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 Quarterly Report

Part 1 - Third Party Facilitator Service Licensee 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.

Licensee name(s):		
Address:		
City:	State:	Zip Code:
Contact name:	Phone:	Email:

Part 2 - Reporting Requirements

Pursuant to MCL 436.1203(22), a Third Party Facilitator Service licensee that delivers beer, wine, or spirits to a consumer under MCL 436.1203(15) or (16) shall submit quarterly reports to the Commission. The report shall include all of the following about **each** delivery to a consumer in Michigan during the preceding calendar quarter:

- The name and business address of the person that ships beer, wine, and spirits.
- The name and address of the recipient of beer, wine, and spirits.
- The weight of beer, wine, and spirits delivered.
- The date of the delivery.

Pursuant to MCL 436.1203(23), a Third Party Facilitator Service licensee shall maintain the books, records, and documents supporting a quarterly report submitted under MCL 436.1203(22) for 3 years unless the Commission notifies the Third Party Facilitator Service licensee in writing that the books, records, and supporting documents may be destroyed. Within 30 days after the Commission's request, the Third Party Facilitator Service licensee shall make the books, records, and documents available for inspection during normal business hours. Within 30 days after a local law enforcement agency's or local governmental unit's request, the Third Party Facilitator Service licensee shall also make the books, records, and documents available for inspection to a local law enforcement agency or local governmental unit where the Third Party Facilitator Service licensee resides or does business.

1. Preceding Calendar Quarter Included In This Report: _____ Year: _____

2. Select a. or b. below and follow instructions for the option selected:

a. ☐ The Third Party Facilitator Service licensee **did not** deliver any beer, wine, or spirits in the preceding calendar quarter indicated in #1 above. Sign form below and submit to the Commission.

b. ☐ The Third Party Facilitator Service licensee **did** deliver beer, wine, or spirits in the preceding calendar quarter indicated in #1 above. Complete the attached quarterly reporting form report page, making additional copies as necessary to record **each** delivery to a consumer, sign the form below, and submit to the Commission.

Part 3 - 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. 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.

Name of Licensee/Title	Signature of Licensee	Date

Please return this completed form 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: 517-763-0059
Email to: mlccrecords@michigan.gov

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

Part 4 - Quarterly Reporting Form

Make additional copies of this form as necessary to report **each** delivery of beer, wine, or spirits to a consumer in Michigan in the preceding calendar quarter as indicated in Part 2.

1.	Name and address of retailer licensee shipping beer, wine, or spirits: Licensee type: ☐ SDD ☐ SDM		Weight of alcohol delivered:
	Name and address of recipient of beer, wine, or spirits:		Date of delivery:
2.	Name and address of retailer licensee shipping beer, wine, or spirits: Licensee type: ☐ SDD ☐ SDM		Weight of alcohol delivered:
	Name and address of recipient of beer, wine, or spirits:		Date of delivery:
3.	Name and address of retailer licensee shipping beer, wine, or spirits: Licensee type: ☐ SDD ☐ SDM		Weight of alcohol delivered:
	Name and address of recipient of beer, wine, or spirits:		Date of delivery:
4.	Name and address of retailer licensee shipping beer, wine, or spirits: Licensee type: ☐ SDD ☐ SDM		Weight of alcohol delivered:
	Name and address of recipient of beer, wine, or spirits:		Date of delivery:
5.	Name and address of retailer licensee shipping beer, wine, or spirits: Licensee type: ☐ SDD ☐ SDM		Weight of alcohol delivered:
	Name and address of recipient of beer, wine, or spirits:		Date of delivery:
6.	Name and address of retailer licensee shipping beer, wine, or spirits: Licensee type: ☐ SDD ☐ SDM		Weight of alcohol delivered:
	Name and address of recipient of beer, wine, or spirits:		Date of delivery:

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