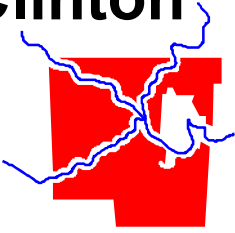


Charter Township of Clinton



SDM/SDD Liquor License Application Instructions (Effective 04/01/2016)

Please check and initial the appropriate the box:

SDM _____ (Initial)
SDD _____ (Initial)

OFFICERS:
Robert J. Cannon
Supervisor
Kim Meltzer
Clerk
Paul Gielegem
Treasurer

TRUSTEES:
Joe A. Aragona
Mike Keys
Kenneth Pearl
Jenifer "Joie" West

A **five hundred dollar (\$500.00)** non-refundable Application Fee for each license **made payable to the Charter Township of Clinton** is required at the time you submit a completed application. Township departments including Police, Fire, Building, Planning and Clerk's Office are involved in the processing, review, investigation and recommendation of each application. The application process expends considerable amounts of employee resources and taxpayer dollars.

INSTRUCTIONS

Read every question carefully and answer each question accurately. The information that you provide in this application form will be used in an investigation to determine if your character and financial ability to operate a liquor establishment meet the requested standards set forth by the Michigan Liquor Control Act and Rules and the Charter Township of Clinton Ordinances.

It is requested that you type the answers on the application form, however, if access to a typewriter is not possible, please print the answers neatly in ink (the answers must be legible). If the space provided is insufficient for a complete answer, please use additional sheets of paper, but please follow the same format that is used in the application form. If a question is not applicable to you, answer with N/A (Not Applicable). Each question **must** have some type of answer.

Submit an original application form, one for each member, partner or shareholder to the Township Clerk's office.

Sworn notarized statements are required at the conclusion of each part/section.

All statements and documents are subject to verification and any deliberate inaccuracies, falsifications or incomplete statements and documents may result in a denial of your request for a liquor license.

CRITERIA

The Township recommendation considers the following criteria:

CIVIC CENTER

40700 Romeo Plank Road • Clinton Township, Michigan • 48038-2900
Phone: (586) 286-8000 • Fax: (586) 228-1770

1. Whether the applicant and any entity the applicant is associated with and whether the business to be transferred, including the real estate upon which it is located, has timely paid all real and property taxes for the previous three (3) years.
2. Whether Ordinance or Code Violations have been issued and if so, how they were resolved or whether they are outstanding for businesses in which the applicant has had an interest in the Township for the past three (3) years and for the business to be acquired.
3. Previous criminal history, if any, including violations that relate to the operation of a liquor license premise, assaultive behavior, alcohol related offenses and felonies.
4. Proposed alcohol server training.

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. Floor Plan of present facility or proposed facility or renovation plans, which include capacity.
2. 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.
3. Evidence of interest in the property (deed, lease, option to purchase or lease).
4. Purchase agreement and proof of source of funds used to purchase if transfer.

SDD / SDM LIQUOR LICENSE CORRESPONDENCE INFORMATION
 Sole Proprietor Partnership Corporation Limited Liability Corporation

Name of Applicant _____

Name and Address of Applicant Business _____

City/State/Zip Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

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 [Three (3) sections]

BUSINESS OWNERSHIP DATA – Section 1

Corporation/Partnership:

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

If yes, explain: _____

2. Is Corporation/Partnership/LLC 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. For each prospective employee provide verification of alcohol server training.

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. Provide a copy of the site plan and an interior layout.

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 Marshal	_____	_____	_____	_____

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 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.

13. Has this business obtained a Federal Employer Identification Number? Yes No
If yes, list number and provide a copy _____

14. Has this business obtained a Michigan Sales and Use Tax License? Yes No
If yes, list number and provide a copy _____

15. Does this business possess a license from the Michigan Bureau of Lottery? Yes No
If yes, list number and provide a copy _____

16. Does this business possess any other type of license issued by any other government authority?
 Yes No
If yes, list number and provide a copy _____

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 [Two (2) 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 County State)
Country

6. Provide a copy of your driver license, passport or Michigan identification.

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 _____

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

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

20. Have you or your spouse or previous spouse, or any of your children, 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, member, manager, or participant in limited liability company, type of license, address, and dates).

21. Have you or your spouse ever been convicted of a felony of any kind, or misdemeanor involving alcohol, assaultive behavior, or sexual misconduct, or do you, or they have criminal charges pending?

Yes No

List offenses _____

Give complete record of all arrests and convictions, including dates and places____

22. 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 _____

23. What is your present occupation? _____

24. 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.

25. 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)

26. 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.

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

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

29. 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.

30. 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:

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 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-premise or off-premise 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 interest in an on premise or off premise liquor license business in the State of Michigan, or any other state.

Yes No

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

BUSINESS 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

