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)

Participating Agreement / Participation Permit Application

(Authorized under R 436.1041)

For information on licenses and permits, please visit the Liquor Control Commission's frequently asked questions website by clicking this link.

Part 1 - Applicant/Licensee 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/Licensee name(s):		
Address:		
City:	Zip Code:	
Contact name:	Phone:	Email:

Part 2 - Non-Licensed Participant Information

If participant is a corporation or limited liability company, state name exactly as it was filed with the Michigan Corporations Division, and submit a copy of the Articles of Incorporation, Articles of Organization, or Certificate of Authority to Conduct Business in Michigan filed with the Corporations Division.

Non-licensed participant name:	
Mailing address:	
City:	Zip Code:

Part 3 - Required Fee and Documents

☐ $70.00 Inspection Fee - Not required if part of a request for a new license or transfer of an existing license. *(MLCC Fee Code 4036)*

☐ Good cause statement, pursuant to administrative rule R 436.1041.

☐ Copy of participating agreement.

1. What percentage of the gross sales or net profits of the licensed business will the non-licensed participant receive under the agreement? _____ %
2. What is the commencement date of the agreement? _____
3. What is the duration of the agreement? _____

Part 4 - Signature of Applicant or Licensee

Licensees shall be held responsible for all actions and conduct of the operation of the licensed establishment and the actions of the non-licensed participant in the conduct of the licensed business. The licensee shall not transfer these responsibilities to any individual or organization. Failure to uphold this responsibility may result in a violation, suspension , or revocation of the 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.

Name of Applicant or Licensee/Title	Signature of Applicant or Licensee	Date

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

Part 5a - Specific Information on Non-Licensed Participant

Each individual that will be a non-licensed participant must complete Part 5a, 5b, and 5c. If the participant is a corporation or limited liability company, complete Part 5a and 5c for the participant AND a separate copy of Part 5a, 5b and 5c for each stockholder/member of the participant entity.

Name:			
☐ Individual ☐ Corporation ☐ Limited Liability Company		☐ Stockholder ☐ Member	
Address:			
City:	State:	Zip Code:	
Contact name:	Phone:	Email:	
Have you ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you currently hold an interest in any other licenses issued by the MLCC?			◯ Yes ◯ No

Part 5b - Personal Information (Individuals)

Date of Birth:	Social Security Number:	Driver's License Number:	
Are you a citizen of the United States of America?			◯ Yes ◯ No
Have you ever legally changed your name?			◯ Yes ◯ No
If you answered "yes", please list your prior name(s) (including maiden):			
Spouse's full name (if currently married):			
Spouse's date of birth:	Is your spouse a citizen of the United States of America?		◯ Yes ◯ No
Do you or your spouse hold any position, either by appointment or election, which involves the duty to enforce any penal law of the United States of America, or the penal laws of the State of Michigan, or any penal ordinance or resolution of any municipal subdivisions of the State of Michigan?			◯ Yes ◯ No
Does your spouse hold a retail, manufacturer, or wholesaler license issued by the MLCC?			◯ Yes ◯ No
Have you ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If **Yes**, list below (attach additional pages if necessary):			◯ Yes ◯ No
Date	City/State	Charge	Disposition
Has your spouse ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If **Yes**, list below (attach additional pages if necessary):			◯ Yes ◯ No
Date	City/State	Charge	Disposition

Part 5c - Signature of Participant

I authorize the MLCC to run an Internet Criminal History Access Tool (ICHAT) and Secretary of State (SOS) check prior to docketing your request for Commission review.

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.

Name of Participant/Title	Signature of Participant	Date

Please return this completed form along with corresponding fee and documents 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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