

Limited Production Manufacturer License Information

Pursuant to MCL 436.1504, a Limited Production Manufacturer license is manufacturer that purchases beer from another Brewer or Micro Brewer licensee or out-of-state equivalent of a Brewer or Micro Brewer licensee for purposes of taking ownership of the beer and performing any of the manufacturing process as described in MCL 436.1109(1).

Brewer or Micro Brewer licensee or out-of-state equivalent of a Brewer or Micro Brewer licensee may sell beer to a Limited Production Manufacturer licensee and a Limited Production Manufacturer licensee may buy beer from a Brewer or Micro Brewer licensee or out-of-state equivalent of a Brewer or Micro Brewer licensee if all of the following conditions are met:

- 1. The Brewer or Micro Brewer licensee or out-of-state equivalent of a Brewer or Micro Brewer licensee relinquishes ownership of the beer to the purchasing Limited Production Manufacturer licensee.
- 2. The Limited Production Manufacturer licensee modifies the beer by performing all or part of the manufacturing process as described in MCL 436.1109(1).
- 3. The Brewer or Micro Brewer licensee or out-of-state equivalent of a Brewer or Micro Brewer licensee notifies the commission in writing of the sale and the amount of beer being sold to a purchasing Limited Production Manufacturer licensee before each sale. The notification must be in the form required by the Commission.
- 4. The Brewer or Micro Brewer licensee or out-of-state equivalent of a Brewer or Micro Brewer licensee and the Limited Production Manufacturer licensee maintain records of the sale, in the manner required by the commission, for 3 years.

A Limited Production Manufacturer licensee may only sell beer to a Wholesaler licensee or a person located outside of this state regardless of whether the person is licensed under this act. Beer sold by a Limited Production Manufacturer licensee to a person located outside of this state that holds an Outstate Seller of Beer license may be sold to a Wholesaler licensee in this state by the Outstate Seller of Beer licensee.

A Limited Production Manufacturer licensee must not be licensed as or hold a financial interest in another licensed supplier except for purposes of purchasing beer in the manner allowed in MCL 436.1504.

A Limited Production Manufacturer licensee shall not hold a license in the wholesaler tier or retailer tier.

Except as otherwise provided in this section, a Limited Production Manufacturer licensee shall comply with all provisions of this act that apply to the activities of a Brewer, including, but not limited to, MCL 436.1401, 436.1403, 436.1409, 436.1603, and 436.1609.

A Limited Production Manufacturer licensee shall not self-distribute.

Before selling beer in Michigan to a Wholesaler licensee, a Limited Production Manufacturer licensee shall register the beer and receive a registration number of approval under administrative rule R 436.1611.

A Limited Production Manufacturer licensee must be the holder of a federal Brewer's Notice issued by the United States Department of Treasury, Alcohol and Tobacco Tax and Trade Bureau in accordance with 27 CFR 25.61 to 25.85.

Facilities that manufacture alcoholic products in Michigan must be licensed through the Michigan Department of Agriculture and Rural Development (MDARD) in addition to licensure through the MLCC. You may contact MDARD regarding the licensing requirements for the type of establishment for which you are applying by calling, toll-free, 800-292-3939 or visiting <u>www.michigan.gov/mdard</u>.



Michigan Department of Licensing and Regulatory Affairs Liquor Control Commission (MLCC) Toll-Free: 866-813-0011 - <u>www.michigan.gov/lcc</u>

Business ID:

Request ID:

(For MLCC Use Only)

