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)

Primary Point of Contact Information

The Michigan Liquor Control Commission's Alcohol Information Management System (AIMS) requires a primary point of contact for each licensee in order to manage the licensing-related affairs of the licensed business. The person identified as the primary point of contact will be listed as the primary person to whom information about the license is emailed, including the password for ordering spirits through the Commission's Online Ordering system, if applicable, or the password for the Michigan Wholesale Product Registry for suppliers to register products, if applicable. This primary point of contact will also have access to the annual license renewal online portal for paying for license renewals through the Commission website.

In the future, additional features will be added to AIMS that will allow online management of a licensee's account through a user portal. The primary point of contact will have access to the AIMS user portal and will have the ability to make changes to the licensee's account, including requests for new licenses and permits and cancellations. You will receive further instructions on how to access the AIMS user portal once the program is released to the public.

Please complete the information below for the primary point of contact person for your business. Failure to complete this information in its entirety will delay the issuance of a password for the online ordering of spirits or the Michigan Wholesale Product Registry and for receiving the password for the annual license renewal online portal.

Licensee name:	
Address:	
City:	Zip Code:
Business ID No.:	License No.:

Please type in the spaces below or print legibly the all the requested information for your point of contact person.
Information that cannot be read clearly or is missing will be returned for clarification.

FIRST NAME			
LAST NAME			
DATE OF BIRTH		PHONE NUMBER	
EMAIL ADDRESS			

Signature of Applicant/Licensee

I certify that the point of contact information contained on 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/Licensee	Signature of Applicant/Licensee	Date

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

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