



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

### CITY OF ANN ARBOR LIQUOR LICENSE APPLICATION

The undersigned requests approval of the City of Ann Arbor to transfer an on-premise licensed business and/or to add/delete partners in an on-premise licensed business 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.

- NEW LIQUOR LICENSE (\$600.00) **(Check type of license below; i.e. Micro Brewer, Wine Tasting, etc.)**
- TRANSFER OF OWNERSHIP OF ON-PREMISE LICENSED BUSINESS:
- TRANSFER OF LOCATION
- CLASS C    CLASS G-1, G-2    CLUB
- RESORT    BREWPUB    BREWER
- MICRO BREWER    WINE TASTING ROOM
- SMALL WINE MAKER    TAVERN
- BRANDY MANUFACTURER
- ADDING OR DELETING PARTNER(S)
- DANCE/ENTERTAINMENT PERMIT
- EXTENDED HOURS PERMIT (For Entertainment Purposes only)
- ADDING OR DELETING SPACE
- TRANSFER OF SDD AND/OR SDM (Incurs no fee)
- NEW SDD AND/OR SDM (Incurs no fee)

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.

- 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): _____	Name: _____ Address _____ Suite #: _____ City: _____ State: _____ Zip: _____ Phone No.: _____ Email: _____ aka(s): _____
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1. 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:

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5. What other types of licenses/permits will be transferred and held in conjunction with the on-premise license? (e.g., Dance Permit, Entertainment Permit, Extended Hours Permit, SDM License, etc.)

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6. Detail plans for operation of the establishment to be licensed (e. g., nature of business, operating hours, number of employees, entertainment, dance, food, etc.):

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7. 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: \_\_\_\_\_

8. 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
If Corporate Officer, state title

\_\_\_\_\_  
Phone Number