



Pittsfield Charter Township

6201 West Michigan Avenue, Ann Arbor, MI 48108

Phone: (734) 822-3120 • Fax: (734) 944-8024

Website: www.pittsfield-mi.gov

Email to: clerk@pittsfield-mi.gov

Michelle L. Anzaldi

Township Clerk

clerk@pittsfield-mi.gov

Jill Mitchell

Deputy Clerk

mitchellj@pittsfield-mi.gov

Liquor License Application

Application must be filled out by managing partner/member, or other officer authorized to make decisions on behalf of the organization.

Section 1

Name:		Phone:
Home Address:		Fax:
City:	State:	Zip:
Position in Company:		
Email:		
Name of Business:		
Business Address:		Phone:
City:	State:	Zip:
Trade Name (DBA) under which establishment will be operated (if different from above):		
Federal Tax I.D. Number:		

Type of License:

Class C A-Hotel B-Hotel Tavern Club Re-Development Other _____

Type of Permits:

Sunday Sales Add Bar Entertainment Sales Outdoor Sales

Before/after hours for: _____ Dance and Entertainment Permit

1. Will the applicant operate the establishment? Yes No

2. Mailing Address of establishment (if different from above)

Mailing Address:		
City:	State:	Zip:

3. Form of Business:

Sole Proprietorship Partnership Corporation Limited Liability Association Company

Club Other _____

Please provide copies of: DBA Certificate, Articles of Incorporation, Articles of Organization, Bylaws, and any other written agreements applicable, as well as previous three years State sales tax filing.

FOR OFFICE USE:

Date Received: _____

Date Fee Paid: _____

Section 2

4. Please briefly describe the type of establishment (bar, restaurant, lounge, etc.)

5. List the days and hours of operation: _____

6. Will the business be your full time employer? Yes No

7. Do you presently own the building? Yes No

If you do not own the building, please provide the following information and a copy of the lease.

Owner Name:		Term of Lease:
Address:		
City:	State:	Zip:

8. Please provide landlord references for the past 10 years for existing business locations:

Name:			
Address:			
City:	State:	Zip:	Telephone:

Name:			
Address:			
City:	State:	Zip:	Telephone:

Name:			
Address:			
City:	State:	Zip:	Telephone:

9. 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:		
Address:		
City:	State:	Zip:
Balance Owing:	Repayment Terms (including interest rate):	

10. Describe the proposed facilities in detail: (Use additional sheets if necessary)

Square Footage: _____
Seating Capacity: _____
Parking Capacity: _____

11. Total cost of leaseholder improvements: _____

12. Total cost of building improvements: _____

13. Total cost of equipment: _____

14. Can living quarters be reached from inside of establishment without going outside? Yes No

15. Are gas pumps on the premises or directly adjacent? Yes No

16. Does the business possess a license from the Michigan Bureau of Lottery?
If yes please attach a copy of the license. Yes No

17. Does the business possess any other type of license issued by any other government agency?
If yes, please attach a copy of the license. Yes No

This section left intentionally blank.

Section 3

For New Businesses Only

Please provide a copy of your franchise agreement.

18. Total cost of investment: _____

19. Total cost of equipment: _____

20. Please identify all major sources of capital for the business:

21. Please provide a description of any training or experience related to managing or owning a business, administering a business's finances, or working in a business with a liquor license:

22. Projected annual food sales: _____

23. Projected annual liquor sales: _____

24. How many staff members do you expect to employ:

Part time: _____ Full time: _____

For Existing or Currently Owned Business Only:

Please provide a copy of your franchise agreement.

25. Length of time business has been in operation: _____

26. Total cost of investment: _____

27. Total cost of building: _____

28. Annual food sales: _____

29. Projected annual liquor sales: _____

30. Does the business have existing loans or debts? Please explain. Yes No

31. How many current full-time/part-time employees? How many employees do you expect to add if approved for a liquor license?

Part time: _____ Full time: _____ Projected New Employees: _____

32. Has the business ever had state or federal tax liens filed against it?

If yes, please explain:

Yes No

This section left intentionally blank.

