

CRITERIA

You may be eligible if you meet all of the following criteria:

1. Taxes have been current for the previous three (3) years. If ever past due, provide a Hardship Exemption Letter for consideration
2. No Ordinance or Code Violations for the previous three (3) years
3. Verification of economic development in the community documenting \$40,000 investment within 36 months preceding application or submitted approved plans to be completed within 24 months or proof that the building/tenant space was constructed within the previous 10 years
4. Verification that 75% of usable floor space is devoted to dining
5. Executed Agreement regarding issuance or transfer of Class C Liquor License (also known as Reversion Agreement)
6. Each applicant shall furnish a narrative explanation not exceeding 10 pages in length explaining at least the following; a) the nature of the business in terms of theme, food, entertainment if any, interior layout and design, b) total employment, c) investment in refurbishing or building a new facility broken down by category, d) total investment, e) previous experience in any similar facility, f) expected commencement and completion dates of improvements, g) specialized training or experience in the bar and food industry, h) prior liquor license violations for any facility in which applicant, or owners had an interest, i) previous lawsuits whether dramshop or other including creditor disputes of applicant, owners and former entities, j) prior bankruptcies. Each topic must be addressed.

REQUIRED DOCUMENTATION

The following documents **must** be attached to the application and **clearly marked as exhibits**. *(The list below is not meant to be an all inclusive list for your application and is given as an example. Please review the application for **ALL** required documents relevant to you.)*

1. 3 years of U.S. Partnership Income Tax Returns and Corporation Income Tax Returns
2. 3 years of entire Federal and State Income Tax Returns with all forms and schedules (Applicant)
3. 12 months of all pages of all bank and investment account statements (Applicant)
4. Letter from banks providing and verifying bank branch number, address, account name, account number, date opened, authorized signers and current balance. (Partnership, Corporation, Applicant)
5. Credit Report (Applicant)
6. If borrowing money for the liquor license transaction, copies of "Statement of Money Lender" forms from any lender.
7. Floor Plan of present restaurant or proposed restaurant or renovation plans, which include capacity.
8. Site Plan including photos or drawings of each of the sides of the structure; drawing and/or layout of facility. If there are any changes to be made in the existing building, explain all the changes, including design, color, landscaping, etc. Present prints of all changes.
9. Evidence of interest in the property (deed, lease, option to purchase or lease).
10. Purchase agreement of license and proof of funds if transfer.
11. Provide two reference letters with a written statement pertaining to the applicant's character, experience and financial ability to meet the obligations and business undertakings for which the license is to be issued.
12. Provide a narrative explaining why you feel you should be granted this license and what attributes you will be bringing into the Township should this license be granted.

13. Copy of State of Michigan “Application for New Licenses, Permits, or Transfer of Ownership or Interest in License” as will be submitted to the Michigan Liquor Control Commission (MLCC) upon Township approval, if approval is given.

TRANSMITTAL/CORRESPONDENCE INFORMATION

Sole Proprietor Partnership Corporation

Name of Applicant _____

Name and Address of Applicant Business _____

City/State/Zip Code _____

Cell _____ Business Phone _____ Email _____

Name of person submitting APPLICATION forms on behalf of Applicant (if not submitted directly by Applicant)

Name and Title _____

Residence Address _____

City/State/Zip Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

Does an attorney represent Applicant? Yes No Attorney Phone _____

Name _____

Address _____

City/State/Zip Code _____

Do you want your attorney contacted with regard to this Application? Yes No

Is there a designated representative of Applicant, other than attorney, authorized to be contacted regarding this Application? Yes No

Name and Title _____

Residence Address _____

City/State/Zip Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

Signed _____ Title _____ Date _____

Applicant (Sole Proprietor, General Partner, Officer of Corporation)

PART I: BUSINESS DATA QUESTIONNAIRE [Four (4) sections]

BUSINESS OWNERSHIP DATE – Section 1

Corporation/Partnership:

1. U.S. Corporation/Partnership Income Tax Returns (past three years – attach copies). List total gross income, total taxable income, total Federal tax paid and total Michigan tax paid.

