

CITY OF ROMULUS

APPLICATION FOR LIQUOR LICENSES AND RELATED PERMITS

ON-PREMISE NEW LICENSE FEE - \$500.00

The non-refundable application fee for each type of new on-premise license is \$500.00. For each transfer of on-premise license is \$250.00.

Examples of on-premise licenses:

- 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)
- Airline License (Beer, Wine, Spirits)

OFF-PREMISE LICENSE FEE - \$250.00

The non-refundable application fee for each type of new off-premise license is \$250.00. For each transfer of off-premise license is \$150.00.

Examples of off-premise licenses:

- Specially Designated Merchants (SDM) (Beer, Wine)
- Specially Designated Distributor (SDD) (Spirits)

ADDITION OR DELETION OF A STOCKHOLDER FEE - \$100.00

Each existing liquor licensee who applies to add, or add and drop a stockholder resulting in investigation by the Romulus Police Department in accordance with the requirements of the Michigan Liquor Control Commission shall pay a non-refundable fee of \$100.00 for each person who must be investigated.

CITY OF ROMULUS
LIQUOR LICENSE APPLICATION
NEW LICENSES AND TRANSFERS

**COMPLETE AND SUBMIT TO THE ROMULUS POLICE DEPARTMENT
THE ATTACHED LIQUOR LICENSE APPLICATION.**

**ROMULUS POLICE DEPARTMENT
CRIME PREVENTION OFFICER
11165 OLIVE STREET
ROMULUS, MI 48174**

(734) 942-6871 / (734) 941-8400

CHECKLIST FOR APPLICATION SUBMISSION:

- Signed, completed application
- Menu
- Training Policy
- Copy of Naturalization Paperwork
- Copy of Applicant's Driver's License
- Copy of Incorporation
- Notary

PERSONAL INFORMATION

LICENSE TO BE IN THE NAME OF: _____

TYPE OF LICENSES AND PERMITS REQUESTED: _____

APPLICANT

NAME: _____ HOME PHONE: (____)____ - ____
Last First M.I.

ADDRESS: _____ WORK PHONE: (____)____ - ____
Street Apt #

City State Zip D.O.B.: ____/____/____
BIRTHPLACE: _____
City State

SOCIAL SECURITY #: ____/____/____ DRIVER'S LICENSE # _____
Please include copy of driver's license with application

RACE: _____ [] Male [] Female HEIGHT: _____ WEIGHT: _____ lbs.

HAIR COLOR: _____ EYE COLOR: _____ PLACE OF BIRTH: _____
City/State or Country

U.S. CITIZEN: [] Yes [] No NATURALIZATION # _____
Please include copy of naturalization paperwork with application

YEARS OF RESIDENCY IN MICHIGAN: _____ SPOUSE'S NAME: _____
Last First M.I.

NUMBER OF CHILDREN: _____ AGES: _____

APPLICANT PRESENT EMPLOYMENT: _____ HOW LONG: _____
(Name / Location City)

APPLICANT PAST EMPLOYMENT: _____ HOW LONG: _____
(Name / Location City)

APPLICANT PAST EMPLOYMENT: _____ HOW LONG: _____
(Name / Location City)

DOES APPLICANT HAVE PAST EXPERIENCE AT BAR OWNERSHIP, PARTY STORE, ETC.? _____

HAS APPLICANT EVER BEEN ARRESTED / CONVICTED? [] Yes [] No

IF YES, EXPLAIN: _____

HAS APPLICANT EVER BEEN DISQUALIFIED TO RECEIVE A LICENSE BY REASON OF ANY MATTER? [] Yes [] No

IF YES, EXPLAIN: _____

RELATIONSHIP OF APPLICANT TO BUSINESS: _____

LENGTH OF TIME IN BUSINESS OF THAT CHARACTER: _____

DO YOU PRESENTLY OPERATE ANY OTHER RESTAURANTS? [] Yes [] No

IF YES, PLEASE PROVIDE NAME AND ADDRESS OF ESTABLISHMENTS:

1. _____

2. _____

3. _____

4. _____

DO YOU PRESENTLY HOLD A LIQUOR LICENSE? [] Yes [] No

IF YES, PROVIDE NAME AND ADDRESS OF ESTABLISHMENT:

