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)

Third Party Facilitator Service License Application (LCC-112)

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:		
City:	State:	Zip Code:
Contact name:	Phone:	Email:

Part 2 - Required Fees and Documents

☐ $70.00 Inspection Fee *(MLCC Fee Code 4036)* ☐ $100.00 Application Fee *(MLCC Fee Code 4036)* ☐ $1,000.00 License Fee *(MLCC Fee Code 4013)*	**TOTAL FEES DUE:** _____ Make checks payable to **State of Michigan**	*Leave Blank - MLCC Use Only*

◯ If applicant is a corporation submit the following, pursuant to R 436.1109:

- ☐ Report of Stockholders/Member/Partners (Form LCC-301)
- ☐ Copy of Articles of Incorporation filed with the Corporations Division of the Department of Licensing & Regulatory Affairs
- ☐ Current Certificate of Good Standing from the state where incorporated and Certificate of Authority to Do Business in Michigan, if incorporated outside of Michigan.
- ☐ Certified copy of the minutes of a meeting of its board of directors or a statement signed by an officer of the corporation naming the persons authorized by corporate resolution to sign the application and other documents required by the Commission or Part 3 of Form LCC-301.

◯ If applicant is a limited liability company submit the following, pursuant to R 436.1110:

- ☐ Report of Stockholders/Member/Partners (Form LCC-301)
- ☐ Copy of Articles of Organization filed with the Corporations Division of the Department of Licensing & Regulatory Affairs
- ☐ Copy of the operating agreement or bylaws of the applicant company
- ☐ Current Certificate of Authority to Do Business in Michigan, if the LLC is a non-Michigan LLC.
- ☐ Statement signed by a manager of the limited liability company or by at least 1 member if management is reserved to the members naming the person authorized to sign the application and other documents required by the Commission or Part 3 of Form LCC-301.

◯ If applicant is a limited partnership submit the following, pursuant to R 436.1111:

- ☐ Report of Stockholders/Member/Partners (Form LCC-301)
- ☐ Copy of the partnership agreement of the applicant limited partnership
- ☐ Each general partner of a partnership shall sign the application, bond, and other papers filed in connection with securing a new license or transferring an existing license. This requirement may be waived by the Commission upon showing of good cause, which must be submitted in writing.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

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. If you hold interest in 2 or more locations under the same name, please also write "chain" below. *Pursuant to MCL 436.1603, a retailer licensee may not hold interest in a manufacturer or wholesaler licensee.* ◯ Yes ◯ No

Do you hold 10% or more interest in the applicant entity? ◯ Yes ◯ No

Based on the answers provided above, you may be required to be fingerprinted and undergo an investigation by the MLCC. After reviewing your application, the MLCC will provide you with a copy of the Livescan Fingerprint Background Request (LCC-105) form that you will need when you are fingerprinted by a Livescan Agency.

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? ◯ Yes ◯ No

Have you ever legally changed your name? ◯ Yes ◯ 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? ◯ Yes ◯ 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? ◯ Yes ◯ No

Does your spouse hold a retailer, manufacturer, or wholesaler license issued by the MLCC? ◯ Yes ◯ No

Full disclosure of criminal history 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 or applicant's spouse was found guilty, pled guilty, or pled no contest. Criminal history may be disclosed during a hearing in accordance with FBI CJIS policy.

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	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): ◯ Yes ◯ 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 _____

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Part 4 - Contact Information For This Application

What is your preferred method of contact?	◯ Phone	◯ Mail	◯ Email ◯ Fax
What is your preferred method for receiving a Commission Order?		◯ Mail	◯ Email ◯ Fax
Contact name:	Relationship:		
Mailing address:			
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?	◯ Yes	◯ No
Would you prefer any notices or closing packages be sent directly to your attorney?	◯ Yes	◯ No

Part 6 - Signature of Applicant

Be advised that the information contained in this application will only be used for this request. This section will need to be completed for each subsequent request you make with this office.

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. By signing this application, I am freely and voluntarily consenting and submitting to inspections of the licensed premises in accordance with MCL 436.1217(2)-(3) and R 436.1011(4). 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 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: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Applicant/Licensee Name: _____ Request or Business ID #: _____

Payment is for:

_____

Payment Amount: _____

Card Number: _____

Check One:

◯ MasterCard ◯ Visa ◯ Discover ◯ American Express

Security Code/CVV Code: _____

Expiration Date: _____

_____
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:

Fee Type	Fee Amount	*MLCC Fee Code*
☐ Inspection Fee:	_____	*4036*
☐ Application Fee	_____	*4036*
☐ Third Party Fac. Serv. License Fee:	_____	*4013*

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.

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