



# City of Southfield

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26000 Evergreen Road • P.O. Box 2055 • Southfield, MI 48037-2055 • [www.cityofsouthfield.com](http://www.cityofsouthfield.com)

Dear Applicant,

When applying for a Liquor License with the City of Southfield please have the following when you return your application to the Clerk's office.

- Application Fee:
  - On Premise License-\$1500
  - Off Premises License-\$1500
  - Permits - \$250
  - Multiple Stock Holders or Partners-\$100
- Application:
  - Notarized
- Police Background Check Application
- Finger prints
- Copy of Driver's License (Front and Back)
- Copy of State License
- Certificate of Compliance Fee: \$150 -All New Liquor License inspections require this fee to be paid prior to the inspection being performed. The "Certificate of Compliance" will be issued once all corrections are made. A change in owner/tenant will require this fee to be paid and will be treated as a New Liquor License inspection.
- MLCC's Application for Licenses, Permits or Transfer of Ownership or Interest in License
- MLCC's Statement of Money Lender
- MLCC's Local Government Approval Form
- Any loan documents associated with liquor license
- Any promissory notes associated with the liquor license
- Any lease agreements associated with the liquor license
- Any management agreements associated with the liquor license

If the license applicant is a corporation, copies of the documents listed below, in addition to the aforementioned documents, **must be provided**.

- MLCC's form for Individual or Corporate Stockholder Questionnaire
- MLCC's form for Report of Corporate Officers, Board of Directors and Stockholders
- Corporation and Securities Bureau Filed Articles of Incorporation
- Last Annual Report

The City of Southfield Liquor License Application must be filled out by each applicant and returned to the City Clerk's Office. Once all the information required is received an investigation will begin. The investigation cannot begin until all documents are received and all necessary fees are paid.

Once your applications are received you will be contacted by a representative from the Police Department to conduct their investigation. Inspectors from the Building Department, Planning and Health Department will also be coming out to do inspections. You will be contacted by the City Clerk's Office once a decision regarding your application has been made. If you have any questions do not hesitate to contact us at (248)796-5150.

08/2023



26000 Evergreen Road  
P.O. Box 2055  
Southfield, Michigan 48037-2055

## Application for Liquor License

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Original

\_\_\_\_ Transfer

\_\_\_\_ On Premise License - (Class C- Allows a restaurant or bar to serve beer, wine, mixed spirit drink and spirits to customers)  
(\$1500 fee -subject to change)

\_\_\_\_ Off Premises License  
(\$1500 fee -subject to change)

\_\_\_\_ SDM- Specially Designated Merchant- Allows convenience store, grocery store or gas station to sell beer and wine to consumers for consumption off premises.

\_\_\_\_ SDD- Specially Designated Distributor- Allows a convenience store, grocery store, or gas station to sell spirits to consumers for consumption off premises. An SDD license is almost always held in conjunction with an SDM license.

### Additional Charges

\_\_\_\_ Permits (Multiple Permits One Fee)  
(\$250 fee-subject to change)

\_\_\_\_ Multiple Stock Holders or Partners  
(\$100 fee- subject to change)

Certificate of Compliance (Please pay in the Building Department)  
(\$150 fee- subject to change)

1. Name of Applicant:

\_\_\_\_\_

First Name	Middle Name	Last Name
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2. Telephone Number of Applicant: (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

3. Relationship of Applicant to the Establishment: \_\_\_\_\_

4. List of all other names used by Applicant at any other time: \_\_\_\_\_

5. Name of Establishment: \_\_\_\_\_

6. Address of Establishment:

\_\_\_\_\_

Number & Street	City/State	Zip Code
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7. Mailing Address of Proposed/Licensed Establishment (if different from above):

\_\_\_\_\_

Number & Street	City/State	Zip Code
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8. Telephone Number of Proposed/Licensed Establishment: (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

9. Name of business which will own establishment (if different from applicant):

\_\_\_\_\_

10. Trade name under which the establishment will be operated (if different from above):

\_\_\_\_\_

11. Form of Business:

- A. \_\_\_\_\_ Sole Proprietorship: If doing business under an assumed name attach D/B/A Certificate;
- B. \_\_\_\_\_ Partnership (General or Limited): Provide full names, dates of birth, home addresses of all partners (pgs. 2-4): also attach applicable Articles of Partnership;
- C. \_\_\_\_\_ Corporation (Public or Private) Provide a copy of the Articles of Incorporation;
- D. \_\_\_\_\_ Limited-Liability Company – Provide a copy of the Articles of Incorporation

