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)

Request To Release License From Escrow

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name:		
Licensed Address:		
City:	State:	Zip Code:
Contact Name:	Phone:	Email:

A licensee must have active Proof of Financial Responsibility (liquor liability insurance) on file with the Commission prior to a license being released from escrow. The Proof of Financial Responsibility (LC-95) form may be submitted with this release request or emailed to mlccinsurance@michigan.gov.

A licensee requesting a license to be released from escrow may be required to provide additional documentation and may be subject to an inspection depending on whether issuance of the active license is subject to the completion of requirements ordered by the Commission or based on how long the license has been in escrow.

Part 2 - License Mailing Option

Please choose only one option below for where the license will be emailed or mailed.

☐ Email the license to the following email address: _____		
☐ Mail the license to the following mailing address:		
Mailing Address:		
City:	State:	Zip Code:

Part 3 - Signature of Applicant

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 for consumption off the licensed premises.

I certify that I am requesting the license(s) held by the licensee named above in Part 1 to be released from escrow for active operation at the licensed address listed above in Part 1.

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 to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906
Email to: MLCCEscrow@michigan.gov
Fax to: 517-763-0059

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.