

Michigan Department of Licensing and Regulatory Affairs
 Corporations, Securities & Commercial Licensing Bureau
 Schools and Licensing Section
 P.O. Box 30018, Lansing, MI 48909
 517-241-9221
 www.michigan.gov/ucc

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

APPLICATION FOR PROMOTER LICENSE OR RELICENSURE

AUTHORITY: 2004 PA 403, as amended, MCL 338.3434(A), AND 42 USC 654
 PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Company or Individual Name			
Permanent ID # (if applicable)		Date of Birth (if individual)	
US Social Security Number (if individual)			
Address			City
State	ZIP Code	Telephone Number	E-Mail Address
Has the applicant or if applicant is another legal entity ever had any license or certificate issued by any jurisdiction denied, restricted, suspended, revoked or not renewed? (This applies to 10% or greater share holders.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
In the previous seven years, has the applicant or if applicant is another legal entity ever filed, or had filed against it, a proceeding for bankruptcy? (This applies to 10% or greater share holders.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
In the previous seven years, has the applicant or if applicant is another legal entity been a party to any civil lawsuits or judgments?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (This applies to 10% or greater share holders.)			
I have the ability and will serve the public in a fair, honest and open manner. If I have had a judgement of guilt in a criminal proceeding or a civil action against me, I am rehabilitated, or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license (This applies to 10% or greater share holders.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Certification:			
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a).			
Signature _____			Date _____
FEE PAYMENT INFORMATION (Check One Box)		FOR OFFICE USE ONLY	FOR OFFICE USE ONLY - VALIDATION
Promoter Application	Fee: \$800.00	(1510-01=\$500.00) (1510-07=\$300.00)	
Promoter Relicensure	Fee: \$830.00	(1510-06=\$830.00)	
Promoter Reinstatement (Only if the license is currently suspended or revoked)	Fee: \$500.00	(1510-50=\$500.00)	
Make your check or money order in U.S. Currency payable to:			
STATE OF MICHIGAN			
FEES AUTHORIZED UNDER 2004 PA 403, as amended.			