



City of Southfield

26000 Evergreen Rd. • P.O. Box 2055 • Southfield, MI 48037-2055 • www.cityofsouthfield.com

When applying for a liquor license from the Michigan Liquor Control Commission (MLCC), it is the responsibility of the applicant to complete a Local Liquor License Application (Southfield City Ordinance No. 1629). Failure to complete the Local Liquor License Application may result in a request by the City Council to the MLCC to revoke the liquor license or object to the renewal of the license for the following year.

Under the Michigan Liquor Control Commission Administrative Rule R436.1003, the licensee shall comply with all state and **local** building, zoning, sanitation, health laws, rules and ordinances as determined by the state and local law enforcement officials who have jurisdiction over the licensee. The licensee must obtain all other required state and local licenses, permits and approvals before using this license for the sale of alcoholic liquor. Approval of the license by the Michigan Liquor Control Commission does **not** waive any of these requirements.

To accomplish the local investigation, copies of the following documents must be provided:

- MLCC's Application for Licenses, Permits, or Transfer of Ownership or Interest in License
- MLCC's Statement of Money Lender
- MLCC's Local Government Approval Form
- Any loan documents associated with liquor license
- Any promissory notes associated with the liquor license
- Any lease agreements associated with the liquor license
- Any management agreements associated with the liquor license

If the license applicant is a corporation, copies of the documents listed below, in addition to the aforementioned documents, **must be provided.**

- MLCC's form for Individual or Corporate Stockholder Questionnaire
- MLCC's form for Report of Corporate Officers, Board of Directors and Stockholders
- Corporation and Securities Bureau Filed Articles of Incorporation
- Last Annual Report

A City of Southfield Liquor License Application must be completed in full by each applicant and returned to the City Clerk's Office. There are two sections to the application; the general portion is six pages long and must be signed and notarized; the second portion, for the Police Department use only, must also be signed and notarized. When you have complied with the above requests, you will be contacted by a representative from the Police Department to conduct their investigation. Inspectors from the Building Department, Planning and Health Department will also be coming out to do inspections.

The investigation cannot begin until all documents, including the City application, have been received and all necessary fees have been paid to the City Clerk's Office. You will be contacted by the City Clerk's Office once the application is approved.

01/20/15

CITY OF SOUTHFIELD, MICHIGAN

RESOLUTION

FEES FOR LIQUOR LICENSE INVESTIGATIONS

WHEREAS, The Michigan Liquor Control Act requires that the Police Department conduct background investigations with regard to applications for the issuance or transfer of Class C (on premise) SDD and SDM (off premise) Liquor Licenses; and

WHEREAS, The Police Department and other city departments are required to expend considerable amounts of time in conducting such background investigations and in processing liquor license applications.

NOW, THEREFORE, BE IT RESOLVED, That in order to defray the costs of investigating and processing liquor license applications, the following fees are hereby established:

On Premise Licenses.....	\$1500.00
Off Premise Licenses.....	\$1500.00
Permits (Multiple Permits One Fee).....	\$250.00
Multiple Stock Holders Or Partners.....	\$100.00

TO: ALL CLASS C APPLICANTS

FROM: Nancy L. M. Banks, City Clerk

Before the application can be presented to Council for consideration, the following items must be completed and received by the Clerk's Office:

1. Release by the Southfield Police Department
2. Release by the Building and Planning Departments
3. Proof of Payment of Personal and Real Estate Property Taxes
4. Positive Recommendation by Oakland County Health Department.

Thank you for your cooperation.

RESOLUTION

WHEREAS, the City has a limited number of Class "C" quota liquor licenses which it can approve for issuance by the Michigan Liquor Control Commission, pursuant to the Michigan Liquor Control Act; and,

WHEREAS, the City Council is desirous of establishing criteria, pursuant to which it will review and consider applications for approval of the issuance of Class "C" quota liquor licenses.

NOW, THEREFORE, IT IS HEREBY RESOLVED THAT the City Council will consider it a positive factor when an application for a Class "C" quota liquor license is submitted in connection with a proposal to operate a "dining room restaurant", as that term is defined in the City's Zoning Ordinance, and which also meets one (1) or more of the following criteria:

1. The proposed restaurant will occupy a vacant structure which was formerly used for a dining room restaurant.
2. The proposed restaurant is well known throughout the country and/or Detroit metropolitan area for its quality dining and/or distinct atmosphere.
3. The proposed restaurant is located in a "hotel", as that term is defined in the City's Zoning Ordinance.

4. The proposed restaurant is to be located in an area of the City which is in need of redevelopment.
5. The proposed restaurant represents a significant financial investment which will result in a positive impact on the City's tax base.
6. The proposed restaurant will promote entertainment and nightlife in the City.
7. The proposed restaurant will promote epicurean diversity in the City.