Limited Production Manufacturer License Application

Part 1 - Applicant 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 name:							
Doing Business As (DBA) Name:							
Address to be licensed:							
City:	Zip Code:						
City/township/village where license will be issued: County:							
Federal Employer Identification Number (FEIN):							
Part 2 - Required Documents & Fees Pursuant to MCL 436.1529(4) a nonrefundable inspection fee of \$3 for a new license. Pursuant to MCL 436.1525(1), license fees shall b							
☐ \$70.00 Inspection Fee (MLCC Fee Code 4036)		Leave Blank - MLCC Use Only					
🔲 \$1,000.00 Limited Production Manufacturer lice	ense fee (MLCC Fee Code (4038)						
TOTAL FEES: Make checks							
Livescan Fingerprint Form *Fingerprints are required for applicants that are currently not licensed by the MLCC and will hold 10% or more interest in a license or applicant entity.							
Property document (lease, deed, land contract, etc.)							
Copy of federal Brewer's Notice issued by the A	lcohol & Tobacco Tax & Trade Bur	eau (TTB)					
If applicant is a corporation include (pursuant to R 43)	5.1109):						
Report of Stockholders/Member/Partners (Fo	<u>rm LCC-301)</u>						
Copy of Articles of Incorporation from the sta	te of issuance.						
	. A Certificate of Authority to Trar	n the state where incorporated and Certificate nsact Business in Michigan is not required if the 2012.					
If applicant is a limited liability company include (pur	suant to R 436.1110):						
Report of Stockholders/Member/Partners (Form LCC-301)							
Copy of Articles of Organization from the stat	e of issuance.						
Copy of the operating agreement or bylaws of	of the applicant company						
	•	usiness in Michigan. A Certificate of Authority any is not transacting business in Michigan as					

Part 3a - Information on Individual Applicant, Stockholder, Member, or Limited Partner

Each individual, stockholder, member, or partner must complete Part 5a, 5b, and 5c. If a stockholder or member of an applicant company is a corporation or limited liability company, complete Part 5a and 5c and submit a completed Form LCC-301.

For applications with multiple individuals, stockholders, members, or partners - each person or entity must complete a separate copy of this page.

Name:									
Home address:									
City:		State:		Zip Code:					
Business Phone:									
Have you ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you currently hold an interest in any other licenses Yes Issued by the MLCC? If Yes , please list business ID numbers below. If you hold interest in 2 or more locations under the same name, please also write "chain" below. <i>Pursuant to MCL 436.1603, a manufacturer licensee may hold interest in another manufacturer licensee, but not a wholesaler or retailer licensee; a wholesaler licensee <u>may not</u> hold interest in another wholesaler licensee or a manufacturer or retailer licensee.</i>									
Do you hold 10% or more interest i	in the applicant ent	ity?				∩ Yes	∩ No		
If you answered "no" to the first question attached instructions for submitting finger your application.									
Part 3b - Personal Information (I	ndividuals) - Must	be at least 21 years of a	ge, pui	rsuant to admin	istrative rule R 43	6.1105(1)	(a).		
Date of Birth:	Social Security Nur	Social Security Number: Driver's License Number:							
Are you a citizen of the United Stat	CYes	∩ No							
Have you ever legally changed your name? OYes									
If you answered "yes", please list your	prior name(s) (includi	ng maiden):							
Spouse's full name (if currently ma	rried):								
Spouse's date of birth:		ls your spouse a citi	zen of	the United Stat	tes 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 Yes No of Michigan?									
Does your spouse hold a retailer, m	nanufacturer, or who	olesaler 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):									
Date City/State Charge Disp									
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):									
Date City/State Charge Disposition									

Part 3c - Signature

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. (This form must be signed by the person whose information it contains).

Print Name

Signature

Part 4 - Contact Information

Provide information on the contact person for this application. Please note that corporations and limited liability companies must provide documentation (e.g. meeting minutes, corporate resolution) authorizing anyone other than the applicant or an attorney of record to be the contact person. If an authorization is not provided, your contact person will not be acknowledged if they are anyone other than the applicant or attorney.

What is your preferred method of cont		\bigcirc	Phone 🔿 Mail	() Email	○ Fax		
What is your preferred method for rece	on Order?			⊖ Mail	⊖ Email	○ Fax	
Contact name:		Relationship:					
Mailing address:							
City:	State:			Zip Code:			
Phone:	Fax number:			Email:			

Part 5 - Attorney Information (If You Have An Attorney Representing You For This Application)

Attorney name:	Member Number: P-			
Attorney address:				
Phone:	Fax number:	Email:		
Would you prefer that we contact your attorney for all licensing matters related to this application?				
Would you prefer any notices or closin	g packages be sent directly to your attorney	?	∩Yes ∩No	

Part 6 - Signature of Applicant

Be advised that the information contained in this application will only be used for this request. This section will need to be completed for each subsequent request you make with this office.

Notice: When purchasing a license, a buyer can be held liable for tax debts incurred by the previous owner. Prior to committing to the purchase of any license or establishment, the buyer should request a tax clearance certificate from the seller that indicates that all taxes have been paid up to the date of issuance. Obtaining sound professional assistance from an attorney or accountant can be helpful to identify and avoid any pitfalls and hidden liabilities when buying even a portion of a business. Sellers can make a request for the tax clearance certificate through the Michigan Department of Treasury.

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 on the licensed premises.

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.

Signature of Applicant	Date
	Signature of Applicant

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: Constitution Hall - 525 W. Allegan Street, Lansing, MI 48933 Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906 Fax to: 517-284-8557

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Livescan Fingerprint Background Request Instructions for Michigan & Out-of-State Applicants

APPLICANTS THAT LIVE IN MICHIGAN

Applicants for a Michigan liquor license must have their fingerprints a law enforcement agency <u>in Michigan</u> that offers digital fingerprinting or a private Livescan vendor approved by the Michigan State Police. You may access a list of approved vendors on the Michigan State Police website (contains vendors' websites and contact information): <u>http://www.michigan.gov/msp/0,4643,7-123-1878_8311-237662--,00.html.</u>

On the attached Livescan Fingerprint Background Request form, you must use the correct Code (LL), Agency ID Number (1479J), and Agency Name (MI DEPT OF LICENSING AND REGULATORY AFFAIRS - LIQUOR CONTROL) in order for the fingerprint report to be sent to the Michigan Liquor Control Commission. Payment receipts should not be mailed to the office, but kept for your own records.

You must bring the Livescan Fingerprint Background Request form with a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment. A copy of the Livescan Fingerprint Background Request form, which is signed by the Livescan Operator and returned to you, must be submitted with your application in order for your request to be investigated.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.

APPLICANTS THAT LIVE OUTSIDE OF MICHIGAN

Applicants for a Michigan liquor license that live outside of Michigan must submit fingerprints through one of the private Livescan vendors approved by Michigan State Police that offer fingerprinting for residents that live outside of Michigan. You may access a list of approved vendors that process finger print cards for non-Michigan residents on the Michigan State Police website (contains vendors' websites and contact information): <u>http://www.michigan.gov/msp/0,4643,7-123-1878_8311-237662--,00.html</u>.

The applicant must contact a local law enforcement agency, governmental agency, or private fingerprint agency to perform ink fingerprinting on a FBI fingerprint card (FD-258) or fingerprint cards from any other state or local agency (fingerprint cards must be on card stock). These fingerprint cards must be submitted for processing to one of vendors on the Michigan State Police's list of approved vendors. Contact the vendor directly regarding its process and the fee for submitting the fingerprint cards for processing.

Make a copy of the completed and signed Livescan Fingerprint Background Request form and submit that copy with the license application.

WHAT HAPPENS AFTER FINGERPRINTS ARE SUBMITTED

The law enforcement agency or private vendor will submit your fingerprints to the Michigan State Police for analysis.

If no criminal history is found, the Michigan Liquor Control Commission will be notified.

If criminal history is found, the Michigan State Police will send the record directly to the Michigan Liquor Control Commission for review.

QUESTIONS AND ADDITIONAL INFORMATION

For questions about the Livescan fingerprinting process, call the Michigan State Police at 517-241-0606.

Please do not contact the Michigan Liquor Control Commission regarding your criminal background check, unless your fingerprints were taken more than 30 days ago.

Please note: Fingerprints taken for any other agency will not fulfill fingerprint requirements for a liquor license in Michigan.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law. **Instructions:** See page two.