1. _____

2. _____

PLEASE LIST AN ACCURATE RECORD AND HISTORY OF ANY LIQUOR LICENSE VIOLATIONS FOR THE IMMEDIATE PRECEDING FIVE (5) YEARS BY THE APPLICANT, BY A CORPORATION OR ENTITY THE APPLICANT HAS WORKED FOR OR HAD A SUBSTANTIAL INTEREST IN, OR BY A PARENT OR SUBIDIARY CORPORATION OF THE APPLICANT:

BUILDING INFORMATION

LOCATION OF
LICENSE PREMISES: _____

LEGAL DESCRIPTION OF PROPERTY: _____
(Lot Number and I.D. Number)

BUSINESS NAME: _____ IS ADDRESS IN
A BUSINESS DISTRICT? [] Yes [] No

DOES APPLICANT PRESENTLY OWN THE PREMISES? YES [] NO []

IF NO:

BUILDING IS OWNED BY: _____ PHONE: (____) ____ - _____

OWNER ADDRESS: _____

CONSTRUCTION OF BUILDING: _____ (brick, block, wood, etc.)

	<u>EXISTING BLDG</u>	<u>NEW CONSTRUCTION</u>
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? _____ DANCE
PERMIT [] Yes [] No
(Bar, Party Store, Hotel, etc.)

WHAT IS SEATING CAPACITY? _____ ADEQUATE EXITS? _____

LOCATION OF EXITS: _____

ADEQUATE EXIT LIGHTS? [] Yes [] No

PROPERLY ZONED? [] Yes [] No

DOES IT HAVE SLEEPING QUARTERS? [] Yes [] No

DOES IT HAVE AN ATTACHED GAS STATION? [] Yes [] No

ADEQUATE PARKING? [] Yes [] No PARKING ATTENDANT? [] Yes [] No WILL ACCOMMODATE HOW MANY CARS? _____

ANY FUTURE PLANS FOR REMODELING? [] Yes [] No

COMMENTS: _____

DANCE PERMIT

WHERE IS DANCE FLOOR LOCATED? _____ SIZE OF DANCE FLOOR: _____

FINANCE / BUSINESS INFORMATION

ANY DRAPES? [] Yes [] No FIRE RETARDANT? [] Yes [] No

IS BUSINESS A 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 CHARTER: _____

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 GOOD MENU:

MANAGER'S NAME AND ADDRESS: _____

MANAGER'S PHONE: (_____) - _____ - _____

PRICE PAID FOR:

BUSINESS: _____ **BUILDING:** _____

PROPERTY: _____ **FIXTURES:** _____

PRICE OF STOCK: _____ TYPE
OF
BALANCE OWING: _____ MORTGAGE: _____

REPAYMENT INFORMATION

DOWN PAYMENT: _____ MONTHLY PAYMENT
AND INTEREST: _____

WHERE IS MONEY COMING FROM:



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.

PERSONAL REFERENCES (Include address and phone number)

1. _____
2. _____
3. _____
4. _____

BUSINESS REFERENCES (Include address and phone number)

1. _____
2. _____
3. _____
4. _____

NAME AND ADDRESS OF CLOSEST LIQUOR ESTABLISHMENT AND DISTANCE FROM PROPOSED LIQUOR ESTABLISHMENT:

1. _____

2. _____

APPLICANT FULLY UNDERSTANDS THAT SHOULD ANY OF THE ABOVE INFORMATION PROVE TO BE INACCURATE OR UNTRUTHFUL, IT WILL BE GROUNDS TO DENY APPLICANT’S REQUEST OR REVOKE ANY APPROVALS.

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. 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 CITY OF ROMULUS OR THE ADMINISTRATIVE RULES OF ANY REGULATORY AGENCY IN THE CONDUCT OF THIS BUSINESS.

APPLICANT’S SIGNATURE

APPLICANT’S NAME – PLEASE PRINT

DATE

NOTARY:

Subscribed and sworn to before me on _____,

_____ County, Michigan

My commission expires: _____

Signature: _____

ADDITIONAL INFORMATION TO BE COMPLETED BY POLICE DEPARTMENT

1. BUILDING INSPECTION:

- A. Building inspection completed []
- B. Building inspection pending []

2. CHECK WITH CITY ASSESSOR REGARDING BACK TAXES AND ANY PENALTIES:

- A. City 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.

5. GIVE YOUR OPINION OF WHETHER THE PETITIONERS REQUEST SHOULD BE GRANTED OR NOT.