BE IT FURTHER RESOLVED THAT the City reserves the right in its sole discretion to consider any other criteria that it deems relevant to a particular liquor license application; and,

BE IT FURTHER RESOLVED THAT the City reserves the right in its sole discretion to deny an application for a Class "C" liquor license even if it meets one (1) or more of the criteria set forth above.

AYES: Seymour, Bell, Siver, Jordan, Fracassi, Lantz, Frasier.

NAYES: None.

ABSENT: None.

ABSTENTIONS: None.

The Resolution was adopted.

**CITY OF SOUTHFIELD
CITY CLERK'S OFFICE
LIQUOR LICENSE APPLICATION**

1. I, _____, do hereby apply to the City of Southfield, County of Oakland, Michigan, for a _____ liquor license to be located at the following address: _____ Southfield, Michigan _____ (zip code).
2. Mailing address of proposed/licensed establishment (if different from above):

(Number and Street) (City and State) (Zip Code)
3. Telephone number of proposed/licensed establishment: _____
4. Relationship of applicant to establishment: _____
5. Name of business which will own establishment (if different from applicant):

6. Trade name under which establishment will be operated (if different from above):
DBA: _____
7. Form of Business:
 - A. Sole Proprietorship _____
(If doing business under an assumed name attach D/B/A Certificate)
 - B. Partnership (General or Limited) _____
(Provide full names, dates of birth, home addresses of all partners (pg. 2-3); also attach applicable Articles of Partnership)
 - C. Corporation _____
(Provide a copy of the Articles of Incorporation)
 - D. Association _____
(Provide a copy of all written agreements of association)
 - E. Club _____
(Provide details on a separate sheet of paper)
 - F. Other _____
(Provide details on separate sheet of paper)
8. Federal Identification Number: _____

9. The following questions (9-18) must be answered:

- ▶ If the applicant is a Sole Proprietorship;
- ▶ If the applicant is a Corporation, by each stockholder owning more than 10% of the corporation;
- ▶ If the applicant is a General Partnership, by each partner,
- ▶ If the applicant is Limited Partnership by each general partner (*attach additional pages if necessary*);
- ▶ If the applicant will not devote full-time to the business, by manager/operator

(First Name) (Middle Name) (Last Name)

(Position held in organization) (Amount of Stock Owned)

(Address: Number and Street) (City, State) (Zip Code)

(Home Telephone) (Business Telephone)

(First Name) (Middle Name) (Last Name)

(Position held in organization) (Amount of Stock Owned)

(Address: Number and Street) (City, State) (Zip Code)

(Home Telephone) (Business Telephone)

(First Name) (Middle Name) (Last Name)

(Position held in organization) (Amount of Stock Owned)

(Address: Number and Street) (City, State) (Zip Code)

(Home Telephone) (Business Telephone)

(First Name) (Middle Name) (Last Name)

(Position held in organization) (Amount of Stock Owned)

(Address: Number and Street) (City, State) (Zip Code)

(Home Telephone) (Business Telephone)

10. How long have you been a resident of Michigan? _____

11. List all other names used at any other time: _____

12. Have you or any company in which you were a sole proprietor, partner, general partner, or owner of more than 10% of the stock ever files for bankruptcy protection? _____

13. If the answer to Question 12 was "yes" - please explain:

14. List employer(s) and occupations(s) for the past 10 years:

15. Give names, addresses and telephone numbers of five (5) citizens who know your reputation in the community in which you have lived and done business during the past ten years:

(Name)	(Telephone)	(Complete Address)

16. Do you or any member of your family hold a license for the sale of alcoholic beverages at the present time, either as an individual, member of a partnership, or stockholder in a licensed corporation? _____ If yes, list type of license: _____ List the name in which the license is issued and the relationship to you:

Name and Nature of Relationship

Complete Address

17. Have you, or any member of your family, previously held a license or any interest in a license for the sale of alcoholic beverages in the State of Michigan? _____ If yes, list the type of license: _____ List the name in which the license is issued and the relationship to you:

Name and Nature of Relationship

Complete Address

18. Have you, or any member of your family, ever held a license for the sale of alcoholic beverages anywhere else in the United States? _____ If yes, give the name, address, city and state in which the license was issued:

Name

Complete Address - Include City and State

19. Financial Qualifications Statement

- A. Do you presently own the building? _____ If not, list the name and address of the owner, and the terms of the lease:

Name of Owner

Complete Address of Owner

Terms of Lease Agreement

If you presently own the building, but it is subject to a mortgage or being purchased under a land contract, answer the following:

Name of Mortgage/Land Contract Holder

Complete Address of Above

Balance Owning

Repayment Terms (including interest rate)