12. Federal Identification Number: \_\_\_\_\_

13. The following questions must be answered:

- a. \_\_\_\_\_ Sole Proprietorship
- b. \_\_\_\_\_ Partnership - Name and address of each partner
- c. \_\_\_\_\_ Privately-Held Corporation- Name and address of each corporate officer, member of the board of directors, and stockholders and a copy of the articles of incorporation shall be attached to the application.
- d. \_\_\_\_\_ Publicly-Held Corporation- The name and address of each corporate officer, member of the board of directors and each stockholder who owns ten (10) percent or more of the corporate stock shall be listed on the application.
- e. \_\_\_\_\_ Limited-Liability Company – the name and address of each member, manager and assignee of a membership interest; the articles of incorporation shall be attached to the application.
- f. If the applicant will not devote full-time to the business, by manager/operator

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First Name	Middle Name	Last Name
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Position held in Organization	Amount of Stock Owned
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Number & Street	City/State	Zip Code
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Home Telephone	Business Telephone	Email Address
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First Name	Middle Name	Last Name
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Position held in Organization	Amount of Stock Owned
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Number & Street	City/State	Zip Code
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Home Telephone	Business Telephone	Email Address
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First Name	Middle Name	Last Name
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Position held in Organization	Amount of Stock Owned
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Number & Street City/State Zip Code

Home Telephone Business Telephone Email Address

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First Name Middle Name Last Name

Position held in Organization Amount of Stock Owned

Number & Street City/State Zip Code

Home Telephone Business Telephone Email Address

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First Name Middle Name Last Name

Position held in Organization Amount of Stock Owned

Number & Street City/State Zip Code

Home Telephone Business Telephone Email Address

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14. How long have you been a resident of Michigan? \_\_\_\_\_

15. Have you or any company in which you were a sole proprietor, partner, general partner or owner of more than 10% of stock ever filed for bankruptcy protection? \_\_\_\_\_

16. If the answer to Question 15 was "yes" please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. List of employers and occupation(s) for the past 10 years:

Employer Occupation Years

Employer Occupation Years

Employer	Occupation	Years
Employer	Occupation	Years
Employer	Occupation	Years

18. Give the names, addresses and telephone numbers of five (5) citizens who know your reputation in the community in which you have lived and done business during the past 10 years.

First Name	Middle Name	Last Name
Number & Street	City/State	Zip Code
Home Telephone	Business Telephone	Email Address
*****		

First Name	Middle Name	Last Name
Number & Street	City/State	Zip Code
Home Telephone	Business Telephone	Email Address
*****		

First Name	Middle Name	Last Name
Number & Street	City/State	Zip Code
Home Telephone	Business Telephone	Email Address
*****		

First Name	Middle Name	Last Name
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Number & Street	City/State	Zip Code
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Home Telephone	Business Telephone	Email Address
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First Name	Middle Name	Last Name
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Number & Street	City/State	Zip Code
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Home Telephone	Business Telephone	Email Address
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19. Do you or any member of your family hold a license for the sale of alcoholic beverages at the present time, either as an individual, member of a partnership, or stock holder in a licensed corporation? \_\_\_\_\_ If yes, list the type of license: \_\_\_\_\_ List the name in which the license is issued and the relationship to you:

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Name	Nature of Relationship
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Number & Street	City/State	Zip Code
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20. Have you or any member of your family previously held a license or any interest in a license for the sale of alcoholic beverages in the State of Michigan? \_\_\_\_\_ If yes, list the type of license: \_\_\_\_\_ List the names in which the license is issued and the relationship to you:

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Name	Nature of Relationship
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Number & Street	City/State	Zip Code
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21. Have you, or any member of your family, ever held a license for the sale of alcoholic beverages anywhere else in the United States? \_\_\_\_\_ If yes, give the name, address and city and state in which the license was held:



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Name \_\_\_\_\_ City/State of License \_\_\_\_\_

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Number & Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

22. Financial Qualifications Statement

A. Do you presently own the building? \_\_\_\_\_ If not, list the name and address of the owner and the terms of the lease:

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Name of Owner \_\_\_\_\_

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Number & Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Terms of Agreement \_\_\_\_\_