	20__	20__	20__
Total Gross Income:	_____	_____	_____
Total Taxable Income:	_____	_____	_____
Total Federal Tax Paid:	_____	_____	_____
Total Michigan Tax Paid:	_____	_____	_____

2. Is Corporation/Partnership delinquent in its taxes? Yes No
Has Corporation/Partnership ever been delinquent in paying taxes? Yes No

If yes, explain: _____

3. List all bank accounts, providing bank branch number, address, account name, account number, date opened, authorized signers, current balance. Provide letters from bank providing and verifying the information.

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4. Is Corporation/Partnership borrowing money for this liquor license transaction?
Yes No

Submit completed "Statement of Money Lender" forms from any lender.

PERSONAL DATA QUESTIONNAIRE REQUIRED TO BE COMPLETED BY
EACH APPLICANT

BUSINESS MANAGEMENT DATA – Section 2

1. Who will manage this business?

Full Name _____

Residence Address _____

City/State/Zip Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

2. Provide a copy of Management Agreement, if applicable.

3. Are you familiar with the Michigan Liquor Control Act and Rules of the Michigan Liquor Control

Commission, the Charter Township of Clinton Ordinances and Health Department requirements that apply to this type of business? Yes No

4. Do any agreements exist for sharing revenues or profits, or will any be used in the future?

Yes No

If so, provide the following:

- a. Name and address of all participants
- b. Telephone numbers of all participants
- c. If any of the participants are partnerships or corporations, please provide names, address and telephone numbers for all partners or shareholders
- d. Provide a copy of such agreement

5. Do any contracts exist for employees or will any be used for any time?

Yes No

If so, provide the following:

- a. A copy of the complete proposed or existing employment agreement
- b. The names, addresses and telephone numbers of all parties to such an employment agreement

6. Provide a detailed summary of prospective employees, including job descriptions and name, addresses and birth dates of any employees, if known.

7. Have any of your business employees or prospective employees ever been convicted of a misdemeanor or felony crime?

Yes No

If so, provide details.

BUSINESS DETAILS – Section 3

1. Is this a new or existing business? New Existing

2. Name or proposed name of this business _____

Address _____

City/State/Zip _____

Telephone Number (if in service) _____

Attach a copy of Certificate of Persons Conducting Business Under Assumed Name.

3. Who owns the building and real estate upon which the business will operate?

Full Name of person, business or corporation _____

Address _____

City/State/Zip Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

Terms of lease or mortgage (attach copies)

a. Rent or mortgage payment per month _____

b. How long is lease or mortgage for _____

c. What is the total current property tax _____

Attach a copy of the Purchase Agreement, Mortgage Contract, Deed or Lease Agreement regarding the Real Estate listed above.

4. Describe the building's exterior and provide its exterior dimensions _____

_____ Is there a basement under the building? Yes No

Describe overall condition of the building _____

5. What type of business is to be conducted at the above location? _____

If the business is currently established, what type of business is being conducted?_

6. Is the establishment connected to sleeping or living quarters? Yes No

If yes, explain _____

Can the living/sleeping quarters be reached from inside the establishment without going outside? Yes No

If yes, explain _____

7a. Has your location been approved by the Charter Township of Clinton Planning Commission?

Yes No

If yes, list date of approval _____

7b. If this is a Quota License Application, provide detailed plans, including a site plan and interior layout showing bar and seating locations and architectural elevation; with such plans drawn to scale and marked "Quota License Application Plans".

8a. With regard to the premises where the business is being located, please furnish the following:

	Date of Last Inspection	Inspection Results (Approval/Disapproval)	Required Action Requested	Required Action Completed
Building	_____	_____	_____	_____
Electrical	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Heating	_____	_____	_____	_____
Fire Marshall	_____	_____	_____	_____

Please identify whether there are any outstanding, uncorrected violation notices or notices to correct in any of the above departments.

Please indicate whether there have been any violation notices or notice to correct issued over the previous five years; and if so, please explain.

8b. Please provide the date any and all construction or other improvements will commence and the date any and all construction or improvements will be completed and the business operations will commence.

9. Has your business, building and facilities been approved by the local Health Department?

Yes No

If yes, list date of approval and agency that issued the approval _____

Attach a copy of your Health Department Certificate.

