



### License Interest Transfer Application

#### 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:
Federal Employer Identification Number (FEIN):	

1. Are you transferring interest between existing stockholders, members, or partners ONLY?     Yes     No
2. Are you transferring interest to a new stockholder, member, or partner?     Yes     No
3. Are you transferring more than 10% of the total interest in the license(s)?     Yes     No

- If you answered "Yes" to question 1, complete Parts 2, 3, 5, 6, and 7. **If you have your own purchase, assignment, or transfer agreement, you may submit the documents instead of completing Part 3.**
- If you answered "Yes" to question 2, complete Parts 2, 3, 4, 5, 6, and 7. **If you have your own purchase, assignment, or transfer agreement, you may submit the documents instead of completing Part 3.**
- If you answered "Yes" to question 3, a full investigation by the Enforcement Division may be required for the completion of this request.

#### Part 2 - Inspection, License, and Permit Fees - Make checks payable to State of Michigan

Inspection Fees - MCL 436.1529(4) requires that a nonrefundable inspection fee of \$70.00 per license shall be paid to the Commission by an applicant or licensee at the time of filing a request for approval of the transfer in any licensing year of any of the shares of stock in a corporation from 1 person to another, or any part of the total interest in a licensed limited partnership from 1 person to another. (Also applies to Limited Liability Companies).

Select the number of licenses held by the licensee:	1 License	<input type="checkbox"/>
	2 Licenses	<input type="checkbox"/>
	3 Licenses	<input type="checkbox"/>
	4 Licenses	<input type="checkbox"/>
<b>Inspection Fees Due:</b> MLCC Fee Code 4036		

*Examples of Retail and Manufacturer & Wholesaler license combinations (not all-inclusive):*

- If you hold Class C and Specially Designated Merchant (SDM) licenses, select "2 Licenses".
- If you hold Specially Designated Distributor and SDM licenses, select "2 Licenses".
- If you hold Microbrewer, Small Winemaker, and Small Distiller licenses, select "3 Licenses".

License and Permit Fees - Pursuant to MCL 436.1529(3), transfers of interest in a license require the payment of the licensing and permit fees that correspond to the types of licenses and permits held by the licensee, except for the following transfers of interest in a license may be exempt from transfer fees pursuant to MCL 436.1529(3):

- Less than 50% of the interest is being transferred.
- The interest of a deceased stockholder, member, or partner is being transferred to his or her spouse or children.
- The removal of a stockholder, member, or partner of a licensed company, a corporate stock split, or stock or membership redemption.
- Transfer of interest of an existing stockholder, member, or partner where a spouse, son, daughter, or parent is added as a stockholder, member, or partner.

**If the Commission approves the request to transfer interest and the licensee is required to pay license and permit fees, the Commission's approval order will indicate that the fees are required to complete the request.**



**Part 4a - Information on Individual Applicant, Stockholder, Member, or Limited Partner**

Each individual, stockholder, member, or partner must complete Part 4a, 4b, and 4c. If a stockholder or member of an applicant company is a corporation or limited liability company, complete Part 4a and 4c and submit a completed [Form LCC-301](#). For applications with multiple individuals, stockholders, members, or partners - each person or entity must complete a separate copy of this page.

Name:		
Home address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:
Have you 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? If yes, please list business ID numbers below. If you hold interest in 2 or more locations under the same name, please also write "chain" below: <input type="radio"/> Yes <input type="radio"/> No		
Do you or will you hold 10% or more interest in the applicant entity? <input type="radio"/> Yes <input type="radio"/> No		
If you answered "no" to the first question and "yes" to the second question, you must submit fingerprints and undergo an investigation by the MLCC. Please see the attached instructions for submitting fingerprints to the MLCC. You must submit a copy of the completed and endorsed <a href="#">Livescan Fingerprint Background Request (LCC-105)</a> with your application.		
Family relationship, if any, to person transferring interest to you: <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> None / Not Applicable <i>For determining applicability of transfer fees pursuant to MCL 436.1529(3)</i>		

**Part 4b - Personal Information (Individuals) - Must be at least 21 years of age, pursuant to administrative rule R 436.1105(1)(a)**

Date of Birth:	Social Security Number:	Driver's License Number:	
Are you a citizen of the United States of America? <input type="radio"/> Yes <input type="radio"/> No			
Have you ever legally changed your name? <input type="radio"/> Yes <input type="radio"/> No			
If you answered "yes", please list your prior name(s) (including maiden):			
Spouse's full name (if currently married):			
Spouse's date of birth:	Is your spouse a citizen of the United States of America? <input type="radio"/> Yes <input type="radio"/> No		
Do you or your 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? <input type="radio"/> Yes <input type="radio"/> No			
Does your spouse hold a retail, manufacturer, or wholesaler license issued by the MLCC? <input type="radio"/> Yes <input type="radio"/> No			
Have you ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If <b>Yes</b> , list below (attach additional pages if necessary): <input type="radio"/> Yes <input type="radio"/> No			
Date	City/State	Charge	Disposition
Has your spouse ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If <b>Yes</b> , list below (attach additional pages if necessary): <input type="radio"/> Yes <input type="radio"/> No			
Date	City/State	Charge	Disposition

**Part 4c - Signature**

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. (This form must be signed by the person whose information it contains).

