



Participation Permit Application

(Authorized under R 436.1041)

Part 1 - Applicant/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.

Applicant/Licensee name(s):		
Address:		
City:	Zip Code:	
Contact name:	Phone:	Email:

Part 2 - Non-Licensed Participant Information

If participant is an individual, please state the participant's legal name. If participant is a Corporation or Limited Liability Company, please state the name as it is filed with the State of Michigan Corporation Division.

Non-licensed participant name:	
Mailing address:	
City:	Zip Code:

Part 3 - Required Fee and Documents

<input type="checkbox"/> \$70.00 Inspection Fee - Not required if part of a request for a new license or transfer of an existing license. (MLCC Fee Code 4036)
<input type="checkbox"/> Good cause statement, pursuant to administrative rule R 436.1041. <i>A good cause statement is a written explanation of why the licensee has applied for a Participation Permit and the qualifications of the proposed non-licensed participant.</i>
<input type="checkbox"/> Copy of participation/management agreement.
1. What percentage of the gross sales or net profits of the licensed business will the non-licensed participant receive under the agreement? <input type="text"/> %
2. What is the commencement date of the agreement? <input type="text"/>
3. What is the duration of the agreement? <input type="text"/>

Part 4 - Signature of Applicant or Licensee

Licenses shall be held responsible for all actions and conduct of the operation of the licensed establishment and the actions of the non-licensed participant in the conduct of the licensed business. The licensee shall not transfer these responsibilities to any individual or organization. Failure to uphold this responsibility may result in a violation, suspension, or revocation of the license.

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.

Name of Applicant or Licensee/Title

Signature of Applicant or Licensee

Date

Part 5a - Specific Information on Non-Licensed Participant

Each individual that will be a non-licensed participant must complete Part 5a, 5b, and 5c. If the participant is a corporation or limited liability company, complete Part 5a and 5c for the participant AND a separate copy of Part 5a, 5b and 5c for each stockholder/member of the participant entity.

Name:			
<input type="checkbox"/> Individual		<input type="checkbox"/> Corporation	
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Stockholder	
<input type="checkbox"/> Member			
Address:			
City:		State:	Zip Code:
Contact name:	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?			<input type="radio"/> Yes <input type="radio"/> No

Part 5b - Personal Information (Individuals)

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 Yes , 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 Yes , list below (attach additional pages if necessary):		<input type="radio"/> Yes <input type="radio"/> No
Date	City/State	Charge
		Disposition

Part 5c - Signature of Participant

I authorize the MLCC to run an Internet Criminal History Access Tool (ICHAT) and Secretary of State (SOS) check prior to docketing your request for Commission review.

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.

Name of Participant/Title	Signature of Participant	Date
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Please return this completed form along with corresponding fee and documents to:

Michigan Liquor Control Commission

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

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

Overnight deliveries (FedEx, UPS, etc.): 2407 N. Grand River, 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. Includes items like 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.