



Closing Form for New License or License Sale

Applicants for a new license complete Part 1 and Part 3 only. Applicants for the transfer of a license from another party must complete Parts 1, 2, & 3.

Part 1 - Applicant (Purchaser) 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.

Applicant name(s):	
Address to be licensed:	
City:	Zip Code:
Business name to be used (DBA name):	
Mailing address (if different from licensed address):	
City:	Zip Code:
REQUIRED EMAIL ADDRESSES	Business phone:

Licensing contact email address: This email address should be a direct contact for the licensee, as it will be used by the Licensing Division to contact the licensee directly regarding any licensing matters.

Online Ordering/MWPR email address: This email address is required to send password information for the Online Ordering system for retailers to order spirits or the Michigan Wholesale Product Registry for manufacturer and wholesaler licensees to register products. Failure to provide an email address will delay the sending of this password information and you will not be able to order spirits or register products online. THE PASSWORD SETUP EMAIL MESSAGE WILL CONTAIN AN UNIQUE LINK THAT CAN ONLY BE USED BY THE EMAIL ADDRESS YOU ENTER ABOVE. MAKE SURE THAT THE EMAIL ADDRESS YOU ENTER ABOVE IS FOR SOMEONE THAT WILL BE SETTING UP AND MAINTAINING YOUR ONLINE ORDERING OR MWPR ACCOUNT.

Part 2 - Current Licensee (Seller) Verification of Sale of License(s) and Signature

Current licensee name(s):

By signing below, the above noted current licensee (seller) hereby certifies that it has sold, transferred, or assigned the license(s) involved in this application to the above noted applicant (purchaser) listed in Part 1 in accordance with the terms of the conveyance documents submitted to the Commission and investigated as part of this application. 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 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 Current Licensee (Seller)	Signature of Current Licensee (Seller)	Date
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Part 3 - Signature of Applicant (Purchaser)

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 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 (Purchaser)	Signature of Applicant (Purchaser)	Date
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Please return this completed form to:
Michigan Liquor Control Commission

Mailing address: P.O. Box 30005, Lansing, MI 48909 - Overnight deliveries: 2407 N. Grand River Ave, Lansing, MI 48906

Fax to: 517-763-0059