Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
Toll-Free: 866-813-0011 - www.michigan.gov/lcc

Business ID: _____

Request ID: _____

(For MLCC Use Only)

Report of Stockholders, Members, or Partners (LCC-301)

Part 1 - Licensee Information

Please state your name as it is filed with the State of Michigan Corporation Division.

Licensee name(s):		
Address:		
City:	State:	Zip Code:

Part 2a - Corporations - Please complete this section and attach more copies of this page if more room is needed.

Print name and address of all stockholders:	No. of Shares Issued:	Date Issued/Acquired:

Print name and address of Corporate Officers and Directors, pursuant to administrative rule R 436.1109:

Part 2b - Limited Liability Companies - Please complete this section and attach more copies of this page if more room is needed.

Print name and address of all members:	Percent % Issued:	Date Issued/Acquired:

Print name and address of Managers and Assignees, pursuant to administrative rule R 436.1110:

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Part 2c - Limited Partnerships - Please complete this section and attach more copies of this page if more room is needed.

Print name and address of all partners:	Percent % Issued:	Date Issued/Acquired:

Print name and address of Managers, pursuant to administrative rule R 436.1111:

_____

_____

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Part 3 - Authorized Signers (Authorized in compliance with R 436.1109(1)(c) for a corporation or R 436.1110(1)(g) for a limited liability company)

Print Name & Title: _____

Print Name & Title: _____

Print Name & Title: _____

Print Name & Title: _____

Print Name & Title: _____

I certify that the authorized signers under Part 3 of this form have been authorized in compliance with R 436.1109(1)(c) for a corporation or R 436.1110(1)(g) for a limited liability company.

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 Applicant or Licensee & Title	Signature of Applicant or Licensee	Date

Please return this completed form to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Overnight packages: 2407 N. Grand River, Lansing, MI 48906
Fax to: 517-763-0059