- B. What is the total price for the business? \$ _____
 C. What is the total down payment? \$ _____
 D. What is your share of the down payment? \$ _____
 E. Balance of loan to be paid off (per month) \$ _____
 F. Interest rate of loan (annual) _____
 G. Length of loan (number of years) _____

H. Are all your city and county personal property taxes paid to date? _____

I. Are you borrowing money to finance this business? _____ If yes, from whom?

Name

Amount(s) Borrowed

Terms of Repayment

J. If you are not borrowing the entire amount of money, state the specific source from which the money was obtained:

Source	Means	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

K. Do you presently own the fixtures? _____ If not, list the name and address of the owner:

Name

Address

Zip Code

L. Do you plan on purchasing the fixtures? _____ If yes, complete the following:

Purchase Price

Terms

21. The business is presently operating, or will be operated, as: _____

22. List the hours of operation: _____

23. Are you going to devote full time to the operation of this business? _____

A. If managed, by whom? _____
(Note: Refer to Police Page. 2) First Name Middle Name Last Name

B. Who will be authorized to sign checks and pay bills in connection with the operation of the licensed business? _____

CITY OF SOUTHFIELD

LIQUOR LICENSE APPLICATION - PART II

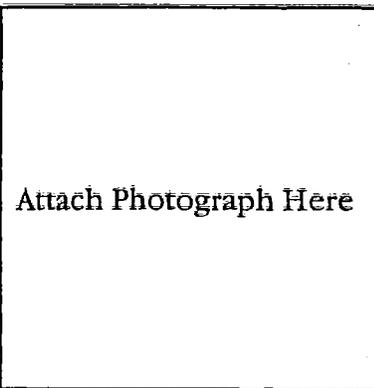
***** FOR POLICE DEPARTMENT USE ONLY *****

The information requested on the following pages is for use by the Southfield Police Department only as part of its background investigation pertinent to the City of Southfield interests in this matter.

Please be aware that the processing of this application will not begin until all requested documents are submitted and all questions on the application answered; use additional pages if necessary. All paperwork is to be submitted to the City Clerk's Office with the appropriate fees.

Your cooperation in completely filling out the application is appreciated.

1. Name of Applicant: _____
2. Home Address: _____
3. Address of Establishment Proposed to be Licensed: _____
4. Type of license applied for: _____



5. Refer to Page Two of the application. For each of the individuals listed on page two, the following information must also be completed on this page:

(Full Name)	(Maiden Name)	(Sex: Male/Female)
(Date of Birth)	(Social Security Number)	(Height) (Weight)
(Eye Color)	(Hair Color)	(Driver's License Number)
(Visa: Date and Place of Issue)	(Citizenship)	(Naturalization i.d. Number)

(Full Name)	(Maiden Name)	(Sex: Male/Female)
(Date of Birth)	(Social Security Number)	(Height) (Weight)
(Eye Color)	(Hair Color)	(Driver's License Number)
(Visa: Date and Place of Issue)	(Citizenship)	(Naturalization i.d. Number)

(Full Name)	(Maiden Name)	(Sex: Male/Female)
(Date of Birth)	(Social Security Number)	(Height) (Weight)
(Eye Color)	(Hair Color)	(Driver's License Number)
(Visa: Date and Place of Issue)	(Citizenship)	(Naturalization i.d. Number)

(Full Name)	(Maiden Name)	(Sex: Male/Female)
(Date of Birth)	(Social Security Number)	(Height) (Weight)
(Eye Color)	(Hair Color)	(Driver's License Number)
(Visa: Date and Place of Issue)	(Citizenship)	(Naturalization i.d. Number)

6. Describe any physical characteristics (amputations, scars, tattoos, etc.): _____

7. Full name of spouse, including maiden name: _____

8. Full Name of Child _____ Date of Birth _____

Full Name of Child _____ Date of Birth _____

Full Name of Child _____ Date of Birth _____

Full Name of Child _____ Date of Birth _____

Full Name of Child _____ Date of Birth _____

9. Residence addresses and telephone numbers for the past five years:

(Number and Street) (City and State) (Zip Code) (Telephone)

(Number and Street) (City and State) (Zip Code) (Telephone)

10. Former address and telephone numbers for the past 10 years:

(Number and Street) (City and State) (Zip Code) (Telephone)

(Number and Street) (City and State) (Zip Code) (Telephone)

11. Give a complete record of all arrests, whether convicted or not, including dates, places, circumstances and dispositions (Add additional pages if necessary):

12. List all civil cases in which you have been involved as a plaintiff or defendant including dates, places, circumstances, and dispositions and describe the cases in detail (Add additional pages if necessary):

13. Do you associate, or have you ever associated, with a known person(s) who have been involved in, arrested, or convicted of gambling, narcotic, or vice activities? If yes, explain in detail:

14. List all places of banking as well as banking references:

