



**CHARTER TOWNSHIP OF BROWNSTOWN**  
**LIQUOR LICENSE APPLICATION**  
**NEW LICENSES AND TRANSFERS**

**COMPLETE AND SUBMIT TO THE BROWNSTOWN CLERK'S OFFICE**  
**THE FOLLOWING LIQUOR LICENSE APPLICATION**

CHARTER TOWNSHIP OF BROWNSTOWN  
21313 TELEGRAPH ROAD  
BROWNSTOWN, MI 48183  
(734)675-0910

**CHECKLIST FOR APPLICATION SUBMISSION:**

- ( ) Signed, Completed Application
- ( ) Menu
- ( ) Training Policy
- ( ) Copy of Naturalization Paperwork if Applicable
- ( ) Copy of Applicant's Driver's License
- ( ) Copy of Incorporation
- ( ) Copy of Building Lease if Applicable
- ( ) Building & Plot Plans
- ( ) Notary
- ( ) Monetary Check
- ( ) Copy of Back Ground Check From ICHAT For Applicant(s)



## **CHARTER TOWNSHIP OF BROWNSTOWN** **APPLICATION FOR LIQUOR LICENSE**

### **On-Premise New License Fee - \$1,000.00**

The non-refundable application fee for each type of new on-premise license is \$1,000.00.

Examples of on-premise license:

- Class C (Beer, Wine, Spirits)
- Class A Hotel (Beer, Wine)
- Class B Hotel (Beer, Wine, Spirits)
- Tavern License (Beer, Wine)
- Club License (Beer, Wine, Spirits)
- Resort License (Beer, Wine, Spirits)

### **Additional fees \$210.00 each**

Any person with a financial, or management interest in the application including, but not limited to, partners, corporate officers and directors.



# CHARTER TOWNSHIP OF BROWNSTOWN

## APPLICATION FOR LIQUOR LICENSE

### Application for On-Premise License:

\*Class C License ( ) Club License ( ) Tavern License ( ) Microbrewery/Brewpub ( )  
Class B Hotel License ( ) Class A Hotel License ( ) Resort License ( ) Transfer ( )

### Request for Special Permits (List):

*Example: Dance, Entertainment, Sunday Sales (AM/PM) etc.*

Applicant Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
*Please include a copy of driver's license with application*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
City State

Are you a United States Citizen? Yes ( ) No ( ) Naturalization #: \_\_\_\_\_  
*Please include a copy of naturalization paperwork with application*

Have you ever been convicted of a felony? Yes ( ) No ( )

### **BUSINESS INFORMATION**

Is this a business partnership or corporation? \_\_\_\_\_

If corporation, state the object for which it was formed. \_\_\_\_\_

*Please include a copy of incorporation with this application.*

Corporation Name: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

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

If corporation, list names/address of partner(s) and stock %:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If partnership, list names and address of partner(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Length of time this business has been in operation: \_\_\_\_\_

List all uses in addition to sale of alcoholic beverages: \_\_\_\_\_  
\_\_\_\_\_

Please provide a breakdown of the anticipated revenues from food and non-alcoholic beverages, alcoholic beverages, and other revenues and attach a copy of your full menu:

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

Manager's name and address: \_\_\_\_\_  
\_\_\_\_\_

Manager's phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Price paid for business: \_\_\_\_\_ Building: \_\_\_\_\_

Property: \_\_\_\_\_ Fixtures: \_\_\_\_\_

Price of stock: \_\_\_\_\_ Type of Mortgage: \_\_\_\_\_

Balance owing: \_\_\_\_\_

***Please note – Applicant must submit, in writing, information on training programs for employees of the establishment relative to the sale of alcohol, checking I.D., etc.***

Name and address of closest liquor establishment and distance from proposed liquor establishment?

1. \_\_\_\_\_
2. \_\_\_\_\_

Relationship of applicant to business: \_\_\_\_\_

Does applicant have past experience at bar ownership, party store, etc.? \_\_\_\_\_

How many years experience? \_\_\_\_\_

Have you previously made application for on-premises license? Yes ( ) No ( )

If yes, how many applications were made? \_\_\_\_\_

What was the disposition of each of the applications? (\_\_\_\_#) Approved (\_\_\_\_#) Denied

Has applicant ever been disqualified to receive a license by reason of any matter? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_

Has applicant ever been convicted of a violation of any federal or state law concerning the manufacture, possession or sale of alcoholic liquor? Yes ( ) No ( )

Do you presently operate any other restaurants? Yes ( ) No ( )

If yes, please explain:

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

### **COMMUNITY SERVICES INFORMATION**

Location of license premises: \_\_\_\_\_

Legal description of property: \_\_\_\_\_  
(Parcel Number)

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

Does applicant presently own the premises? Yes ( ) No ( )

If no,  
Building owned by: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Owner address: \_\_\_\_\_

Does applicant have a lease with the owner? Yes ( ) No ( )

*Submit a copy of an executed lease with your application*

Construction of building: \_\_\_\_\_(brick, block, wood, etc.)