I. Authorizing Information												
1. Fingerprint Rea	. Fingerprint Reason Code 2. Requestor/Agency ID 3. Agency Name LL 1479J 3. Agency Name MI Dept of Licensing & Regulatory Affairs -					s - Liqu	or Cont		4. Indiv	vidual ID (MNU-OA)		
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.												
1a. Last Name				1b. F	First Name				1c. Mid	1c. Middle Initial 1d. Suffix		
2. Any Alternative Names, Last Names, or Aliases 3. Social Security Number (Optional)								r (Optional)				
4. Place of Birth (State or Country) 5. Date of Birth 6. Phone Number 7. Driver's License / State ID Number 8. Issuing State									8. Issuing State			
9. Home Address	6				10. City					11. Sta	ate	12. ZIP Code
13. Sex	14. Race		15. H	leight		16. Weight	1	17. Eye	Color	18. H		Hair Color
III. Live Scan	Informat	ion					I				-	
1. Date Printed		2. Picture	ID Type Prese	nted		3. Transactio	on Control Nu	mber (T	CN) 4. Live Scan Operator*			Operator*
* When an individ Agency Identifier a	and then en	ter the uniq					MNU) field on t	the Live	Scan de	evice. S	Select	OA - Originating
IV. Privacy Ac	ct Statem	ent										
Authority: Acqu (FBI) is generall Federal statutes fingerprints and Principal Purpe fingerprint-base investigating, or the FBI's Next O repositories) or fingerprints and may continue to Routine Uses : information/bion without your cor Federal Registe not limited to, di contracting, lice agencies; crimin	y authoriz, s, State sta associated ose: Certa d backgrou otherwise Generation other avail associated be compa During the netrics are nsent as por r, including sclosures nsing, sec nal justice	ed under 2 atutes purs d informati in determin und checks responsib Identificat able record d informati ared agains processin retained in ermitted by g the Routi to: employ urity cleara agencies; a	8 U.S.C. 534 uant to Pub. I on is voluntar nations, such s. Your finge le agency, ar ion (NGI) sys ds of the emp on/biometrics st other finger g of this appli n NGI, your ir the Privacy, ine Uses for t ing, governm ances, and ot and agencies	. De L. 92- ry; ho as el rprint tem c coloyin icatio iforma forma	pending on the 544, Preside wever, failure mployment, li s and associa the FBI for the or its success g, investigatin GI after the co s submitted to n and for as I ation may be f 1974 and all GI system an or authorized uitability dete onsible for na	e nature of ntial Execut e to do so m censing, an ated informa e purpose o or systems on systems on otherwork ong thereaff disclosed p l applicable d the FBI's I d non-govern rminations; ational secur	your applica ive Orders, a ay affect con d security cle ation/biometri of comparing (including civ wise respons f this applica d by NGI. ter as your fin ursuant to you Routine Use Blanket Rout nmental age local, state, t rity or public	tion, su and fed- npletion earance ics may your fir vil, crim ible ag- tion and tion and ngerpri- pur con s as ma- s as ma- rine Use ncies re ribal, o safety.	ppleme eral reg o or app bes, may be pro- ngerprin inal, an ency d, while nts and sent, a ay be p es. Rou espons	ental au gulatior proval of bovided ints to co ind later The FB e retain I associ nd may bublishe itine Us ible for	uthori ns. Pro of you edicat to the other f nt fing BI may ned, you ciated y be d ed at a ses in the employed	ties include oviding your ar application. ed on employing, ingerprints in erprint / retain your our fingerprints lisclosed any time in the iclude, but are loyment,
V. Procedure			-		-							
If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)												
VI. Consent												
I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.												
Signature:	_	_						_	Date:			



Michigan Department of Licensing and Regulatory Affairs Finance and Administrative Services Revenue Services

Credit Card Authorization Form

** FAX COMPLETED FORM TO SECURE FAX LINE: 517-284-8557 ** ** 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.

* *<u>IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN</u> ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED

Name on Card:			Payment Amount:							
Billing Address:		Card Number:								
City: State:	ity: State: Zip Code:				Check One:					
Phone:		○ MasterCard	⊂ Visa	○ Discover						
Email:			Security Code/CVV Code:							
Applicant/Licensee Name:	Applicant/Licensee Name: Request or Business ID #:			Expiration Date:						
Payment is fo	 pr:									
				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:			LARA Revenue Services <u>is not</u> a part of the Michigan Liquor Control Commission (MLCC). Receipt of payment and application forms by LARA Revenue Services does not constitute receipt of an application by the MLCC. Applications submitted through LARA Revenue Services may take up to two (2) additional business days to be received by the MLCC after receipt by LARA Revenue Services .							
Fee Type	Fee Amount	Fee Code								
Inspection Fee(s):		- 4036	For requests that require MLCC to be processed,							
Special License Fee(s):		- 4008	requests, please ensure that your application will be received in adequate time to be processed by the MLCC after the payment is received and processed by LARA Revenue Services.							
Temporary Authorization Fee:		- 4037								
License Renewal Fee(s):		4004								
Manufacturer License(s):		- 4038								
Wholesaler License(s):		4085								
New Retailer License(s):		4012								
Transfer Retailer License(s):		4034								
Conditional License		4012								
New Add Bar 🔲 Transfer Add Bar:		4012/4034								
Sunday Sales Permit (AM):		4033								
Sunday Sales Permit (PM):		4032								
Catering Permit:		4031								