



City of Ann Arbor
Office of the City Clerk
301 E. Huron Street
Ann Arbor, MI 48104

CITY OF ANN ARBOR LIQUOR LICENSE APPLICATION

The undersigned requests approval of the City of Ann Arbor of a new or transfer of an off-premise licensed business (SDD or SDM) in the City and provides the following information in connection with that request. The signer declares that the information recorded in this application is accurate to the best of his or her knowledge.

Please check all that apply:

- TRANSFER OWNERSHIP OF SDM LICENSE (\$500.00)
- TRANSFER LOCATION OF SDM LICENSE (\$500.00)
- TRANSFER OWNERSHIP OF SDD LICENSE (\$500.00)
- TRANSFER LOCATION OF SDD LICENSE (\$500.00)
- NEW SDM LICENSE (\$500.00)
- NEW SDD LICENSE (\$500.00)
- ADD/DELETE PARTNER

Please answer all questions completely, indicating n/a where applicable. Do not leave blank spaces. Incomplete applications may be refused or require additional processing time.

NOTE: As part of this application, PETITIONER MUST attach a copy of the complete application filed on his or her behalf for this license with the Michigan Liquor Control Commission. The application is not considered complete without the MLCC documents.

1. Full name and address of applicant(s), including aka(s): (Attach additional sheet if necessary).

Name: _____

Address _____ Suite #: _____

City: _____ State: _____ Zip: _____

Phone No.: _____

Email: _____

aka(s): _____

If the applicant is a corporation, give the corporate name and the names and addresses of the officers of the corporation: (Attach additional sheet if necessary).

Corporate Name: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Officers (Please List): _____

Business Name (D.B.A.): _____

If adding partners, list names and addresses of partners being added (Use separate sheet for additional partners.):

Name: _____

Name: _____

Address: _____

Address: _____

Suite #: _____

Suite #: _____

City: _____ State: _____

City: _____ State: _____

Zip: _____

Zip: _____

Phone # (if known): _____

Phone # (if known): _____

If deleting partners, list names and addresses of partners being deleted (Use separate sheet for additional partners.):

Name: _____

Name: _____

Address: _____

Address: _____

Suite #: _____

Suite #: _____

City: _____ State: _____

City: _____ State: _____

Zip: _____

Zip: _____

Phone # (if known): _____

Phone # (if known): _____

2. Name and location of establishment currently licensed:

Name: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Phone # (if known): _____

Personal Property Tax ID No. (If licensed in Ann Arbor): _____

Is this establishment currently operating? _____ Yes _____ No

Name of current license holder: (Include corporate name and business name (d.b.a.) if known).

Name: _____

Corporate Name: _____

Business Name: _____

d.b.a. (if known): _____

3. *If transfer involves relocation of the license, skip to question 4.*

Are renovations to the existing structure planned? Yes _____ No _____

If yes, detail plans, including estimated cost:

4. If the transfer involves relocation of the license, list the address to which the license is to be relocated:

Address: _____ Suite #: _____

City: _____ Zip: _____

Will a building be constructed at the above address? _____ Yes _____ No

If yes, list construction details (including type of building to be constructed, square footage to be licensed, seating to be available, anticipated construction period, estimated construction cost, etc.):

If no, are renovations planned for the existing structure?

Yes _____ No _____

Detail plans, including estimated cost:

5. Do any of the applicants or their spouses operate or have a financial interest in any other establishment licensed by the Michigan Liquor Control Commission (in the case of a corporate applicant, this question applies to all owners/stockholders of the corporation)?
_____ Yes _____ No

If yes, give the name and location of the establishment, type of license, and financial interest of each individual so involved (use a separate sheet if more than one individual is involved):

Name: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Type of License: _____

Financial Interest: _____

6. Are any personal property, real estate taxes or any other obligation to the City owed by the current holder of the license?
_____ Yes _____ No

Failure to report and pay these obligations may result in a delay in processing this application.

If yes, detail amount:

Personal Property or Real Estate Tax ID No.: _____

Note: Section 9:77 of the Ann Arbor City Code prohibits the City Council from recommending approval of the transfer or renewal of a liquor license if the owner is delinquent in the payment of personal property taxes or any other obligation to the City.

_____ date

_____ Signature

_____ Print Name

_____ if corporate officer, state title

_____ Phone Number

There is a nonrefundable city application fee of \$500.00 for each of the following activities:

- Transfer of an SDD or SDM License
- New SDD or SDM License

The application will be referred to the City Treasurer, Police, Building and Fire Departments for recommendations prior to City Council approval.

Revised 3/5/2009