



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

<input type="checkbox"/> \$70.00 Inspection Fee (MLCC Fee Code 4036)	TOTAL FEES DUE: <input type="text"/>	Leave Blank - MLCC Use Only
<input type="checkbox"/> \$100.00 Application Fee (MLCC Fee Code 4036)		
<input type="checkbox"/> \$1,000.00 License Fee (MLCC Fee Code 4013)		
Make checks payable to State of Michigan		

☐ 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.

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:	
<small>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 <u>may not</u> hold interest in a manufacturer or wholesaler licensee.</small> <div style="text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</div>			
<div style="text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</div> <small>Do you hold 10% or more interest in the applicant entity?</small> <small>If you answered "no" to the first question and "yes" to the second question, you must submit fingerprints and undergo an investigation by the MLCC. Please see the attached instructions for submitting fingerprints to the MLCC. You must submit a copy of the completed and endorsed Livescan Fingerprint Background Request (LCC-105) with your application.</small>			

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? <div style="text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</div>										
Have you ever legally changed your name? <div style="text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</div>										
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? <div style="text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</div>									
<small>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?</small> <div style="text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</div>										
<small>Does your spouse hold a retailer, manufacturer, or wholesaler license issued by the MLCC?</small> <div style="text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</div>										
<div style="background-color: #f0f0f0; padding: 5px;">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.</div> <div style="text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</div> <small>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):</small> <table style="width: 100%; margin-top: 10px;"><thead><tr><th style="width: 20%;">Date</th><th style="width: 20%;">City/State</th><th style="width: 40%;">Charge</th><th style="width: 20%;">Disposition</th></tr></thead><tbody><tr><td colspan="4" style="height: 30px;"></td></tr></tbody></table>			Date	City/State	Charge	Disposition				
Date	City/State	Charge	Disposition							
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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).

Part 4 - Contact Information For This Application

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:						
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

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. 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



Livescan Fingerprint Background Request Instructions for Michigan & Out-of-State Applicants

APPLICANTS THAT LIVE IN MICHIGAN

Applicants for a Michigan liquor license must have their fingerprints at a law enforcement agency in Michigan that offers digital fingerprinting or a private Livescan vendor approved by the Michigan State Police. You may access a list of approved vendors on the Michigan State Police website (contains vendors' websites and contact information):
<https://www.michigan.gov/msp/services/Live-Scan-Vendors>.

On the attached Livescan Fingerprint Background Request form, you must use the correct Code (LL), Agency ID Number (1479J), and Agency Name (MI DEPT OF LICENSING AND REGULATORY AFFAIRS - LIQUOR CONTROL) in order for the fingerprint report to be sent to the Michigan Liquor Control Commission. Payment receipts **should not** be mailed to the office, but kept for your own records.

You must bring the Livescan Fingerprint Background Request form with a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment. A copy of the Livescan Fingerprint Background Request form, which is signed by the Livescan Operator and returned to you, must be submitted with your application in order for your request to be investigated.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.

APPLICANTS THAT LIVE OUTSIDE OF MICHIGAN

Applicants for a Michigan liquor license that live outside of Michigan must submit fingerprints through one of the private Livescan vendors approved by Michigan State Police that offer fingerprinting for residents that live outside of Michigan. You may access a list of approved vendors that process fingerprint cards for non-Michigan residents on the Michigan State Police website (contains vendors' websites and contact information): <https://www.michigan.gov/msp/services/Live-Scan-Vendors>.

The applicant must contact a local law enforcement agency, governmental agency, or private fingerprint agency to perform ink fingerprinting on a FBI fingerprint card (FD-258) or fingerprint cards from any other state or local agency (fingerprint cards must be on card stock). These fingerprint cards must be submitted for processing to one of vendors on the Michigan State Police's list of approved vendors. Contact the vendor directly regarding its process and the fee for submitting the fingerprint cards for processing.

Make a copy of the completed and signed Livescan Fingerprint Background Request form and submit that copy with the license application.

WHAT HAPPENS AFTER FINGERPRINTS ARE SUBMITTED

The law enforcement agency or private vendor will submit your fingerprints to the Michigan State Police for analysis.

If no criminal history is found, the Michigan Liquor Control Commission will be notified.

If criminal history is found, the Michigan State Police will send the record directly to the Michigan Liquor Control Commission for review.

QUESTIONS AND ADDITIONAL INFORMATION

For questions about the Livescan fingerprinting process, call the Michigan State Police at 517-241-0606.

Please do not contact the Michigan Liquor Control Commission regarding your criminal background check, unless your fingerprints were taken more than 30 days ago.

Please note: Fingerprints taken for any other agency will not fulfill fingerprint requirements for a liquor license in Michigan.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

Instructions: See page two.

I. Authorizing Information							
1. Fingerprint Reason Code LL	2. Requestor/Agency ID 1479J	3. Agency Name MI Dept of Licensing & Regulatory Affairs - Liquor Control			4. Individual ID (MNU-OA)		
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name		1b. First Name			1c. Middle Initial	1d. Suffix	
2. Any Alternative Names, Last Names, or Aliases					3. Social Security Number (Optional)		
4. Place of Birth (State or Country)		5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State
9. Home Address			10. City			11. State	12. ZIP Code
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color		
III. Live Scan Information							
1. Date Printed		2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Live Scan Operator*	
*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.							
IV. Privacy Act Statement							
<p>Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p>Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p>Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
V. Procedure to Obtain a Change, Correction, or Update of Identification Records							
If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)							
VI. Consent							
I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.							
Signature:					Date:		



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 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:

Fee Type	Fee Amount	MLCC Fee Code
<input type="checkbox"/> Inspection Fee:	_____	4036
<input type="checkbox"/> Application Fee	_____	4036
<input type="checkbox"/> 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.