



Vendor Representative License Application

Part 1 - Applicant Information

Applicant legal name:		
Home address:		
City:	State:	Zip Code:
Registered office address:		
City:	State:	Zip Code:
Phone:	Email	
Birthdate:	Driver's License Number:	

Part 2 - License Fee & Required Documents

<input type="checkbox"/> New License, \$50.00 - Make check payable to State of Michigan (MLCC Fee Code 4038)
<input type="checkbox"/> License Transfer, no fee - List the license number to be transferred:
<input type="checkbox"/> <u>If not currently licensed</u> , a copy of Michigan State Police ICHAT report for the applicant, or similar report from your state of residence, if not a Michigan resident. Visit the MSP ICHAT website to obtain an ICHAT report: https://apps.michigan.gov . Your application will not be considered if you do not submit an ICHAT or similar report from another state.

Part 3 - Applicant Questions

1. 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): ○ Yes ○ No

Date	City/State	Charge (also indicate Felony or Misdemeanor)	Disposition (Fine, Jail Time, Probation)

2. 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? ○ Yes ○ No

3. Do you or your spouse hold interest in a retail, manufacturer, or wholesaler license issued by the MLCC? ○ Yes ○ No

4. Are you currently employed by a retail liquor licensee in the State of Michigan? ○ Yes ○ No

If **Yes** on question 2, 3, or 4, please explain:

Part 4 - Signature of Applicant (Vendor Representative)

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 Applicant Name	Applicant Signature	Date
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Part 5 - Information on Vendor of Spirits Employing Applicant (to be completed by employing company)

Company name:		
Address:		
City:	State:	Zip Code:
Phone:	Email	
Contact Name:	Phone:	Email:
Federal Employer Identification Number (FEIN):		

Part 6 - Authorized Signature for Company Employing Applicant

The company requests the MLCC to grant a Vendor Representative License to the applicant.

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 and Title	Authorized Signer for Company	Date
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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 packages: 2407 N. Grand River Ave., 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.