

**City of South Lyon
Liquor License Application**

Please answer each question thoroughly. All answers should be typed or printed legibly and neatly in black ink. If the space provided is insufficient for a complete answer, use additional sheets following the same format used in the questionnaire. Failure to provide all required information or attachments could result in delay or denial of liquor license. All Liquor License applications are subject to final approval by the South Lyon City Council.

Name and address of applicant:

Name and address of business:

Note: If the applicant is a partnership, you must include the name and address of each partner and attach a copy of the partnership agreement. If the applicant is a privately held corporation, you must include the name and address of each corporate officer, member of the board of directors and/or stockholders. Attach a copy of the articles of incorporation.

Type of liquor license applying for (circle all those that apply):

Class C Resort Tavern Club Hotel A B Quota Transfer Microbrewery/Brewpub

Theme of Proposed Business:

Street address where the liquor license is to be located:

Questionnaire:

What is the applicant's management experience in the alcohol liquor business?

What is the applicant's general business management experience?

What is the applicant's general business reputation?

What is the applicant's moral character?

What is the applicant's financial status and ability to build and/or operate the proposed facility on which the proposed liquor license is to be located?

What is the applicant's past criminal convictions involving moral turpitude, violence or alcoholic liquors?

Does the applicant use alcoholic beverages to excess?

What is the effect that the issuance of a license would have upon the economic development of the surrounding area?

What effect would the issuance of a license have on the health, safety and welfare of the general public?

Has the applicant received responses from the Health Department, Planning Department, Building Department and/or Fire Department with regard to the proposed facility?

What is the public need or convenience for issuance of a liquor license for this facility at the proposed location?

What is the uniqueness of the proposed facility when contrasted against other existing or proposed facilities and the compatibility of the proposed facility to surrounding architecture and land use?

Does the facility to which the proposed liquor license is to be issued comply with the applicable building, plumbing, electrical and fire prevention codes and zoning statutes and ordinances applicable in the City?
(Has applicant received information from these departments?)

What effect will the facility to which the proposed license is to be issued have upon vehicular and pedestrian traffic in the area?

What is the proximity of the proposed business facilities to other similarly situated licensed liquor facilities?

What is the proximity of the proposed facility to complimentary uses such as office and commercial development?

What effect would the proposed facility have upon the surrounding neighborhood and/or business establishments, including impacts upon residential areas, church and school districts?

What proposed or actual commitments are being made by the applicant to establish permanency in the community?

What utilities are available to serve the facility?

What other factors should the City consider?

Signature of Applicant

Date

Checklist:

Complete the Michigan Liquor Control Commission Application

Fully complete the City of South Lyon Liquor License Application

Current credit report

Attach a non-refundable application fee of \$500 made payable to the City of South Lyon

Proposed Menu

Any other information pertinent to the applicant and operation of the proposed facility

Liquor License Investigation

Applicant's Full Name (as listed on Driver's License) _____

Address: _____

Home phone: _____ Cell phone: _____

Date of Birth: _____ Place of Birth: _____

Driver's License No.: _____ Social Security No.: _____

Have you ever legally changed your Name? _____ If Yes, List the following:

Date: _____ City/State: _____ Court: _____

Employer's Name: _____ Business Phone: _____

List chronologically all of your residences for the last 10 years:

Dates	Street Address	City	State

If multiple applicants/partners, list partners:

LCC Business/Employment References Applicant: _____

List chronologically all employment and business ownerships during the past 10 years, starting with your current employment. Use a separate sheet of paper for additional employment or to further explain reasons for leaving previous employment.

Current Business/Employment: _____

Employer's Name: _____ Phone: _____

Supervisor (if applicable): _____

Position & Job description:

Date Hired: _____ to _____ Reason for leaving: _____

Previous Business/Employment: _____

Employer's Name: _____ Phone: _____

Supervisor (if applicable): _____

Position & Job description: _____

Date Hired: _____ to _____ Reason for leaving: _____

Previous Business/Employment: _____

Employer's Name: _____ Phone: _____

Supervisor (if applicable): _____

Position & Job description: _____

Date Hired: _____ to _____ Reason for leaving: _____

Previous Business/Employment: _____

Employer's Name: _____ Phone: _____

Supervisor (if applicable): _____

Position & Job description: _____

Date Hired: _____ to _____ Reason for leaving: _____

Previous Business/Employment: _____

Employer's Name: _____ Phone: _____

Supervisor (if applicable): _____

Position & Job description: _____

Date Hired: _____ to _____ Reason for leaving: _____

Previous Business/Employment: _____

Employer's Name: _____ Phone: _____

Supervisor (if applicable): _____

Position & Job description:

Date Hired:

to

Reason for leaving:

LCC Personal References

Applicant:

Full name:

Address:

Home phone:

Cell phone:

Employer:

Bus. phone:

Position: Work phone:

Number of years acquainted:

Full name:

Address:

Home phone:

Cell phone:

Employer: _____ Bus. phone: _____

Position: _____ Work phone: _____

Number of years acquainted: _____

Full name: _____

Address: _____

Home phone: _____ Cell phone: _____

Employer: _____ Bus. phone: _____

Position: _____ Work phone: _____

Number of years acquainted: _____

Affidavit Applicant: _____

The Liquor Application, Business/Employment References and Personal References forms provided must be completed in their entirety.

A complete investigation will be conducted by the City of South Lyon Police Department to verify all of the information that you provide in the referenced Liquor Application forms.

Your Criminal History will be obtained and evaluated by the Chief of Police, who will be your contact person for the Liquor Application Process.

Additionally, you must obtain and provide, at your own expense, a copy of your current credit report which is to be submitted with the Liquor Application forms. The three national credit bureaus are Trans Union, Equifax and Experian, which can be accessed at www.creditreporting.com.

I attest that the facts that I have provide in the Liquor License Application forms are complete and true to the best of my knowledge. I authorize the City of South Lyon Police Department to investigate my personal history as well as my financial and credit records for the purposes of this Application. Additionally, I have read and understand the provisions of the City of South Lyon Statement of Policy on Alcoholic Beverages Licenses.

Applicant's Signature Date

Printed Name