10. Has your location been approved for occupancy? Yes No

If yes, list date the occupancy permit was issued _____

Attach a copy of Certificate of Occupancy.

11. What is the approved patron capacity of your business premises? _____

If not yet approved, give approximate capacity _____

(Subject to approval by the Clinton Township Fire Department)

12. Do you intend to have dancing or entertainment at your business? Yes No

If dancing, describe size of dance floor _____

If entertainment permit is being sought, answer the following:

Type of entertainment _____

Are dressing rooms required for the type of entertainment being requested? Yes No

Are adequate dressing rooms provided for each sex, other than restrooms, public rooms, kitchens, or other similar areas for the hanging of clothes by the entertainers? Yes No

Are acts secured through a booking agent? Yes No

List the name, address and telephone number of booking agent _____

Give the size and location of the stage (if any) _____

If no stage, in what section of the premises do entertainers perform _____

At any time during the ownership will contests or games be allowed to on the premises?

Yes No

If so, please describe in detail the nature of the contests and games _____

At any time during the ownership will wet t-shirt displays, bathing suits, lingerie, beach attire or other fashion (men's or women's) displays or contests take place?

Yes No

At any time during the ownership will mud wrestling contests, squirting liquid contests, or any

other type of contest or display occur that involves participants attired in lingerie, beach-type wear, swimwear, exercise wear or dance attire? Yes No

At any time during the ownership will entertainment be offered which involves the display of male

or female genitalia or anus, or the female breast, inclusive of any area of the areola?

Yes No

ALL APPLICANTS MUST COMPLY FULLY WITH THE APPLICABLE LAWS AND ORDINANCES, INCLUDING BUT NOT LIMITED TO, ZONING ORDINANCES, AND THE CLINTON TOWNSHIP ORDINANCE PROHIBITING PUBLIC NUDITY.

13. Do you plan to have coin-operated amusement devices on the premises such as video games, pool tables, juke boxes, etc.? Yes No

If yes, the Charter Township of Clinton Ordinance #269, must be conformed with regarding the operation of amusement devices. An amusement device license must be obtained prior to displaying any type of amusement device for operation. Information and license applications are available at the Township Clerk's Office.

14. Has this business obtained a Federal Employer Identification Number? Yes No

If yes, list number and provide a copy_____

15. Has this business obtained a Michigan Sales and Use Tax License? Yes No

If yes, list number and provide a copy_____

16. Does this business possess a license from the Michigan Bureau of Lottery? Yes No

If yes, list number and provide a copy_____

17. Does this business possess any other type of license (provide copy) issued by any other government authority? Yes No

If yes, list number and provide a copy_____

BUSINESS INVESTMENT DATA – Section 4

1. Provide a written estimate of current capital investment or proposed cost to open the doors of this business, i.e. proposed business plan.

Attach a copy of the Purchase Agreement for the business.

Cost of anticipated equipment, inventories, leasehold improvement. Place the list on separate sheets of paper and attach to this form.

Total dollar amount of the business investment _____

Total down payment _____

How much is financed and at what interest rate? _____

a. Financed by _____

b. Address _____

What is the dollar amount of your investment in this business? _____

What is the dollar amount of your down payment? _____

2. Provide documentation to show origin of all monies that will be spent or have been spent toward the successful opening of the business. Personal or partnership contributions of investments, corporate stock shares purchased or subscribed, loan commitments, promissory notes and financial statements. This origin of money must be documented for the past twelve (12) months.
3. If the money used to finance the business is your own money, you must show documentation of how you obtained that money, where it has been deposited and how long it has been on deposit. If the money is a loan or other financing you must document who is making the loan or other financing. The person making the loan or other financing must document where they obtained the money, where it has been deposited and how long it was on deposit before being remitted to the applicant. This origin of money must be documented for the past twelve (12) months.

4. If you are an existing business, provide all costs related to operation of the business, i.e. capital investments, personnel. Place the list on separate sheets of paper and attach to this form.

Total dollar amount of the business investment _____

How much is financed and at what interest rate? _____

a. Financed by _____

b. Address _____

What is the dollar amount of your investment in this business? _____

PART I: BUSINESS DATA QUESTIONNAIRE

CHARTER TOWNSHIP OF CLINTON

MACOMB COUNTY, MICHIGAN

To any person presented with this authorization by an agent of the Charter Township of Clinton.

You, and any person associated with you, are hereby authorized to give to the Charter Township of Clinton, or any authorized representative thereof, any and all information which may be requested regarding my employment and, if requested, to allow them to examine and copy any records which you may have concerning myself or my business.

Signature

Witness

Type or print name

Type or print name

Date

PART II: PERSONAL DATA QUESTIONNAIRE [Three (3) sections]

Required for Individual Sole Proprietor, all Partners, Limited Liability Corporations (LLCs), Private Corporations (not publicly traded), Officers, Directors and Managers.

PERSONAL DATA – Section 1

1. Full Name _____

2. Residence Address _____

City/State/Zip Code _____

3. Home Phone _____ Business Phone _____ Cell Phone _____

4. Date of Birth _____

5. Place of Birth _____
_____ (City Country County State)

Attach a copy of birth certificate (only if American born or in English language)

6. What classification of Michigan Driver's License do you possess? _____

Driver's License Number _____ Expiration Date _____

Did you ever possess a valid driver's license from another state? Yes No
If yes, list State and license number _____

Attach a copy of license

7. Height _____ Weight _____ Eye Color _____ Hair Color _____

8. How long have you lived at your current address? _____

9. How long have you resided in Michigan? _____

10. How long have you resided in the United States? _____

11. Has your name ever been legally changed? Yes No

If yes, explain _____

12. List any other names you use now or have used in the past. (Aliases, nicknames, etc.)

13. List your maiden name, if applicable _____

14. Are you a citizen of the United States? Yes No

If a naturalized citizen, list where and when naturalization occurred and provide citizenship number _____

Attach a copy of Naturalization papers.

If you are not a U.S. Citizen, list Alien Registration Card number _____

Attach a copy of card, front and back.

15. List all of your home addresses for the past ten (10) years including dates of residence, excluding your current address.

16. Marital Status _____ (Single, married, divorced, separated)

17. List spouse's full name, including maiden name and date and place of birth _____

_____ Attach a copy of birth certificate (if American born or in English language)

Is your spouse of a U.S. citizen? Yes No

If spouse is a naturalized citizen, list where and when naturalization occurred and give citizenship number _____

_____ Attach a copy of naturalization papers

If not a U.S. citizen, list Alien Registration Card number _____

_____ Attach copy of card, front and back

18. Children – List below every child born to you

Name	Date of Birth	Place of Birth	With whom and where child resides
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. If you have previous marriages, list all of your former spouses' names, dates of birth and present address.

20. If your current spouse has previous marriages, list all of your current spouse's former spouses. Names, dates of birth and present address.

21. Has your spouse ever held an interest in a liquor license, in Michigan or any other state?

Yes No

If yes, provide complete details (name on license, individual, partnership, stockholder or Officer or Director in corporation, type of license, address, and dates).

22. Has your spouse ever been convicted of a felony or misdemeanor, or do they have criminal charges pending? Yes No

Alcohol related driving offenses _____

Give complete record of all arrests and convictions, including dates and places _____

23. Do you presently have a permit to carry a concealed weapon? Yes No
If yes, answer the following questions

Permit number _____

County of issuance _____

Date of original issuance _____

Current expiration date _____

24. U.S. Military Record

Branch _____

Rank at time of discharge _____

Type of discharge _____

Were you ever court-martialed, tried on charges, or were you the subject of a Summary Court, Deck Court, Captain's Mast, Company punishment or any other disciplinary action while in the Military? Yes No

If yes, give details _____

25. What is your present occupation? _____

26. Are you engaged in any business as an owner or partner, other than the business involved in this application? Yes No
If yes, list company or corporation names, along with names and address of all co-owners or partners, etc.

27. List below your complete work history for the past ten (10) years. START WITH YOUR PRESENT POSITION AND WORK BACKWARD ten years. List any periods of unemployment and part-time employment. (Employer name/address and dates of employment)

28. Were you ever convicted of a misdemeanor or felony crime in this state, any other state, any other country, in the military service or elsewhere? Yes No
If yes, indicate below: Date, Violation, Location, Court Disposition and Police Department.

29. Do you have criminal charges pending? Yes No
If yes, indicate below: Date, Violation, Location and Police Department.

30. Was your driver's license ever suspended or revoked? Yes No
If yes, give details including dates and reasons.

31. Has any member of your family, or close relative, including in-laws, ever been convicted of a misdemeanor or felony? Yes No
If yes, give details below: Name, Relation, Date, Place, Charge and Final Disposition.

32. Do you associate with, or have you ever associated with person(s) known to have been involved, charged or convicted of illegal gambling, narcotic or vice activities? Yes No
If yes, explain in detail.

33. Are you an unlawful user of, or addicted to, marijuana or a depressant, stimulant, or narcotic drug? Yes No
If yes, explain below:

34. Have you ever been adjudicated mentally defective or have you ever been committed to a mental institution? Yes No
If yes, explain below:

35. Do you drink intoxicating liquor? Yes No

If yes, rate the amount of your consumption _____

36. Will there be any “silent partners” or “silent stockholders” or persons other than those listed, and who filled out application questionnaires, who will have a financial interest in the business or share in the profits of the business? Yes No

If yes, provide names and addresses, and obtain additional application questionnaire forms to be filled out and submitted by those persons.

37. Have you ever paid, promised to pay, or given any money, material, service or consideration to any person, directly or indirectly, for any recommendation or influence promised toward procuring your liquor license? Yes No

If yes, explain:

38. Have you paid, promised to pay, loaned, donated or given any money, material, service or consideration to any political candidate for any local, State or Federal Office? Yes No

If yes, provide cancelled checks, receipts and give details:

40. What is your educational background? _____

PERSONAL BUSINESS EXPERIENCE – Section 2

1. Have you ever had, or do you currently have, an alcoholic beverage license or interest in an alcoholic beverage licensed business (on-premises or off-premises) in Michigan or any other state (as Sole Proprietor, Partner or Stockholder of a Corporation)? Yes No
2. Have you ever been employed, or are you currently employed as a Manager of an alcoholic beverage licensed business? Yes No
3. If yes to questions 1 or 2, answer the following questions:

Name of license _____

Company or Corporation Name _____

Did business as _____

Type of License _____

Dates of your interest in license (start to finish) _____

Full address of licensed premises _____

4. What was your interest in this business? _____

5. Have you ever been involved in a liquor license violation (if previously licensed by M.L.C.C. as individual licensee, partner, stockholder, Officer or Director in a corporation, or as a “manager”, agent, clerk, servant or employee or “silent partner” or “silent owner”), whether convicted or not? Yes No

If yes, explain and provide complete details (license, address, date of violation, violation charge, and disposition)

6. Was the license ever suspended or revoked? Yes No
If yes, explain circumstances

If you had an interest in, or were employed as a Manager in more than one previous alcoholic beverage licensed business, use a separate sheet of paper for each license and follow the above format to answer the same questions.

7. Have you ever been refused after applying for an on-premises or off-premises alcoholic beverage license in Michigan or any other state? Yes No

If yes, explain _____

8. Does any member of your family, or close relative, including in-laws, have or had, in the past, an on-premises or off-premises alcoholic beverage license in Michigan or any other state?

Yes No

If yes, give details _____

9. Have you ever been fired as an employee of an alcoholic beverage licensed business?

Yes No

Explain circumstances _____

10. Explain what qualifies you as being experienced in management of a liquor licensed business and business management in general. List all pertinent information regarding your experience.

PART II: PERSONAL DATA QUESTIONNAIRE

PERSONAL DATA

CHARTER TOWNSHIP OF CLINTON

MACOMB COUNTY, MICHIGAN

To any person presented with this authorization by an agent of the Charter Township of Clinton.

You, and any person associated with you, are hereby authorized to give to the Charter Township of Clinton, or any authorized representative thereof, any and all information which may be requested regarding my employment, police contacts, driving or criminal record, physical and/or mental condition and treatment rendered thereof and, if requested, to allow them to examine and copy any records which you may have concerning myself and/or my health and business.

Signature

Witness

Type or print name

Type or print name

Date

PERSONAL FINANCIAL DATA – Section 3

(Not required for Managers unless involved in financing of applicant business)

1. Submit detailed PERSONAL financial statement.

List ALL ASSETS (including value) in column format. The list below is not meant to be an all inclusive list for your statement and is given as an example list.

Cash (in banks, on hand, etc.) _____

—

Automobiles _____

—

Real Estate _____

—

Investments _____

—

Personal Property _____

—

TOTAL ASSETS

List ALL ASSETS (including value) in column format.

TOTAL LIABILITIES

List ALL LIABILITIES (including dollar amount) in column format.

APPROXIMATE NET WORTH _____

—

2. Bank/Financial Institution Investment Accounts

Name of Institution or Investment Broker _____

Address _____
—

City/State/Zip Code _____
—

Type of account _____
—

Caption on account _____
—

Account number _____
—

Date originally opened _____
—

a) Joint Owner – Name _____

Address _____

b) Joint Owner – Name _____

Address _____

Authorized Signatures _____

Current balance of account _____

Submit copies of bank and/or investment broker account statements for the past twelve (12) months if funds from this account are/were used for the investment in the business involved in this liquor license application.

If you have additional bank or investment company accounts, provide statements for each account and please follow the above format.

Obtain and submit a letter from your bank, financial institution or investment broker, verifying above accounts and providing all above information.

3. List all of your outstanding loans below (including rent or mortgage).

Name of Institution or Person _____

—

Address _____

—

City/State/Zip Code _____

—

Telephone Number _____

—

Type of loan (personal, mortgage, etc.) _____

—

Account number _____

—

a) Co-signer's full name _____

Address _____

b) Second co-signer's full name _____

Address _____

Original amount of loan _____

—

Date loan was given _____

—

Date of projected pay-off _____

—

Present balance due _____

—

Monthly payment amount _____

Submit documentation verifying the loan, balance due and co-signers' identification (if applicable).

If you have additional loans, use a separate sheet of paper for each loan and follow the same format as above.

4. List all other debts, including charge accounts and credit cards below.

Type of debt _____

—

Name of company or person _____

—

Address _____

—

Account number _____

—

Present balance _____

—

Monthly payments _____

—

If you have additional debts or charge accounts, list them on separate sheets of paper and follow the above format.

5. Were you ever summoned or subpoenaed to court in a civil action or proceeding, or were you ever a party (plaintiff or defendant) in a civil action in this state or elsewhere? Yes No

If yes, please explain in detail _____

—

—

6. Have you any garnishee, wage assignment or judgment pending against you? Yes No

If yes, give details _____

—

7. Have you ever filed bankruptcy? Yes No

If yes, give details _____

—

8. Have you ever had any personal property repossessed? Yes No

If yes, give details _____

—

9. Have you ever been refused credit? Yes No

If yes, give dates, names of business firms which refused credit and reasons for refusal _____

—

—

10. Have you ever been delinquent in income tax payments or other tax payments? Yes No

If yes, give all details _____

—

—

—

11. Submit copies of your ENTIRE Federal income tax returns (all forms and schedules) as filed with the I.R.S. for the past three (3) years.

12. Submit copies of your ENTIRE State income tax returns (all forms and schedules) as filed with the State Treasury Department for the past three (3) years.

13. Please provide a copy of your credit report.

PART II: PERSONAL DATA QUESTIONNAIRE

PERSONAL FINANCIAL DATA

CHARTER TOWNSHIP OF CLINTON

MACOMB COUNTY, MICHIGAN

To any person presented with this authorization by an agent of the Charter Township of Clinton.

You, and any person associated with you, are hereby authorized to give to the Charter Township of Clinton, or any authorized representative thereof, any and all information which may be requested regarding my bank accounts, stock and bond accounts, other financial matters and, if requested, to allow them to examine and copy any records which you may have concerning myself or my financial or business matters.

Signature

Witness

Type or print name

Type or print name

Date

