



Michigan Department of Licensing and Regulatory Affairs
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
525 W. Allegan St., P.O. Box 30005 Lansing, MI
48909-7505
Phone 866-813-0011 – Fax 517-763-0053
www.michigan.gov/lcc

VIOLATION REPORT

(Authorized by P.A. 58 of 1998)

EMAIL COMPLETED REPORT TO
LARA-MLCC-ViolSubmit@michigan.gov

****Please obtain the license number and business ID (BID) number directly from the liquor license****

License No.: _____ Business ID (BID) No.: _____

1. Name of Licensee: _____

2. Doing Business As (D/B/A): _____

3. Licensed Address (Street, City, Zip Code): _____

4. Township: _____ 5. County: _____

6. Type of License(s) & Permit(s): _____

7. Date of Violation: _____ Hour: _____ AM or PM

8. Violation Type(s): Sale to Minor Afterhours Sales/Consumption
 Intoxicated Person Fighting (must be inside licensed premises)
 Gambling Failure to Cooperate
 Controlled Substances Other: _____
 Prohibited Conduct

If MINOR - Birth Date: _____ Was this a DECOY? YES NO If NO, you must answer below:

If above minor violation was NOT a decoy, describe the enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Please attach report to include a summary of events to support the violation type(s) as referenced above.

Officer Signature: _____ Date Signed: _____

Officer Name & Title (print): _____

Officer Email Address: _____

Officer Signature: _____ Date Signed: _____

Officer Name & Title (print): _____

Officer Email Address: _____

Department Name: _____ Phone No.: _____

Date Report Completed/Submitted: _____

EMAIL COMPLETED REPORT TO
LARA-MLCC-ViolSubmit@michigan.gov

WITNESSES

1. Name _____ Address _____

Will testify to:

2. Name _____ Address _____

Will testify to:

3. Name _____ Address _____

Will testify to:

4. Name _____ Address _____

Will testify to:

5. Name _____ Address _____

Will testify to:

Location Where Evidence Is Held (Explain):

Provide List of Evidence:

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