



# City of Auburn Hills Police Department

## Application for Liquor License

1899 N. Squirrel Rd.  
Auburn Hills, MI 48326

☐ On-Premise ☐ Off-Premise

**New/Transfer Fee: \$1500.00**

*(Applications must be submitted to the Police Department)*

**Date:** \_\_\_\_\_

*Applicant may be an Individual, Partnership or Corporation. In the case of a General Partnership, all members of the Partnership are required to complete an application and submit fingerprints. Similarly, all general partners of a Limited Partnership are required to furnish fingerprints and complete an application. In the case of Corporations, each of the officers and/or stockholders owning 10% or more, must submit to fingerprints and complete the following application. This application must be completed in its entirety.*

I, \_\_\_\_\_, do hereby certify that the following statements are correct in connection with an application for an Liquor License to be located at \_\_\_\_\_ Auburn Hills, MI 48326.

Doing Business As (d/b/a) \_\_\_\_\_  
(attach legal description)

Corporate Address \_\_\_\_\_

Zoning Classification \_\_\_\_\_

Is the proposed location within 500 feet of a school or church? ☐ Yes ☐ No

Applicant is requesting the following additional permits from the State of Michigan

(check all that apply)

<input type="checkbox"/>	Sunday Sales Permit (AM)
<input type="checkbox"/>	Sunday Sales Permit (PM)
<input type="checkbox"/>	Catering Permit
<input type="checkbox"/>	Banquet Facility Permit - Complete
<input type="checkbox"/>	Outdoor Service
<input type="checkbox"/>	Dance Permit
<input type="checkbox"/>	Entertainment Permit
<input type="checkbox"/>	Extended Hours Permit
<input type="checkbox"/>	<input type="checkbox"/> Dance <input type="checkbox"/> Entertainment Hours
<input type="checkbox"/>	Days/Hours
<input type="checkbox"/>	Living Quarters Permit
<input type="checkbox"/>	Topless Activity Permit
<input type="checkbox"/>	Off – Premises Storage
<input type="checkbox"/>	Direct Connection(s)
<input type="checkbox"/>	Specific Purpose Permit
<input type="checkbox"/>	Other
<input type="checkbox"/>	SDM

### Hours of Operation

Days	Times
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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### Personal Information

Applicant Name

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Alias

\_\_\_\_\_  
yrs. In Michigan

\_\_\_\_\_  
Operator/Chauffeur's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
D.O.B.

Applicant Home Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
yrs. at this address

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

Applicant Former Address (last 5 years)

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

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

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

Place of Birth

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Citizenship

\_\_\_\_\_  
If Naturalized, Date

### Employment History (previous five years)

\_\_\_\_\_  
Name (Applicant)

\_\_\_\_\_  
Address

\_\_\_\_\_  
To

\_\_\_\_\_  
From

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

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

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



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### Criminal Record\*\*

Have you ever been arrested for a crime?

☐ Yes ☐ No

Where

Year

Charge

Have you ever been convicted of a crime?

☐ Yes ☐ No

Where

Year

Charge

\*\* Out-of-state residents must submit certified record of criminal history from the State Police and certified driving record from the State Department of Motor Vehicles with application.

### Corporation/Partnership

**Partnership:** Is there a Limited Partnership Agreement on file with the Corporation and Securities Bureau of the Department of Commerce

☐ Yes ☐ No

**Corporation:** Is the Corporation authorized to do business in Michigan

☐ Yes ☐ No

If Corporation, issuance date of charter

Are the Articles of Incorporation Attached  
Is the Stockholder Arrangement Attached

☐ Yes ☐ No  
☐ Yes ☐ No

Names of Officers/Directors/Partners

Name

Address

Name

Address

Resident Agent (for accepting service of process)

Name

Address

Home Phone

Business Phone



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Character of Business and length of time applicant has been in business of that character

Name

Length of Time (yrs.)

Objects for which the corporation was formed

If application includes an entertainment permit, describe in detail the proposed type of entertainment

**Attorney/Broker**

Name

Address

Phone Number

Name

Address

Phone Number

**Finance**

Finance section requires the applicant to submit the following:

Personal Finance Statement

Statement of Money Lender (incl. Promissory Note, If applicable)

Security Agreement and/or Guaranty (if applicable)

Income Tax Records for the past five (5) years (each applicant)

Lease Agreement (if applicable)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If existing business, what is the total purchase price

\$ \_\_\_\_\_

Total down payment\* (see below)

\$ \_\_\_\_\_

Total amount financed

\$ \_\_\_\_\_

\*Applicant shall have a minimum down payment of 25% of the purchase price (excluding real estate and alcoholic liquor)

Name and address of financial institution(s) wherein funds are deposited for establishment and operation of business:

Name of Institution

Name of Institution

Address

Address

Phone

Business Phone

Phone

Business Phone



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Any additional sources of funds which will be relied upon in the establishment and operation of the entity sought to be licensed.

