



Receiver, Fiduciary, Representative, or Trustee Application
(Authorized by MCL 436.1501(2))

(For MLCC Use Only)

Part 1 - Licensee 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.

Licensee name(s):
Address:
City: Zip Code:
Do you intend to operate this business actively or do you intend to place the license(s) in escrow? Active Operation Escrow

Part 2 - Appointee Information

If appointee is a corporation or limited liability company, please state name as it is filed with the State of Michigan Corporation Division.

Name:
Appointee is: an individual a corporation or limited liability company
Birth date: Driver license number:
Address:
City: State: Zip Code:
Business Phone: Cell Phone: Email:
Spouse's name (if applicable): Spouse's birth date:
Has the appointee or spouse ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you currently hold an interest in any other licenses issued by the MLCC?
Does the appointee or 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 of Michigan?
Has the appointee 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 3 - Signature of Appointee

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.

Submit with this completed application a copy of the document authorizing the appointment of the receiver, fiduciary, representative, or trustee, including court orders, if applicable.

Print Name of Appointee

Signature of Appointee

Date

Please return this completed form along with corresponding documents to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Fax to: 517-763-0059