

### 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)

### **Out-of-State Manufacturer License Location Transfer 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: Mailing address: City: State: Zip Code: Contact Name: Phone: Email: Part 2 - License Location Transfer Information Current licensed address: State: Zip Code: City: New address to be licensed: City: State: Zip Code: Part 3 - Inspection Fees & Required Documents - Make checks payable to State of Michigan Pursuant to MCL 436.1529(4)(b) a nonrefundable inspection fee of \$70.00 per license shall be paid to the Commission by a licensee at the time of filing of a request to transfer location of a license. Leave Blank - MLCC Use Only - (MLCC Fee Code 4036) Outstate Seller of Beer license Outstate Seller of Wine license Direct Wine Shipper license Outstate Seller of Mixed Spirit Drink license x \$70.00 per license = **TOTAL INSPECTION FEE(S)**: No. of licenses: For Outstate Seller of Beer, Outstate Seller of Wine, Outstate Seller of Mixed Spirit Drink, and Direct Wine Shipper licenses: Copy of Federal Basic Permit(s) and/or Federal Brewer's Notice issued by federal Alcohol & Tobacco Tax and Trade Bureau (TTB) with the new address to be licensed For Direct Wine Shipper license only: Copy of license issued by the state where applicant is licensed to manufacture wine with the new address to be licensed

#### Part 4 - Signature of Licensee

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 of Licensee & Title Signature of Licensee 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 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: State: Zip G	Code:	Check One:
Phone:		○ MasterCard ○ Visa ○ Discover ○ American Express
Email:		Security Code/CVV Code:
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Catering Permit:

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