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)

Salesperson License Application

For information on manufacturer and wholesaler 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 legal name:	
Address:	
City:	Zip Code:
Phone:	Email
Birthdate:	Driver's License Number:

Part 2 - License Fee & Required Documents

- ☐ New License, $35.00 - Make check payable to **State of Michigan** *(MLCC Fee Code 4038)*
- ☐ License Transfer, no fee - List the license number to be transferred:
- ☐ Copy of Michigan State Police ICHAT report for the applicant, or similar report from your state of residence, if not a Michigan resident. Visit the MSP ICHAT website to obtain an ICHAT report: https://apps.michigan.gov/ichat/home.aspx. **Your application will not be considered if you do not submit an ICHAT or similar report from another state.**

Part 3 - Applicant Questions

1. 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 (also indicate Felony or Misdemeanor)	Disposition (Fine, Jail Time, Probation)

Please explain the charges listed above and on any attached sheets, including details of any conditions placed on you by the Court:

2. Do you 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

3. Do you hold interest in a retail, manufacturer, or wholesaler license issued by the MLCC? ☐ Yes ☐ No

4. Are you currently employed by a retail liquor licensee in the State of Michigan? ☐ Yes ☐ No

If **Yes** on question 2, 3, or 4, please explain:

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

Part 4 - Signature of Applicant (Salesperson)

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 Applicant Name	Applicant Signature	Date

Part 5 - Information on Company Employing Applicant (to be completed by employing company)

Company name:		
Address:		
City:	Zip Code:	
Phone:	Email	
Contact Name:	Phone:	Email:
Federal Employer Identification Number (FEIN):		
The applicant will be employed in the following capacity (check all that apply):	☐ Driver ☐ Delivery ☐ Promotion	

Part 5 - Authorized Signature for Company Employing Applicant

The company requests the MLCC to grant a Salesperson License to the applicant.

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 and Title	Authorized Signer for Company	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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