



Michigan Department of Licensing and Regulatory Affairs
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
525 W. Allegan St., P.O. Box 30005
Lansing, MI 48909-7505
Phone 866-813-0011 – Fax 517-763-0053
www.michigan.gov/lcc

VIOLATION REPORT

(Authorized by P.A. 58 of 1998)

****Please obtain the license number and business ID (BID) number directly from the liquor license****

License No. _____ Business ID (BID) No. _____

1. Name of Licensee _____

2. Doing Business As (D/B/A) _____

3. Licensed Address (Street, City, Zip Code) _____

4. Township _____ 5. County _____

6. Type of License(s) & Permit(s) _____

7. Date of Violation _____ Hour _____ AM or PM

8. Violation Type(s):

<input type="checkbox"/> Sale to Minor	<input type="checkbox"/> Afterhours Sales/Consumption
<input type="checkbox"/> Intoxicated Person	<input type="checkbox"/> Fighting (must be inside licensed premises)
<input type="checkbox"/> Gambling	<input type="checkbox"/> Failure to Cooperate
<input type="checkbox"/> Controlled Substances	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Prohibited Conduct	

If MINOR: Birth Date _____ Was this a DECOY? YES NO If NO, you must answer below:

If above minor violation was NOT a decoy, describe the enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Please attach report to include a summary of events to support the violation type(s) as referenced above.

Officer Signature _____ Date Signed _____

Officer Name & Title (print) _____

Officer Signature _____ Date Signed _____

Officer Name & Title (print) _____

Department Name _____ Phone No. _____

Date Report Completed/Submitted _____

WITNESSES

1. Name _____ Address _____

Will testify to:

2. Name _____ Address _____

Will testify to:

3. Name _____ Address _____

Will testify to:

4. Name _____ Address _____

Will testify to:

5. Name _____ Address _____

Will testify to:

Location Where Evidence Is Held (Explain):

Provide List of Evidence: