

# Charter Township of Clinton



## B LICENSE Liquor License Application Instructions (Effective 12/2/2013)

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

**TRUSTEES:**  
Joe A. Aragona  
Mike Keys  
Kenneth Pearl  
Jenifer (Joie) West

A **one-thousand-eight hundred fifty dollar (\$1,850.00)** non-refundable Application Fee **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 partner, to the Township Clerk's office.

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

You will be fingerprinted and have a photograph taken by the Police Department. When they contact you, you will be required to bring a check(s) payable to the State of Michigan for \$30 for each set of fingerprints.

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

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.

### CIVIC CENTER

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

## 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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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

AFFIDAVIT

State of Michigan    )  
                                  ) SS  
County of \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says that he/she has read the foregoing application, by him/her subscribed that he/she understands the contents thereof; that the information as written by him/her is true to the best of his/her knowledge and belief; and that he/she has been informed and understands that any material misrepresentation of facts given by him/her may be cause for denial of license; or if license is approved, it may later be cause for rejection of license renewal.

Any person, firm or corporation who shall knowingly make any false representation in order to obtain approval of the application submitted under the terms of this Ordinance shall, upon conviction thereof, be guilty of a misdemeanor and upon conviction thereof, may be fined a sum not exceeding one hundred dollars (\$100.00) or imprisoned for a term not exceeding ninety (90) days or be both; such fine and imprisonment, at the discretion of the court.

\_\_\_\_\_  
(Applicant must sign before a Notary Public)

\_\_\_\_\_  
Notary Public, State of Michigan

County of \_\_\_\_\_

My Commission expires \_\_\_\_\_

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 County State Country)
- 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.

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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.

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

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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).

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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.

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

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

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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.

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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.

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

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

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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.

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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:

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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:

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40. What is your educational background? \_\_\_\_\_

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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

AFFIDAVIT

State of Michigan    )  
                                  ) SS  
County of \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says that he/she has read the foregoing application, by him/her subscribed that he/she understands the contents thereof; that the information as written by him/her is true to the best of his/her knowledge and belief; and that he/she has been informed and understands that any material misrepresentation of facts given by him/her may be cause for denial of license; or if license is approved, it may later be cause for rejection of license renewal.

\_\_\_\_\_  
(Applicant must sign before a Notary Public)

\_\_\_\_\_  
Notary Public, State of Michigan

County of \_\_\_\_\_

My Commission expires \_\_\_\_\_

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\_\_\_\_\_

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

If yes, give all details\_\_\_\_\_

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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