



Request To Release License From Escrow

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name:		
Licensed Address:		
City:	State:	Zip Code:
Contact Name:	Phone:	Email:

A licensee must have active Proof of Financial Responsibility (liquor liability insurance) on file with the Commission prior to a license being released from escrow. The [Proof of Financial Responsibility \(LC-95\) form](#) may be submitted with this release request or emailed to mlccinsurance@michigan.gov.

A licensee requesting a license to be released from escrow may be required to provide additional documentation and may be subject to an inspection depending on whether issuance of the active license is subject to the completion of requirements ordered by the Commission or based on how long the license has been in escrow.

Part 2 - License Mailing Option

Please choose only one option below for where the license will be emailed or mailed.

<input type="checkbox"/> Email the license to the following email address: _____		
<input type="checkbox"/> Mail the license to the following mailing address:		
Mailing Address:		
City:	State:	Zip Code:

Part 3 - Signature of Applicant

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 for consumption off the licensed premises.

I certify that I am requesting the license(s) held by the licensee named above in Part 1 to be released from escrow for active operation at the licensed address listed above in Part 1.

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 Licensee & Title	Signature of Licensee	Date
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Please return this completed form to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Hand deliveries: Constitution Hall - 525 W. Allegan Street, Lansing, MI 48933
Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906
Email to: MLCCEscrow@michigan.gov
Fax to: 517-763-0059



Coronavirus (COVID-19) State-of-Emergency Compliance Certification

Due to the ongoing Coronavirus (COVID-19) state-of-emergency and pursuant to MCL 436.1925(1), which states that the Michigan Liquor Control Code shall be construed to protect the health, safety, and welfare of the citizens of Michigan, all applicants and licensees that have applied for licenses, permits, permissions, or approvals, must complete the Coronavirus (COVID-19) State of Emergency Compliance Certification form prior to the Commission considering the application submitted by the applicant or licensee. Further, in determining whether an applicant may be issued a license or permit the Commission must consider "[t]he effects that the issuance of a license would have on the health, welfare, and safety of the general public", pursuant to administrative rule R 436.1105(2)(j).

Applicant / Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Applicant / Licensee name:		
Licensed Address:		
City:	State:	Zip Code:
Contact Name:	Phone:	Email:

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.

Compliance with R 436.1003 includes all Executive Orders issued by the Governor, local health department orders, or local ordinances related to the Coronavirus (COVID-19) state-of-emergency. The licensee must comply with all Executive Orders, local health department orders, and local ordinances, including, but not limited to, reduced seating capacity, social distancing, and the wearing of face masks by staff and customers.

Failure by the licensee to comply with R 436.1003 and Executive Orders, local health department order, and local ordinances related to the Coronavirus (COVID-19) state-of-emergency may result in the suspension or revocation of the licensee's liquor license.

By checking this box, I attest that the applicant / licensee named above will comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances.

By checking this box, I attest that the applicant / licensee named above will comply with all Executive Orders issued by the Governor, local health department orders, and local ordinances related to the Coronavirus (COVID-19) state-of-emergency.

By checking this box, I attest and understand that the applicant / licensee named above may have its license suspended or revoked if it fails to comply with all Executive Orders issued by the Governor, local health department orders, and local ordinances related to the Coronavirus (COVID-19) state-of-emergency.

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 / Licensee & Title

Signature of Applicant / Licensee

Date

Please submit this completed certification form with the application that you are submitting.

Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906
Email to: MLCCRecords@michigan.gov
Fax to: 517-763-0059