



Hospital Liquor Permit Application

Part 1 - Applicant Information

Name of hospital:		
Address:		
City:	Zip Code:	
City/township/village where permit will be issued:		County:
Contact Name:	Phone:	Email:

Part 2 - Required Documents & Information

1. Attach a copy of the hospital license issued by the appropriate Michigan licensing agency. List the expiration date of the hospital license (if not indicated on attached license copy): _____		
2. Number of hospital beds:		
3. Estimated annual amount of alcoholic liquor to be ordered from MLCC (750ml bottles):		

Part 3 - Applicant Signature

Pursuant to R 436.1251, the hospital may purchase spirits for its own use from the Commission under the Hospital Permit at a 24% discount from the retail prices established by the Commission.

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.

 Print Name & Title

 Signature of Applicant

 Date

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