\_\_\_\_\_  
Name of Institution/Investor

\_\_\_\_\_  
Name of Institution/Investor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Amount Financed

\_\_\_\_\_  
Monthly Payment

\_\_\_\_\_  
Amount Financed

\_\_\_\_\_  
Monthly Payment

\_\_\_\_\_  
Terms of Finance

\_\_\_\_\_  
Terms of Finance

If you are not financing the business, state specifically the source from which the purchase money was obtained.

\_\_\_\_\_  
Source

\$ \_\_\_\_\_  
Amount

Provide federal income tax information for the past three (3) years

\_\_\_\_\_  
Year

\_\_\_\_\_  
Name on Return

\_\_\_\_\_  
Address on Return

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Year

\_\_\_\_\_  
Name on Return

\_\_\_\_\_  
Address on Return

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Year

\_\_\_\_\_  
Name of Return

\_\_\_\_\_  
Address on Return

\_\_\_\_\_  
Amount Paid

Submit statement of personal worth to include asset and liabilities.

Purchase of bar equipment on title retaining contract

☐ Yes ☐ No

\_\_\_\_\_  
If yes, from whom

\_\_\_\_\_  
Condition of Sale



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Both current and past liquor licenses obtained (include out-state licenses):

License Type	Location (City, State)	Licensee	To	From
--------------	------------------------	----------	----	------

License Type	Location (City, State)	Licensee	To	From
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Other Pending LCC Applications

License Type	Location	Status	Year
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License Type	Location	Status	Year
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Provide an accurate record and history of **any** liquor license complaint **violations** issued either to the **applicant, corporation or entity** for which the applicant has worked or held a substantial interest in, or by parent or subsidiary corporation of the applicant for the preceding three (3) years *(use separate sheet of paper if necessary)*

Provide a brief summary of experience and financial capability as a licensee (tax records, personal worth statements, corporate financial statements, etc. that may be used to document financial capability) *(use separate sheet of paper if necessary)*

## Liquor Liability Insurance

Name of Insurance Carrier \_\_\_\_\_

Certificate of Insurance Attached

☐ Yes ☐ No

Amount of Coverage \_\_\_\_\_



## City Information

Anticipated Date of Occupancy Permit \_\_\_\_\_

Projected Costs \_\_\_\_\_

### New Construction

Existing Building, minor renovations

☐

Yes

☐

No

Existing Building, structural changes

☐

Yes

☐

No

Date Filed with City

Date Approved, if available

Site Plan

Building Elevation

Future Building alterations

Floor Plan

Seating Arrangement Plan

Fire Protection Plan

### Provide the following information

Square Footage

Seating Capacity

Occupancy Limit

Business Spaces

Regular Spaces

Handicap Spaces

Total Number of Parking Spaces

Brief description of on-site parking plans for employees and patrons: (use separate sheet of paper if necessary)

Provide an operational statement outlining the proposed manner in which business will be operated (to include food service and menu, if available, and any crowd control plans, if formulated): (use separate sheet of paper if necessary)



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Managers on-site at this establishment

Name of Manager #1 on-site

Name of Manager #2 on-site

Address

Address

Phone

Date of Birth

Phone

Date of Birth

Driver's License Number

Driver's License Number

**Criminal Record Manager #1**

☐ Yes ☐ No

**Criminal Record Manager #2**

☐ Yes ☐ No

*If yes, explain (dates/police agency)*

*If yes, explain (dates/police agency)*





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I, \_\_\_\_\_, being the applicant for the liquor license for

Applicant

\_\_\_\_\_ located at \_\_\_\_\_, Auburn Hills, MI,

Proposed Business

Address

by and through its president, does hereby offer the assertions:

1. that during the conduct of business I/we will not violate any of the laws of the State of Michigan, or of the United States, or any ordinance of the City of Auburn Hills,

2. that the location proposed, and the methods of operation will not detrimentally and unreasonably impact nearby property owners, businesses, and residents,

3. and that the proposed use would be compatible with the surrounding land uses and compatible with abutting roadways and will not cause an interference to traffic and/or impair traffic flow.

4. I acknowledge that the contents of this document are true and accurate.

\_\_\_\_\_  
President/Owner/Resident Agent Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me,

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ who being duly sworn, says that he/she signed the above questionnaire consisting of eight (8) pages and that the statements contained therein are true.

\_\_\_\_\_  
Notary Public (signature)

\_\_\_\_\_  
My Commission Expires





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**FOR OFFICIAL USE**

**Establishment Information**

Doing Business As (d/b/a) \_\_\_\_\_

Corporate Address \_\_\_\_\_

**REQUIRED**

Building Department	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied	Date: _____
Finance Department	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied	Date: _____
Fire Department	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied	Date: _____
Police Department	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied	Date: _____

Signature, Director or Representative \_\_\_\_\_

Date License Issued/Denied \_\_\_\_\_, 20\_\_\_\_\_

Original Transfer License # \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_