



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

Limited Alcohol Buyer License / Seller of Alcohol License Information

Before you begin filling out the attached application, please review this checklist for the forms and documents you will need to submit with your completed application form

Limited Alcohol Buyer License

- License issued to a person located in Michigan which allows the purchase of alcohol for medicinal, mechanical, chemical, or scientific purposes.
- Generally issued to hospitals and pharmacies that use alcohol in preparing medicines and to laboratories, chemical companies, and other businesses that utilize alcohol for scientific experiments, sterilization, and mechanical purposes.
- May purchase alcohol from the Commission or a business licensed as a Seller of Alcohol by the Commission.

Seller of Alcohol License

- License required for the sale of 190 proof grain alcohol or pure alcohol in Michigan.
- May sell to Distillers, Small Distiller, Wine Maker, or Small Wine Maker licensees for fortifying or blending purposes, Industrial Manufacturer licensees for use in manufacturing products for non-beverage purposes, and Limited Alcohol Buyer licensees for medicinal, mechanical, chemical, or scientific purposes.
- Applicant must hold Federal Basic Permit issued by the federal Alcohol and Tobacco Tax and Trade Bureau (TTB).

Release of Alcohol

All shipments of alcohol or bulk alcoholic liquor must receive prior approval from the Commission on an approved [Release of Alcohol or Alcoholic Beverages for Commercial Use \(LCC-350\)](#).

Sales and Purchase Records

All licensees are required to keep all records pertaining to sales and purchases of alcohol or alcoholic liquor for a minimum of 4 years.



Limited Alcohol Buyer License / Seller of Alcohol License Application

Part 1 - Applicant 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.

Applicant name:		
Doing Business As (DBA) Name:		
Address:		
City:	State:	Zip Code:
Contact Name:	Phone:	Email:
Federal Employer Identification Number (FEIN):		
Mailing Address (if different than above):		
City:	State:	Zip Code:

Part 2 - Licenses, Required Documents, & License Fee

Check the license type for which you are applying and submit the documents and/or fees listed for that license with the completed application.

<input type="checkbox"/> Limited Alcohol Buyer License <input type="checkbox"/> \$10.00 License Fee <i>Purpose of Limited Alcohol Buyer License:</i> <input type="radio"/> Chemical <input type="radio"/> Medicinal <input type="radio"/> Mechanical <input type="radio"/> Scientific	<i>Leave Blank - MLCC Use Only</i>
<input type="checkbox"/> Seller of Alcohol License <input type="checkbox"/> \$10.00 License Fee <input type="checkbox"/> Copy of Federal Basic Permit	Total License Fee(s): <input style="width: 50px; height: 20px;" type="text"/> <i>(MLCC Fee Code 4038)</i> Make Checks Payable To State of Michigan

Provide a brief explanation of the intended to use for the Limited Alcohol Buyer License or Seller of Alcohol License:

If applicant is a corporation include (pursuant to R 436.1109):

- [Report of Stockholders/Member/Partners \(LCC-301\)](#)
- Copy of Articles of Incorporation from the state of issuance.
If incorporated outside of Michigan, current Certificate of Good Standing from the state where incorporated and Certificate of Authority to Transact Business in Michigan. A Certificate of Authority to Transact Business in Michigan is not required if the corporation is not transacting business in Michigan as defined under MCL 450.2012.

If applicant is a limited liability company include (pursuant to R 436.1110):

- [Report of Stockholders/Member/Partners \(LCC-301\)](#)
- Copy of Articles of Organization from the state of issuance.
- Copy of the operating agreement or bylaws of the applicant company
If organized outside of Michigan, current Certificate of Authority to Transact Business in Michigan. A Certificate of Authority to Transact Business in Michigan is not required if the limited liability company is not transacting business in Michigan as defined under MCL 450.5008.

Part 3a - Information on Individual Applicant, Stockholder, Member, or Limited Partner

Each individual, stockholder, member, or partner must complete Part 3a, 3b, and 3c. If a stockholder or member of an applicant company is a corporation or limited liability company, complete Part 3a and 3c and submit a completed [Form LCC-301](#).

For applications with multiple individuals, stockholders, members, or partners - each person or entity must complete a separate copy of this page.

Name:		
Home address:		
City:	State:	Zip Code:
Business Phone:	Cell 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? If Yes , please list business ID numbers below. Pursuant to MCL 436.1603, a supplier tier licensee may hold interest in another supplier tier licensee, but not a wholesaler or retailer licensee. <input type="radio"/> Yes <input type="radio"/> No		
Do you hold 10% or more interest in the applicant entity? <input type="radio"/> Yes <input type="radio"/> No		

Part 3b - Personal Information (Individuals) - Must be at least 21 years of age, pursuant to administrative rule R 436.1105(1)(a).

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 retailer, 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 3c - Signature

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. (This form must be signed by the person whose information it contains).

Print Name

Signature

Date

Part 4 - Contact Information

Provide information on the contact person for this application. Please note that corporations and limited liability companies must provide documentation (e.g. meeting minutes, corporate resolution) authorizing anyone other than the applicant or an attorney of record to be the contact person. If an authorization is not provided, your contact person will not be acknowledged if they are anyone other than the applicant or attorney.

What is your preferred method of contact?				<input type="radio"/> Phone	<input type="radio"/> Mail	<input type="radio"/> Email	<input type="radio"/> Fax
What is your preferred method for receiving a Commission Order?				<input type="radio"/> Mail	<input type="radio"/> Email	<input type="radio"/> Fax	
Contact name:			Relationship:				
Mailing address:							
City:			State:			Zip Code:	
Phone:		Fax number:			Email:		

Part 5 - Attorney Information (If You Have An Attorney Representing You For This Application)

Attorney name:			Member Number: P-				
Attorney address:							
Phone:		Fax number:			Email:		
Would you prefer that we contact your attorney for all licensing matters related to this application?						<input type="radio"/> Yes	<input type="radio"/> No
Would you prefer any notices or closing packages be sent directly to your attorney?						<input type="radio"/> Yes	<input type="radio"/> No

Part 6 - Signature of Applicant

Notice: When purchasing a license, a buyer can be held liable for tax debts incurred by the previous owner. Prior to committing to the purchase of any license or establishment, the buyer should request a tax clearance certificate from the seller that indicates that all taxes have been paid up to the date of issuance. Obtaining sound professional assistance from an attorney or accountant can be helpful to identify and avoid any pitfalls and hidden liabilities when buying even a portion of a business. Sellers can make a request for the tax clearance certificate through the Michigan Department of Treasury.

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 on the licensed premises.

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 & Title

Signature of Applicant

Date

Please return this completed form along with corresponding documents and fees to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Overnight deliveries: 2407 N. Grand River Avenue, 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 American Express

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.