufacturer / Wholesaler License(s): | _____ | *4038* |
| ☐ New Retailer License(s): | _____ | *4012* |
| ☐ Transfer Retailer License(s): | _____ | *4034* |
| ☐ New Add Bar ☐ Transfer Add Bar: | _____ | *4012/4034* |
| ☐ Sunday Sales Permit (AM): | _____ | *4033* |
| ☐ Sunday Sales Permit (PM): | _____ | *4032* |
| ☐ Catering Permit: | _____ | *4031* |
| ☐ Secondary Location Permit: | _____ | *4011* |


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