Print Name

Signature

Date

## Part 5 - Contact Information

Provide information on the contact person for this application. Please note that corporations and limited liability companies must provide documentation (e.g. meeting minutes, corporate resolution) authorizing anyone other than the applicant or an attorney of record to be the contact person. If an authorization is not provided, your contact person will not be acknowledged if they are anyone other than the applicant or attorney.

What is your preferred method of contact?				<input type="radio"/> Phone	<input type="radio"/> Mail	<input type="radio"/> Email	<input type="radio"/> Fax
What is your preferred method for receiving a Commission Order?				<input type="radio"/> Mail	<input type="radio"/> Email	<input type="radio"/> Fax	
Contact name:			Relationship:				
Mailing address:							
City:			State:			Zip Code:	
Phone:		Fax number:			Email:		

## Part 6 - Attorney Information (If You Have An Attorney Representing You For This Application)

Attorney name:			Member Number: P-				
Attorney address:							
Phone:		Fax number:			Email:		
Would you prefer that we contact your attorney for all licensing matters related to this application?						<input type="radio"/> Yes	<input type="radio"/> No
Would you prefer any notices or closing packages be sent directly to your attorney?						<input type="radio"/> Yes	<input type="radio"/> No

## Part 7 - Signature of Licensee

**Be advised that the information contained in this application will only be used for this request. This section will need to be completed for each subsequent request you make with this office.**

**Notice:** When purchasing interest in a license, a buyer can be held liable for tax debts incurred by the previous owner. Prior to committing to the purchase of any license or establishment, the buyer should request a tax clearance certificate from the seller that indicates that all taxes have been paid up to the date of issuance. Obtaining sound professional assistance from an attorney or accountant can be helpful to identify and avoid any pitfalls and hidden liabilities when buying even a portion of a business. Sellers can make a request for the tax clearance certificate through the Michigan Department of Treasury.

Under administrative rule R 436.1003, the licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcements officials who have jurisdiction over the licensee. Approval of this application by the Michigan Liquor Control Commission does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license for the sale of alcoholic liquor on the licensed premises.

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.

The person signing this form has demonstrated that they have authorization to do so and have attached appropriate documentation as proof.

\_\_\_\_\_  
Print Name of Licensee & Title

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

Please return this completed form along with corresponding documents and fees to:

Michigan Liquor Control Commission

Mailing address: P.O. Box 30005, Lansing, MI 48909

Hand deliveries: Constitution Hall - 525 W. Allegan Street, Lansing, MI 48933

Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906

Fax to: 517-284-8557



LARA Revenue Services is not a part of the Michigan Liquor Control Commission (see note below).

Credit Card Authorization Form

\*\* FAX COMPLETED FORM TO SECURE FAX LINE: 517-284-8557 \*\*

\*\* DO NOT EMAIL OR MAIL THIS FORM \*\*

Requests with credit card payments that are not faxed to the above secure fax line will be destroyed along with the credit card authorization in order to ensure the security of applicants' personal credit card numbers.

\*\*IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED\*\*

Name on Card: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check One:

Phone: \_\_\_\_\_

MasterCard

Visa

Discover

Email: \_\_\_\_\_

Security Code/CVV Code: \_\_\_\_\_

Applicant/Licensee Name: \_\_\_\_\_ Request or Business ID #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Payment is for: \_\_\_\_\_

Signature \_\_\_\_\_

IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED.

Credit Card Payment Itemization:

Table with 3 columns: Fee Type, Fee Amount, MLCC Fee Code. Rows include Inspection Fee(s), Special License Fee(s), Temporary Authorization Fee, License Renewal Fee(s), Manufacturer License(s), Wholesaler License(s), New Retailer License(s), Transfer Retailer License(s), Conditional License, New Add Bar / Transfer Add Bar, Sunday Sales Permit (AM/PM), and Catering Permit.

LARA Revenue Services is not a part of the Michigan Liquor Control Commission (MLCC). Receipt of payment and application forms by LARA Revenue Services does not constitute receipt of an application by the MLCC. Applications submitted through LARA Revenue Services may take up to two (2) additional business days to be received by the MLCC after receipt by LARA Revenue Services.

For requests that require a timely receipt of an application by the MLCC to be processed, such as Special Licenses and temporary requests, please ensure that your application will be received in adequate time to be processed by the MLCC after the payment is received and processed by LARA Revenue Services.