



CITY OF ANN ARBOR
APPLICATION FOR NEW LICENSES

Date: _____

Instructions: This application must be completed and returned with a \$150 application fee for each license before it can be considered. All answers must be typed or printed. Sign the completed form in ink and return to the City Clerk, 301 E. Huron St., Ann arbor, Michigan 48104. **MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO THE CITY OF ANN ARBOR, MICHIGAN.**

1. Applicant identification-all applicants	
Name of individual, partnership, corporation or limited liability company who will hold the license:	Contact Person Name:
Business Street Address:	Street Address:
City/State/Zip Code:	City/State/Zip Code:
E-Mail:	Business Phone No. Home Phone No. () ()

<p>2. Nature of Application – (Check all that apply)</p> <p><input type="checkbox"/> Retail Applicants</p> <p><input type="checkbox"/> Manufacturer or Wholesale Applicants</p>
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3. Retail Applicants – (Please identify all permits being applied for with this license application)	
<p>3a. Check Type of License</p> <p><input type="checkbox"/> SDM</p> <p><input type="checkbox"/> Class C</p> <p><input type="checkbox"/> A-Hotel</p> <p><input type="checkbox"/> B-Hotel</p> <p><input type="checkbox"/> Tavern</p> <p><input type="checkbox"/> Club</p> <p><input type="checkbox"/> SDD</p> <p><input type="checkbox"/> Redevelopment</p> <p><input type="checkbox"/> Other: _____</p>	<p>3b. Check Type of Permits</p> <p><input type="checkbox"/> Sunday Sales</p> <p><input type="checkbox"/> Add Bar</p> <p><input type="checkbox"/> Entertainment Sales</p> <p><input type="checkbox"/> Dance</p> <p><input type="checkbox"/> Outdoor Sales</p> <p><input type="checkbox"/> Before / After Hours For: _____</p> <p><input type="checkbox"/> Other: _____</p>

4. New Manufacturer or Wholesale Applicants		
<p><input type="checkbox"/> Wine Maker</p> <p><input type="checkbox"/> Small Wine Maker</p> <p><input type="checkbox"/> Wine Maker Tasting Room</p> <p><input type="checkbox"/> Micro Brewer</p> <p><input type="checkbox"/> Small Distiller</p>	<p><input type="checkbox"/> Manufacturer of Spirits</p> <p><input type="checkbox"/> Industrial Manufacturer</p> <p><input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Brewpub</p>	<p><input type="checkbox"/> Outstate Seller of Mixed Spirit Drinks</p> <p><input type="checkbox"/> Outstate Seller of Wine</p> <p><input type="checkbox"/> Outstate Seller of Beer</p> <p><input type="checkbox"/> Other: _____</p>

5. Transfer Applicants – (Please identify all other types of licenses/permits will be transferred and held in conjunction with the on-premise license)

5a. Check Type of License	5b. Check Type of Permits
<input type="checkbox"/> SDM <input type="checkbox"/> Class C <input type="checkbox"/> A-Hotel <input type="checkbox"/> B-Hotel <input type="checkbox"/> Tavern <input type="checkbox"/> Club <input type="checkbox"/> SDD <input type="checkbox"/> Redevelopment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Sunday Sales <input type="checkbox"/> Add Bar <input type="checkbox"/> Entertainment Sales <input type="checkbox"/> Dance <input type="checkbox"/> Outdoor Sales <input type="checkbox"/> Before / After Hours For: _____ <input type="checkbox"/> Other: _____

6. Proposed Licensed Address:

7. Briefly describe the business, for example – Drug Store, Restaurant, Party Store, Wholesaler, Wine Maker, etc.

8. This proposed licensed business will be owned by: (check one)
 Me as the individual owner The named corporation The named liability company
 The following partners (indicate limited partners with an “L” before their name)
Partnership Information: (attach additional sheet if necessary)

Name of Partners	Home Address	Telephone Number

* All partners may be required to complete and submit additional information as part of the application review process, by completing this application applicant agrees to comply with any such requests.

9. Personal Information – Individual Applicants and Partnership Members Only

Date of Birth _____ (required to confirm applicant is over 21 years of age)

If you are not a US Citizen – Are you a registered alien? Yes No Or, do you have a Visa? Yes No

Full name of spouse: _____

Have you ever legally changed your name? Yes No If Yes, from _____ to _____

Have you been known by other names? Yes No List Names: _____

Have you ever been convicted of a criminal offense, including alcohol related infractions (exclude traffic citations)?

Yes No If Yes, please list charge, date of conviction, location and disposition below.

(Use additional sheet if necessary.)

CHARGE	DATE	PLACE	DESCRIPTION
_____	_____	_____	_____
_____	_____	_____	_____

List your former occupations for the past 3 years:

DATE (to/from)	OCCUPATION	EMPLOYER NAME AND ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

I or my spouse previously held or now hold interest in the following licenses for sale of alcoholic beverages as sole licensee, partner or corporation:

NAME OF LICENSE	TYPE OF LICENSE	LOCATION	DATE
_____	_____	_____	_____
_____	_____	_____	_____

Do you or your spouse hold any law enforcement powers including powers of arrest? Yes No

10. Limited Partnership Applicants Only – is the limited partnership authorized to do business under the laws of Michigan?