If you presently own the building, but it is subject to a mortgage or being purchased under a land contract, answer the following:

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Name of Mortgage /Land Contract Holder \_\_\_\_\_

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Number & Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

\$ \_\_\_\_\_  
Balance Owing

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Repayment Terms, including interest rate

B. What is the total price of the business? \$ \_\_\_\_\_

C. What is the total down payment? \$ \_\_\_\_\_

D. What is your share of the down payment? \_\_\_\_\_ %

E. Balance of the loan to be paid off (per month) \$ \_\_\_\_\_

F. Interest Rate of the loan (annual) \_\_\_\_\_ %

G. Length of loan (number of years) \_\_\_\_\_

H. Are all of your city and county personal property taxes paid to day? \_\_\_\_\_

I. Are you borrowing money to finance the business? \_\_\_\_\_ If yes, from whom?

\_\_\_\_\_  
Name of Person or Financial Institution

\$ \_\_\_\_\_

Amount Borrowed

\_\_\_\_\_  
Terms of Repayment

J. If you are not borrowing the entire amount of money, state the specific source from which the money was obtained:

Source	Means	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

K. Do you presently own the fixtures? \_\_\_\_\_ If not, list the name and address of the owner:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

L. Do you plan on purchasing the fixtures? \_\_\_\_\_ If yes, complete the following:

\$ \_\_\_\_\_

Purchase Price

\_\_\_\_\_  
Terms

23. The business is presently operating or will be operated as: \_\_\_\_\_

24. List the hours of operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

25. Are you going to devote full time to the operation of this business? \_\_\_\_\_  
If managed, by whom? (Please refer to Page 2 of the Police Application)

\_\_\_\_\_  
First Name Middle Name Last Name

Who will be authorized to sign checks and pay bills relating to the operation of the licensed business?

\_\_\_\_\_  
First Name Middle Name Last Name

26. Describe the proposed facilities in some detail (square footage, seating capacity, parking capacity, mode of transportation, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Can living quarters be reached from inside of the establishment without going outside?  
\_\_\_\_\_

28. Does applicant intend to have dancing and/or entertainment? \_\_\_\_\_

I hereby authorize the City of Southfield, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application and the qualifications of the applicant for the license, and I will execute waivers or authorization for the release of information upon request.

State of Michigan)

)ss.

County of Oakland)

I, \_\_\_\_\_, hereby declare under penalty of perjury, that the foregoing information in this application is true and correct and understand any falsification or omission is grounds for denial or if issued a license grounds for revocation or recommendation for non-renewal.

\_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
\_\_\_\_\_, did appear personally before me, a Notary Public, in and for the said County, and being duly sworn by me, did state (s)he is the applicant of the within application, and that the information contained within the application is true, correct and complete.

\_\_\_\_\_

Notary Public

Oakland County, Michigan

My Commission Expires: \_\_\_\_\_

Name and address of person making out foregoing application, if not made out by the applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_)\_\_\_\_\_

CITY OF SOUTHFIELD  
LIQUOR LICENSE APPLICATION-PART II  
CERTIFICATION AND APPROVAL OF SOUTHFIELD CHIEF OF POLICE

The information requested on the following pages is for use by the Southfield Police Department only as part of its background investigation pertinent to the City of Southfield interests in this matter.

Please be aware that the processing of this application will not begin until all requested documents are submitted and all questions on the application answered; use additional pages if necessary. All paperwork is to be submitted to the City Clerk's Office with the appropriate fees.

Your cooperation in completely filling out this application is appreciated.

1. Name of Applicant:

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First Name	Middle Name	Last Name
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2. Home Address of Applicant:

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Street & Number	City/State	Zip Code
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3. Address of Proposed/Licensed Establishment:

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Number & Street	City/State	Zip Code
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4. Type of license applied for: \_\_\_\_\_

5. Refer to pages two and three of the application. For each individual listed on pages two and three, the following information must be completed:

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First Name	Middle Name	Last Name
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Alias's or Maiden Name

Number & Street	City/State	Zip Code
(____)_____-_____	(____)_____-_____	_____
Primary Telephone Number	Business Telephone Number	E-Mail Address
Height: ____ft. ____in.	Weight: _____lbs.	Hair Color: _____
Eye Color: _____	Gender: _____	Date of Birth: ____/____/____
Driver's License Number: _____		State Issued: _____
Social Security Number: _____-_____-_____		
Citizenship: _____		
Naturalization I.D. Number: _____		
Visa:		
• Date of Issuance: ____/____/____		
• Place of Issuance: _____		

