

# 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)

**Delivery Vehicle Decal Application** 

_icensee name(s):				
Address:				
nuaress.		T		
City:		State:	Zip Code:	
Contact Name:	Phone:	Emai	l:	
Part 2 - Additional Vehicle Decal(s) Requesto	ed & Required Fees	-		
Wholesaler licensee (MLCC Fee Code 4085, Wholesaler licensees are granted one (1) of Manufacturer That Self-Distributes Properties of Manufacturer licensees that self-distributes Small Distiller, Mixed Spirit Drink Manufacturer	elivery vehicle decal with the oducts (MLCC Fee Code 4038) products must register and	d pay for all delivery v		
Number of delivery vehicle decals requested	Make d	check payable to e of Michigan		
X \$50.00 fee per vehicle decal = Total Due	: State	e or wiichigan		
List decal number(s) to be replaced:  There is no charge for a replacement decal.  The decal(s) listed will be terminated and the licensee must destroy the physical decal(s) no longer used.  Part 4 - Vehicle Decal(s) No Longer Used and List decal number(s) that will no longer be used and not be replaced:  The decal(s) listed will be terminated and the licensee must destroy the physical decal(s) no longer used.  Part 5 - Signature of Licensee certify that the information contained in this form of the Michigan Liquor Control Code and Administiquor Control Code pursuant to MCL 436.2003.  I certify that the decals in Part 3 and/or Part 3.	I <u>Not</u> Being Replaced  I strue and accurate to the trative Rules. I also unders	tand that providing	ge and belief. I agree to	

Mailing address: P.O. Box 30005, Lansing, MI 48909 Overnight packages: 2407 N. Grand River Ave, Lansing, MI 48906 Fax to: 517-284-8557



#### Michigan Department of Licensing and Regulatory Affairs **Finance and Administrative Services Revenue Services**

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: Stat	e: Zip Code:	_	C	heck One:	
Phone:		○ MasterCard	○ Visa	Oliscover	American Express
Email:		Security Code/C\	/V Code: _		
Applicant/Licensee Name:	Request or Business ID #:	Expiration Date:			
Payme	nt is for:				
				Signature	
CREDIT CARD AUTHORIZATIO	N APPLICATION FORM WITH THIS N, YOU MUST PROVIDE AN R WHICH YOU ARE SUBMITTING	Commission (ML	.CC). Receip	ot of payment an	lichigan Liquor Control d application forms by eceipt of an application

MLCC

PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED.

**Credit Card Payment Itemization:** 

Fee Type	Fee Amount	Fee Code
Manufacturer License Decals(s):		4038
Wholesaler License Decals(s):		4085

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.