Yes No Date authorized: _____

11. Corporate & Limited Liability Company Applicants Only -

Attach copy filed or proposed Articles of Incorporation, last annual report/statement filed & attach copy of stock options.

Corporate/LLC Name:	Incorporation/Organization date:
Incorporated/Organized in what State?	Michigan Authorization date:

11. Continued

Name, Address, Phone Number of Resident Agent:

(Check one of each) Profit or Nonprofit Corporation Public or Private Corporation

Date last annual report/statement filed with Michigan Corporation and Securities:

Corporate Officers	Name	Address	Phone Number
President	_____	_____	_____
Vice-President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

12. Corporations and Limited Liability Companies – List all persons, companies and other entities that hold or will hold stock interest or membership in applicant entity.

Name	Address	Phone Number	%Interest
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

13. Denial of Application/Revocation of License**(A)** Have you, prior to this application, made application(s) for a similar or other license on premises other than described in this application? Yes No

If yes, please list date, place and disposition of such application(s).

(B) Have you, prior to this application, been disqualified to receive approval for a license under the laws of the State of Michigan? Yes No

If yes, please explain.

(C) Have you ever held a liquor license which has been revoked or not renewed? Yes No

If yes, please state reason.

14. Financial Details – All applicants

(A) Source of funds used to establish business, or which will be used to purchase this business, list name, address and amount of all money lenders.

Name	Address	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(B) Attorney or representative

Name	Address	Phone Number
_____	_____	_____

15. Personal Property, Real Estate Taxes or Any Other Obligation to the City

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.

16. Premises (Answer either A, B, or C.) Applicant shall attach a building and grounds layout diagram (8-1/2 x 11) showing the entire structure, premises, and grounds, and in particular the specific areas where the license is to be utilized. Plans shall demonstrate adequate off-street parking, lighting, refuse disposal facilities, and where appropriate, adequate plans for screening and notice control.

(A) New Construction

Do you need to build a facility at the residence that will hold the license? Yes No

If yes, do you have building permits? Yes No

If no, when do you plan to get them? _____

If yes, when do you expect construction will begin? _____

If yes, when do you expect construction to be completed? _____

If yes, what is the estimated cost of construction of the facility? \$ _____

When is your anticipated occupancy date/open for business date? _____

Would you build the facility at this location if you do not get a license? Yes No

(B) Existing Facility-No Renovation

Is the facility currently occupied? Yes No

If yes, do you intend to be licensed under the existing business at this location? Yes No

If yes, do you intend to be licensed under the same management? Yes No

How long has the existing business be at the location? _____

Are you currently associated with the business operation on site? Yes No

If yes, in what capacity are you associated? _____

If no, will you be purchasing the premises? _____

(C) Existing Facility-Renovation

Do you plan to renovate an existing facility? Yes No
If yes, what is the estimated cost of the renovation? \$ _____
If yes, when do you expect construction will begin? _____
If yes, when do you expect the construction to be completed? _____
When is your anticipated occupancy date/open for business date? _____
Is the facility currently occupied? Yes No
If yes, are you currently associated with the business operation on site? Yes No
If yes, in what capacity are you associated? _____
Will it be necessary to temporarily close the facility for renovation? Yes No
If yes, how long will the facility be closed? _____
Are you going to renovate the facility if you do not get a license? Yes No

17. Employment – (All applicants must complete either A or B section)

(A) Existing Business

How large is the current staff? (i.e. 1 full-time bartender)

Number	Full	or	Part-time	Position
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____

Will you be retaining current staffing levels, expanding current staffing levels, or decreasing current staffing levels if you receive the license? Explain. _____

(B) New Business

How large of a staff do you plan to have? (i.e. 1 full-time bartender)

Number	Full	or	Part-time	Position
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____

18. Operating Statement – Attach a general operation statement outlining the proposed manner in which the business for which the license being proposed will be operated, including a schedule of the hours of operation, food services, crowd control, and use of facilities.

19. Personal Statement – (App applicants must complete this requirement)

Please describe how this business will enhance the City of Ann Arbor community. What special considerations should we take into account in evaluating your application? PLEASE LIMIT YOUR ANSWER TO 200 WORDS OR LESS. Please attach a separate sheet of paper if necessary.

I have read all of the above answers and they are true. I agree to provide all requested information and to fully cooperate with all City Service Areas requesting any and all additional information provided in this application or any attachment thereto. Any changes that occur after the date of this application, applicant will notify the City Clerk, in writing, within 14-days of such change. I understand that the falsification of the information on this form or any false statements made during investigations may constitute grounds for denial of a license.

I warrant that I am not disqualified to receive a liquor license under the ordinances of the City of Ann Arbor or the laws of the State of Michigan. If granted a liquor license I will not violate any federal or state laws or any ordinance of the City of Ann Arbor in the conduct of business.

Attested to:

Date of Application

Signature of Applicant
(if applicant is a corporation, include title
of signor)

Name of person completing this
form if not the applicant