Any future plans for remodeling? Yes ( ) No ( )

Comments: \_\_\_\_\_

Existing Bldg:

New Construction:

Size of Site: \_\_\_\_\_

Size of Building: \_\_\_\_\_

Number of Floors: \_\_\_\_\_

Present Zoning: \_\_\_\_\_

Required Zoning: \_\_\_\_\_

Cost of Necessary Construction/Remodeling: \_\_\_\_\_

Estimated date construction start: \_\_\_\_\_ completion: \_\_\_\_\_

Type of business in this location? \_\_\_\_\_

(Restaurant, Bar, Party Store, Hotel, etc.)

Seating capacity? \_\_\_\_\_ Number of Exits? \_\_\_\_\_

Location of Exits: \_\_\_\_\_

Adequate Exit lights? Yes ( ) No ( ) Properly Zoned? Yes ( ) No ( )

Does it have sleeping quarters? Yes ( ) No ( )

Is building attached to another business or building? Yes ( ) No ( )

***Please note: You are required to submit a building & plot plan showing the entire structure and premises and in particular the specific areas where the license is to be utilized.***

**You must also clearly document the following items:**

1. Adequate parking lot lighting
2. Adequate parking
3. Adequate screening and noise control
4. Refuse disposal facilities

Adequate parking? Yes ( ) No ( ) Parking Attendant? Yes ( ) No ( )

How many cars can be parked in the parking lot? \_\_\_\_\_

**DANCE PERMIT**

Yes ( ) No ( )

Where is the dance floor located? \_\_\_\_\_

What is the size of the dance floor? \_\_\_\_\_

**REFERENCES**

Personal references (Include address and phone number)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Business references (Include address and phone number)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**BACKGROUND CHECK**

Please visit ICHAT on the internet at: [apps.michigan.gov/ichat/home.aspx](http://apps.michigan.gov/ichat/home.aspx) and provide a copy of a back ground check for the applicant(s). This is an internet criminal history access tool maintained by the Michigan State Police.

**CERTIFICATION**

I hereby certify that all of the above statements in the attached Liquor License Application are true and correct to the best of my knowledge. I understand that any misrepresentation can, in itself, be grounds for denial of application or revocation of the permit, if granted. I also understand and agree that this application will be submitted to the Brownstown Police Department for a background investigation.

I hereby swear that I will not violate any of the laws of the State of Michigan or of the United States or any ordinances of the Charter Township of Brownstown or the administrative rules of any regulatory agency in the conduct of this business.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name – Please Print

**NOTARY**

State of Michigan

Acknowledged before me in \_\_\_\_\_ County, Michigan, on \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.



**ADDITIONAL INFORMATION TO BE COMPLETED BY COMMUNITY SERVICES**

1. BUILDING INSPECTION
  - A. Building inspection completed ( )
  - B. Building inspection pending ( )
  
2. CHECK WITH TOWNSHIP TREASURER REGARDING BACK TAXES AND PENALTIES
  - A. Township taxes: \_\_\_\_\_
  - B. County taxes: \_\_\_\_\_
  - C. School taxes: \_\_\_\_\_
  
3. CONDUCT INSPECTION OF THE PREMISES:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  
4. INFORM NEW OWNER OF ANY DEFICIENCIES, SUGGEST CORRECTION OF ANY VIOLATIONS SO THAT ITEM CAN APPEAR ON FIRST POSSIBLE AGENDA.
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

REPORT ATTACHED? Yes ( ) No ( )
  
5. PROVIDE WRITTEN OPINION OF WHETHER THE PETITIONERS REQUEST SHOULD BE GRANTED OR NOT.

REPORT ATTACHED? Yes ( ) No ( )

**ADDITIONAL INFORMATION TO BE COMPLETED BY POLICE DEPARTMENT**

1. BACKGROUND
  - A. Confirm Background check completed ( )
  - B. Additional applicants with interest backgrounds completed ( )