Section 4

33. The following questions must be answered by each and every member, partner, or shareholder of greater than 10% of stock, as applicable. (attach additional pages if necessary)

First Name:	Middle:	Last:
Position held in organization:		Amount of stock owned:
Address:		
City	State:	Zip:
Cell/Home Phone:	Business Telephone:	

34. Are you a resident of Michigan? Yes No

If yes, how long have you been a resident of Michigan: _____

35. List all previous names or aliases used at any time: _____

36. Have you ever filed for personal bankruptcy protection? Yes No

37. If yes, please provide the dates the bankruptcy action was filed and closed, the disposition of the bankruptcy, and the chapter under which the bankruptcy was conducted:

38. Has any company in which you were a sole proprietor, partner, member or owner of more than 10% of the stock ever filed for bankruptcy protection? Yes No

If yes, please provide the dates the bankruptcy action was filed and closed, the disposition of the bankruptcy, and the chapter under which the bankruptcy was conducted:

39. Have you ever had state or federal tax liens filed against you? Yes No

If yes, please explain:

41. List ALL employer(s) and ALL occupation(s) for the past 10 years:

<u>Employer</u>	<u>Occupation</u>	<u>Date of Service</u>

42. Give names, addresses and telephone numbers of three (3) citizens who know your reputation in the community in which you have lived and done business during the past ten years:

Name:			
Address:			
City:	State:	Zip:	Telephone:

Name:			
Address:			
City:	State:	Zip:	Telephone:

Name:			
Address:			
City:	State:	Zip:	Telephone:

43. Do you or any member of your immediate family hold a license for the sale of alcoholic beverages at the present time, either as an individual, member of a partnership or LLC or shareholder of at least 10% in a corporation? Yes No

If yes, please list type of license:

List the name in which the license is issued and the relationship to you:

Name:			Relationship to you:
Address:			
City:	State:	Zip:	Telephone:

44. Have you or any member of your immediate family previously held a license or any interest in a license for the sale of alcoholic beverages in the State of Michigan or anywhere else in the United States? Yes No

If yes, list the type of license: List the name in which the license is issued and the relationship to you:

Name:			Relationship to you:
Address:			
City:	State:	Zip:	Telephone:

Please briefly describe the type of establishment (bar, restaurant, lounge, etc.)

WAIVER AND RELEASE

I, _____,¹ authorize Pittsfield Charter Township to investigate all statements contained in this Application including but not limited to employment and income verification, references, to obtain credit reports and/or criminal history, and to periodically update this information if _____² is granted a license for as long as it conducts business in connection with the license in Pittsfield Charter Township. I expressly authorize the Township or the Township's agent (including a collection agency) to obtain consumer credit reports, and hereby waive any claim against the Township incident to obtaining consumer credit reports and release the Township from any liability connected therewith.

Signature: _____

Print Name: _____

Date: _____

¹ Name of Partner/Member/Shareholder

² Name of Business

I hereby authorize the Township of Pittsfield, its agents, and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application, and the qualifications of the applicant for the license, and I will execute any waivers or authorizations for the release of information deemed necessary or expedient by the Township upon request. I understand that the Township may deny this application, or make its approval contingent on the completion of one or more additional requirements, which may include providing the Township with a personal or business credit history from a credit reporting agency, executing an agreement restricting the transfer or use of the liquor license applied for herein, or any other requirement deemed necessary or expedient by the Township.

STATE OF MICHIGAN)
) ss.
COUNTY OF WASHTENAW)

I, _____, hereby declare under penalty of perjury that the foregoing information in the application is true and correct; that I have fully understood each of the questions; and that I understand any falsification or omission is grounds for denial or if issued a license grounds for revocation or recommendation for non-renewal.

Signature of Applicant

Print Name

On the _____ day of _____, 20____, _____
(Name)

did appear personally before me, a Notary Public, in and for said County, and being duly sworn by me, did state (s)he is the applicant of the within application, and that the information contained within the application is true, correct and complete.

Notary Public
Acting in _____ County, Michigan
My Commission Expires on: _____