



Closing Form for New License or License Sale

Applicants for a new license complete Part 1 and Part 4 only. Applicants for the transfer of a license from another party must complete Parts 1-4.

Part 1 - Applicant (Purchaser) 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 name(s):	
Address to be licensed:	
City:	Zip Code:
Business name to be used (DBA name):	
Mailing address (if different from licensed address):	
City:	Zip Code:
Business phone:	Email address (REQUIRED):

An email address is required for issuance of password information for ordering spirits through the Online Ordering system (for retailer licensees) and registering products on the Michigan Wholesale Product Registry (for manufacturer and wholesaler licensees). Failure to provide an email address will delay the issuance of this password information and you will not be able to order spirits or register products online.

THE EMAIL GENERATED FOR AN ONLINE ORDERING PASSWORD WILL CONTAIN AN UNIQUE LINK THAT CANNOT BE USED BY ANYONE OTHER THAN THE RECIPIENT OF THE EMAIL THAT WILL BE SENT TO THE EMAIL ADDRESS YOU ENTER ABOVE. PLEASE MAKE SURE THAT THE EMAIL ADDRESS YOU ENTER ABOVE IS FOR SOMEONE THAT WILL BE SETTING UP AND MAINTAINING YOUR ONLINE ORDERING ACCOUNT.

Part 2 - Current Licensee (Seller) 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.

Current licensee name(s):

Part 3 - Current Licensee (Seller) Verification of Sale of License(s) and Signature

By signing below, the above noted current licensee (seller) listed in Part 2 hereby certifies that it has sold, transferred, or assigned the license(s) involved in this application to the above noted applicant (purchaser) listed in Part 1 in accordance with the terms of the conveyance documents submitted to the Commission and investigated as part of this application. 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 for the purpose of inducing the Commission to act or refrain from taking action or for the purpose of enabling or assisting a person to evade the provisions of the Liquor Control Code is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Print Name and Title of Current Licensee (Seller)	Signature of Current Licensee (Seller)	Date
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Part 4 - Signature of Applicant (Purchaser)

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 for the purpose of inducing the Commission to act or refrain from taking action or for the purpose of enabling or assisting a person to evade the provisions of the Liquor Control Code is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Print Name and Title of Applicant (Purchaser)	Signature of Applicant (Purchaser)	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 or overnight packages: Constitution Hall - 525 W. Allegan, Lansing, MI 48933

Fax to: 517-763-0059