



Conditional License Application (Ownership Transfer)

Part 1 - Applicant Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it is filed with the State of Michigan Corporation Division.

Applicant name(s):	
Address to be licensed:	
City:	Zip Code:
City/township/village where license will be issued:	County:
Email address (REQUIRED): An email address is required for us to send you a password setup email for the Online Ordering (OLO) system for ordering spirits online. The email generated for an online ordering password will contain a unique link that cannot be used by anyone other than the recipient of the email that will be sent to the email address you enter above. Please make sure that the email address you enter above is for someone that will be setting up and maintaining your online ordering account.	
1. Does the property owner for the address above have any interest in a manufacturer or wholesaler license? <input type="radio"/> Yes <input type="radio"/> No	
2. Will the applicant have any agreement with a third party not named on the license in which the third party will receive a percentage of the gross sales or net profits? <i>If Yes, submit a copy of the agreement with this application.</i> <input type="radio"/> Yes <input type="radio"/> No	
3. Describe the type of business and business activities proposed for this location:	

Current licensee/seller name:

Part 2 - Fee & Required Documents

- ☐ \$300.00 Conditional License Fee - Make Check Payable to **State of Michigan**

Completed application for the transfer of a license:

- ☐ - [LCC-100a - On-Premises Retailer Licenses](#)
☐ - [LCC-100b - Off-Premises Retailer Licenses](#)

- ☐ Conditional License Arrest and Conviction Addendum - See page 3

- ☐ Valid Proof of Financial Responsibility (Liquor Liability Insurance) - [See Form LC-95](#)

- ☐ An acceptable, executed property document, such as a lease, land contract, or deed.

- ☐ For the transfer of only a Specially Designated Merchant license, a copy of the Retail Food Establishment license or Extended Retail Food Establishment license issued under the Food Law of 2000 in the name of the applicant, pursuant to MCL 436.1533(1).

- ☐ If the current licensee has a Catering Permit, the applicant for a conditional license must submit a copy of its Food Service Establishment License or Retail Food Establishment License issued under the Food Law of 2000 to qualify for a conditional Catering Permit.

- ☐ If the current licensee has a Living Quarters Permit, the applicant for a conditional license must complete the [Living Quarters Permit Application \(LCC-203\)](#).

- ☐ A diagram of the proposed licensed premises. The diagram must indicate where the sale, service, and consumption of alcoholic liquor will occur within the proposed licensed premises, as applicable to the type of license being transferred.

Leave Blank - MLCC Use Only
Fee Code 4012

Part 3 - Signature of Applicant

I certify that:

- I certify that all information contained in my application for conditional and permanent license is true and accurate.
- I understand that a conditional license issued to me by the Commission is nontransferable and nonrenewable.
- I understand that it is my responsibility to maintain acceptable proof of financial responsibility for my conditional license.
- I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules.
- I understand that issuance of a conditional license does not guarantee approval of a permanent license.
- I understand my conditional license will be issued only after receipt of the current license for escrow.
- 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.

☐ I certify that I understand that a conditional license approved by the Commission will not be issued unless the current licensee/seller's license is placed into escrow under one of the options selected by the current licensee/seller in Part 4 on Page 2 of this application.

Print Name of Applicant & Title

Signature of Applicant

Date

Part 4 - Current Licensee/Seller's Acknowledgement of Conditional License Request

Please select one of the following options regarding the escrow status of your (the seller's) license, initial next to your selection, and sign below:

<input type="checkbox"/> My license has been placed into escrow. I understand and acknowledge that a conditional license will be issued to the applicant listed on this application upon approval of the Commission without further notification to me prior to issuance of the conditional license.	_____ Current Licensee/Seller's Initials
<input type="checkbox"/> My license is not in escrow. I consent to the Commission placing my license into escrow administratively pursuant to MCL 436.1525(11) at the time that a conditional license will be issued to the applicant listed on this application upon approval of the Commission. I understand and acknowledge that a conditional license will be issued to the applicant listed on this application upon approval of the Commission without further notification to me prior to issuance of the conditional license.	_____ Current Licensee/Seller's Initials
<input type="checkbox"/> My license is not in escrow. I shall submit my license and permit documents to be placed into escrow upon approval of a conditional license for the applicant listed on this application. I understand and acknowledge that a conditional license will not be issued to the applicant listed on this application upon approval of the Commission unless my license has been placed into escrow.	_____ Current Licensee/Seller's Initials

Print Name of Current Licensee/Seller & Title

Signature of Current Licensee/Seller

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 packages: 2407 N. Grand River Ave, Lansing, MI 48906

Fax to: 517-284-8557

Conditional License Arrest and Conviction Addendum

In addition to conviction history, the Commission is required by law to consider the arrest history of an applicant for a conditional license, pursuant to MCL 436.1525(6). This addendum describing any arrest or conviction is required to be completed for each individual applying for a conditional license or as a stockholder, member, or partner of an applicant company. This is required in addition to the reporting of conviction history in Part 5b of the LCC-100a or LCC-100b application form.

The following information must be completed for each individual, stockholder, member, or partner applying for a conditional license. For applications with multiple individuals, stockholders, members, or partners, each person must complete a separate copy of this page.

Name:			
Date of Birth:	Any prior name(s) (including maiden):		
Full disclosure of criminal history, including arrests, must be reported, regardless of how long ago the crime occurred. State of Michigan and federal criminal background records will be checked to verify criminal history. Failure to report criminal history charges and/or local ordinance violations may result in the denial of the application. Criminal history includes felonies, misdemeanors, and local ordinance violations in Michigan or any other state for which the applicant was found guilty, pled guilty, or pled no contest. Arrest history should include any arrests for felonies, misdemeanors, or local ordinance violations even if the arrest has not been fully adjudicated at the time of the application.			
Have you ever been arrested, 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
Date	City/State	Charge	Disposition
Date	City/State	Charge	Disposition

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