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First Name	Middle Name	Last Name
Alias's or Maiden Name		

Number & Street	City/State	Zip Code
(____)_____-_____	(____)_____-_____	_____
Primary Telephone Number	Business Telephone Number	E-Mail Address
Height: ____ft. ____in.	Weight: _____lbs.	Hair Color: _____
Eye Color: _____	Gender: _____	Date of Birth: ____/____/____
Driver's License Number: _____		State Issued: _____
Social Security Number: _____-_____-_____		
Citizenship: _____		
Naturalization I.D. Number: _____		
Visa:		
• Date of Issuance: ____/____/____		
• Place of Issuance: _____		

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\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Alias's or Maiden Name

\_\_\_\_\_  
Number & Street City/State Zip Code

(\_\_\_\_)\_\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_\_-\_\_\_\_ \_\_\_\_\_  
Primary Telephone Number Business Telephone Number E-Mail Address

Height: \_\_\_\_ft. \_\_\_\_in. Weight: \_\_\_\_lbs. Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Citizenship: \_\_\_\_\_

Naturalization I.D. Number: \_\_\_\_\_

Visa:

- Date of Issuance: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Place of Issuance: \_\_\_\_\_

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\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Alias's or Maiden Name

\_\_\_\_\_  
Number & Street City/State Zip Code

(\_\_\_\_)\_\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_\_-\_\_\_\_ \_\_\_\_\_  
Primary Telephone Number Business Telephone Number E-Mail Address

Height: \_\_\_\_ft. \_\_\_\_in. Weight: \_\_\_\_lbs. Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Citizenship: \_\_\_\_\_

Naturalization I.D. Number: \_\_\_\_\_

Visa:

- Date of Issuance: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Place of Issuance: \_\_\_\_\_

6. Describe any physical characteristics (amputations, scars, tattoos, etc.) \_\_\_\_\_

7. Full name of spouse, including maiden name:

First Name	Middle Name	Last Name
_____	_____	_____

Alias's or Maiden Name

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9. Residence addresses and telephone numbers for the past five years:

Number & Street (____)_____ - _____	City/State _____	Zip Code _____
Telephone Number	Years in Residence	

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Number & Street (____)_____ - _____	City/State _____	Zip Code _____
Telephone Number	Years in Residence	

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Number & Street (____)_____ - _____	City/State _____	Zip Code _____
Telephone Number	Years in Residence	

8. Residence address and telephone numbers for the past 10 years:

Number & Street (____)_____ - _____	City/State _____	Zip Code _____
Telephone Number	Years in Residence	

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Number & Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Years in Residence \_\_\_\_\_

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Number & Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Years in Residence \_\_\_\_\_

9. Give a complete record of all arrests, whether convicted or not, including dates, places, circumstances and dispositions (add additional pages if necessary)

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10. List all civil cases in which you have been involved as a plaintiff or defendant, including dates, places, circumstances and dispositions and describe the case in detail. (Add additional pages if necessary):

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11. Do you associate or have you ever associated with a known person(s) who have been involved in, arrested or convicted of gambling, narcotics or vice activities? If yes, please explain in detail:

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12. List all places of banking as well as banking references:

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

13. About your Financial Qualifications Statement: If you are not borrowing the entire amount of money, state specifically the source from which the money was obtained:

Source	Means	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

14. State whether Federal Income Tax Returns were filed for each of the past five years and furnish the following information:

Year	Amount Filed on	Income Tax Paid
_____	\$ _____	\$ _____

\_\_\_\_\_  
First Name Middle Name Last Name

Address on Return

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Year	Amount Filed on	Income Tax Paid
_____	\$ _____	\$ _____

\_\_\_\_\_  
First Name Middle Name Last Name

Address on Return

\*\*\*\*\*

Year	Amount Filed on	Income Tax Paid
_____	\$ _____	\$ _____

\_\_\_\_\_  
First Name Middle Name Last Name

Address on Return

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Year	Amount Filed on	Income Tax Paid
_____	\$ _____	\$ _____

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First Name	Middle Name	Last Name
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Address on Return

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Year	Amount Filed on	Income Tax Paid
_____	\$ _____	\$ _____

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First Name	Middle Name	Last Name
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Address on Return

