



City of Southfield

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

05/2018



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

Application for Liquor License

Date of Application: ____/____/____

____ Original

____ Transfer

____ Certificate of Compliance
(\$150 fee- subject to change)

Type of Class C License:

____ On Premise License
(\$1500 fee -subject to change)

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

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

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

1. Name of Applicant:

First Name

Middle Name

Last Name

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

7. Mailing Address of Proposed/Licensed Establishment (if different from above):

Number & Street

City/State

Zip Code

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 (19- 24) 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

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

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

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

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

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

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

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
----------------	--------------------	---------------

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:

Name	Nature of Relationship
------	------------------------

Number & Street	City/State	Zip Code
-----------------	------------	----------

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:

Name	Nature of Relationship
------	------------------------

Number & Street	City/State	Zip Code
-----------------	------------	----------

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:

Name	City/State of License
------	-----------------------

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:

Name of Owner

Number & Street

City/State

Zip Code

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:

Name of Mortgage /Land Contract Holder

Number & Street

City/State

Zip Code

\$ _____
Balance Owing

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

Ordinance 1629

Section 7.195 of Chapter 79

CERTIFICATION AND APPROVAL OF SOUTHFIELD CHIEF OF POLICE

Trade Name: _____

Based upon all competent and pertinent information available to me, I have found, and do hereby certify, that the Applicant's character, moral integrity, and physical and mental condition, is not inimical to the public health, safety, morals or general welfare; and that the Applicant is of good moral character.

I approve the Applicant.

Date: _____

Signature: _____

References: Section 7.195, Ordinance 1629

April 12, 2018

City of Southfield

Liquor License Application
Ordinance 1629
Section 7.195 of Chapter 79

CERTIFICATION AND APPROVAL OF SOUTHFIELD FIRE CHIEF

Trade Name of Establishment: _____

Business Address: _____

(Number and Street)

(City/Township)

(Zip)

This certifies that I, as Fire Chief of the City of Southfield, based upon actual inspection of the Establishment named above, at the address shown above, on or about the _____ day of _____, 20____, found that the premises at the above business address comply with all the Fire Regulations of the state and of the City.

I approve the Applicant.

Date: _____

Signature: _____

References: Section 7.195, Ordinance 1629

April 12, 2018

City of Southfield

Liquor License Application

Ordinance 1629

Section 7.195 of Chapter 79

CERTIFICATION AND APPROVAL OF BUILDING, HOUSING AND REDEVELOPMENT

Trade Name of Establishment: _____

Business Address: _____

(Number and Street)

(City/Township)

(Zip)

This certifies that use or proposed use of the building or structure at the business address shown above, as the establishment named above, as defined in Ordinance 1629, is not prohibited by Title V of the Southfield Ordinance Code or other Zoning Regulations of the City.

This will certify that a Certificate of Occupancy has been issued for this use as this location.

I approve the Applicant.

Date: _____

Signature: _____

References: Section 7.195, Ordinance 1629

April 12, 2018

City of Southfield

Liquor License Application

Ordinance 1629

Section 7.195 of Chapter 79

CERTIFICATION AND APPROVAL OF SOUTHFIELD TREASURER

Trade Name of Establishment: _____

Business Address: _____

(Number and Street)

(City/Township)

(Zip)

This certifies that all personal property taxes, real property taxes and other obligations due and payable to the City, by the establishment named above, as defined in Ordinance 1629, have been fully paid and satisfied.

I approve the Applicant

Date: ____/____/____

Signature: _____

References: Section 7.195, Ordinance 1629

May 16, 2018

City of Southfield
Liquor License Application
Ordinance 1629
Section 7.195 of Chapter 79

CERTIFICATION AND APPROVAL OF SOUTHFIELD WATER & SEWER DEPARTMENT

Trade Name of Establishment: _____

Business Address: _____

(Number and Street)

(City/Township)

(Zip)

This certifies that all water bills due and payable to the City, by the establishment named above, as defined in Ordinance 1629, have been fully paid and satisfied.

I approve the Applicant

Date: ____/____/____

Signature: _____

References: Section 7.195, Ordinance 1629

May 16, 2018

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:

First Name	Middle Name	Last Name
------------	-------------	-----------

2. Home Address of Applicant:

Street & Number	City/State	Zip Code
-----------------	------------	----------

3. Address of Proposed/Licensed Establishment:

Number & Street	City/State	Zip Code
-----------------	------------	----------

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:

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:

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:

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: _____

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

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

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

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

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 _____	

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

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)

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):

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:

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

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

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

STATE OF MICHIGAN)
)ss.
COUNTY OF OAKLAND)

I, _____, authorize any bank, credit organization, insurance company, educational institution, business firm or person to release any and/or all personal information regarding me relative to the license for which I have applied.

The above authorization is applicable for release only to the Chief of Police of Southfield, Michigan, and/or his representative pertinent to the City of Southfield interests in this manner.

_____/_____/_____
Date

Signature of Applicant

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: () _____