

**CITY OF NEWAYGO
LIQUOR LICENSE APPLICATION**

Date: _____ Fee: _____ Escrow Fee: _____ Permit # _____

Name of Applicant: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

TYPE OF LICENSE DESIRED: (If more space is required, use separate sheet and attach to this form)

1. Transfer of Ownership of _____ license located at _____
(Type) (Present address of establishment)
from _____ who resides at _____
(Name of Present Owner) (Home Address of Present Owner)
2. Transfer of Location of _____ license from _____
(Type) (Present address of establishment)
to _____
3. New _____ license to be located at _____
(Type) (Proposed address of establishment)
4. Conversion of license from _____ to _____
for business located at _____
(Address of Establishment)

The business is, or will be known as: _____

License(s) are to be issued in the name(s) of: _____

- If:**
- An Individual:** Give name and home address below.
 - A partnership:** List below, name, address and percentage of ownership of each partner
 - A Corporation:** Authorized agent and person responsible for management of license

_____/_____/_____/_____/_____
(First) (Middle) (Last) (Date of Birth)

(Home address: City, State, Zip)

(Percent Ownership of Title) Home Phone: _____ Work Phone: _____

_____/_____/_____/_____/_____
(First) (Middle) (Last) (Date of Birth)

(Home address: City, State, Zip)

(Percent Ownership of Title) Home Phone: _____ Work Phone: _____

_____/_____/_____/_____/_____
(First) (Middle) (Last) (Date of Birth)

(Home address: City, State, Zip)

(Percent Ownership of Title) Home Phone: _____ Work Phone: _____

If the business of the applicant is to be operated or conducted by a manager or agent, identify that person:

_____/_____/_____/_____/_____
(First) (Middle) (Last) (Date of Birth)

(Home address: City, State, Zip)

IF APPLICANT IS A CORPORATION:

Incorporated in what State? _____ Number of Stockholders: _____

Home Office Location: _____

Purpose of Corporation: _____

IF APPLICANT IS AN INDIVIDUAL:

What is your business or profession? _____

What will be the primary business at this location? _____

FINANCIAL INFORMATION:

What will be the total estimated cost of initiating this business? _____

Has the applicant ever had any financial interest in any other liquor license? _____

If yes, where? _____ Type? _____ When? _____

What is the current status of your interest in that license? _____

3. Give employment record for past ten years and approximate dates beginning with the latest:

_____ from _____ to _____
(Name of employer) (Job)

_____ from _____ to _____
(Name of employer) (Job)

_____ from _____ to _____
(Name of employer) (Job)

4. Have you ever been employed in a business dealing in alcoholic beverages: _____

If yes, give details: _____

5. Were you ever charged with a violation of the liquor law? _____

When? _____ Where? _____

6. Were you ever charged with a violation of the law, other than the liquor law? _____

When? _____ Where? _____

Nature of charge: _____

Disposition of case: _____

(Note: Be sure to list all charges ever made against you by local or state police or the FBI – failure to do this could result in the disapproval of your application)

Have you ever been a defendant in a civil law suit in which a violation of the liquor law or other improper operation of a licensed establishment was alleged? ____ When? _____ Where? _____

Nature of case: _____

Disposition of case: _____

Should any of the information provided in this application nor any attachment thereto change during the term of the license or any renewal thereof, the applicant will notify the City Clerk, in writing, within thirty days of such change.

The applicant will include with this application a minimum of three character endorsements of the applicant, partners or stockholders, as the case may be.

The applicant hereby attests that he/she has never been convicted of a felony and is not disqualified from receiving approval for a license by reason or any matter or thing contained in the ordinances of the City of Newaygo or the laws of the State of Michigan.

The applicant hereby agrees that they will not violate any of the ordinances of the City of Newaygo or laws of the State of Michigan or of the United States in the conduct of his or her business.

The applicant agrees to furnish any other information pertinent to the applicant and to the operation of the proposed facility as may be required by the Newaygo City Council by prior notice to the applicant.

If the applicant is requesting a transfer of an existing liquor license covered under the Liquor License Ordinance of the City of Newaygo, he or she hereby agrees to allow the Michigan Liquor Control Commission to release any or all records and files which may be in their possession or in the possession of the applicant regarding the commission's investigation of the transferee as a present licensee or as a previous licensee, or of a business or other legal entity in which the transferee has had an interest.

I, _____, do solemnly swear that the answers given by me to the foregoing questions and any statements or documents submitted with this application which have been requested by the City of Newaygo are true.

(Signature)

(Date)

Notary:

Subscribed and sworn to, before me a Notary Public in and for Newaygo County, Michigan this _____ day of _____, 200__.

My commission expires: _____

(Notary Public)



CONFIDENTIAL POLICE DEPARTMENT REPORT

A. Applicant filed by: _____
(Name and home address of applicant)

for: _____

1. Does applicant have any police record? _____ The record consists of: (list details)

2. Has applicant ever been charged with a violation of the liquor law? _____

If yes, give details: (as above) _____

3. Has application answered person information sheet correctly? _____

B. Report on premises to be licensed at: _____
(Address of establishment)

1. Is the premises located at least 500 feet from a church or school? _____
(This does not apply to transfer of ownership)

2. Nearest bar or tavern to premises is the _____
(Name of business)

3. Has there been a police problem at this establishment? _____ If yes, give nature and
dates in last two years _____

4. Do you recommend this applicant for licensing? _____
Comments: _____

(Signature of investigator) (Date)



DEPARTMENTAL REPORTS
(Attach additional sheet where necessary)

A. FINANCE DEPARTMENT

1. Are there any unpaid real or personal property taxes?
a. Assessed on premises of either party? _____ Amount _____ Period _____
b. On premises to be licensed? _____ Amount _____ Period _____
c. Comments: _____

2. Are there any unpaid utility charges?
a. On premises to be licensed? _____ Amount _____ Period _____
b. On residence of applicant? _____ Amount _____ Period _____
c. On residence of seller? _____ Amount _____ Period _____
d. Comments: _____

B. BUILDING DEPARTMENT (COUNTY)

Do premises to be licensed meet building code requirements?

Above minimum? _____ Minimum? _____ Below Minimum? _____

Comments: _____

(Building Inspector) _____ (Date)

C. ZONING DEPARTMENT (CITY)

Do premises to be licensed comply with zoning requirements? _____

Comments: _____

(Zoning Administrator) _____ (Date)

D. FIRE DEPARTMENT

Do premises to be licensed meet sanitation standards?

Above minimum? _____ Minimum? _____ Below Minimum? _____

Comments: _____

(Fire Chief) _____ (Date)

E. HEALTH DEPARTMENT

Above minimum? _____ Minimum? _____ Below Minimum? _____

Comments: _____

(Health Inspector) _____ (Date)