

CITY OF GROSSE POINTE, MICHIGAN
LIQUOR LICENSE APPLICATION

Application for: _____ License
(Type of Liquor License)

INSTRUCTIONS: Please read every question carefully and answer each question fully and accurately. The information you provide in this personal history statement will be used in the investigation into your background to assist in determining whether your request for a Liquor License will be approved. In answering each question, remember all statements are subject to verification and deliberate inaccuracies or incomplete statements may result in your request being denied.

PLEASE PRINT IN INK OR TYPE YOUR RESPONSES: If space provided is not sufficient, please attach a separate sheet and clearly mark question/response number. If a question does not apply to you, write N/A (not applicable) in space provided.

A separate application is required for each applicant. Prior to filing this application, each applicant must be fingerprinted and photographed at the City of Grosse Pointe Public Safety Department between the hours of 8:00 am to 4:00 pm, Monday through Friday.

NOTE

The City of Grosse Pointe advises all applicants for License not to invest any money or to commit themselves by any binding agreements in the expectation of being issued a License for sale of Alcoholic Beverages, until officially notified by the City of Grosse Pointe and the State of Michigan Liquor Control Commission that their application has been approved and License issued.

City of Grosse Pointe
17147 Maumee Avenue
Grosse Pointe, MI 48230-1534
313-885-5800
313-885-0820 fax
www.grossepointecity.org

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a Liquor License within the City of Grosse Pointe, I am required to furnish information for use in determining my background. In this connection, I authorize any bank, credit organization, insurance company, educational institution, business firm or individual to release any and all information that you may have concerning me relative to my License application.

The foregoing authorization is applicable for release of information only to the Director of Public Safety/Police Chief or his representative with respect to City of Grosse Pointe Liquor License application investigations.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

Signature: _____

Date: _____

SECTION 1 – PERSONAL DATA

Name _____
Last First Middle

Has your name been legally changed? Yes _____ No _____
If yes, explain:

List any other names you have used: (Alias, Nickname) _____

List maiden name, if applicable: _____

Date of Birth _____

Place of Birth _____
(City, County and State)

If a naturalized citizen, give date, place and citizenship number

If you are not a citizen, give Alien Card Number or Resident Card Number and attach copy of card

How long have you lived in Michigan? _____

Present Address _____
Street Number and Name Apt. No.

City State Zip

List your home address for the past ten (10) years, excluding your present address:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

SECTION 1 – PERSONAL DATA

Telephone Numbers Home _____ Mobile _____

Business _____

Height _____ Weight _____

Hair Color _____ Eye Color _____

Driver's License Number (attach copy) _____

State Issued From _____

Social Security Number (attach copy) _____

GPCDPS ID# (to be completed by Public Safety Dept.) _____

Current Place of Employment _____

Address _____

Type of work performed _____

List Employment Record for the past ten (10) years

Have you ever been arrested? Yes _____ No _____

If yes, explain:

Felony _____ Misdemeanor _____

Give complete record of all arrests and convictions, including dates and places.

SECTION 1 – PERSONAL DATA

Driving Record – (This section will be completed by Public Safety Dept.)

Military Record – Attach copy of DD 214 Discharge Papers

Branch _____

Rank at time of discharge _____

Type of discharge _____

Were you subject to any Court Martial proceedings? Yes _____ No _____

If yes, explain:

Are you married? Yes _____ No _____ If you are married, complete spouse information below.

Spouse's full name, along with maiden name (if applicable), and date of birth

Is spouse a U.S. Citizen? Yes _____ No _____

If a naturalized citizen, give date, place and Citizenship Number (attach copy) _____

If not a citizen, give spouse's Alien Resident Card Number (attach copy) _____

List spouse's employment record for the past ten (10) years

Has your spouse ever been arrested? Yes _____ No _____

If yes, explain:

Felony _____ Misdemeanor _____

Give complete record of all arrests and convictions, including dates and places.

SECTION 1 – PERSONAL DATA

Have you ever been married before? Yes _____ No _____

If yes, give full name of previous spouse _____

Has your spouse been married before? Yes _____ No _____

If yes, give full name of his/her previous spouse _____

List full names and dates of birth of all children

Do you associate with or have you ever associated with persons who are or have been involved, charged, or convicted of engaging in illegal gambling, narcotics, vice activities, or any other criminal activities?

Yes _____ No _____

If yes, give names, dates and details.

SECTION 2 – FINANCIAL STATUS

Please complete the following:

Present net worth _____

Tax Returns - - (Income tax returns must be available for investigator's inspection and comparison)

	20 ____	20 ____	20 ____
Total gross income			
Total taxable income			
Total Federal Tax paid			
Total Michigan Tax paid			

Have you ever been delinquent in the payment of your income tax or other tax payments? Yes ____ No ____

If yes, explain:

Have you ever been a party to any bankruptcy proceedings, including Chapter 11 proceedings? Yes ____ No ____

If yes, explain: _____

List all bank accounts in name of applicant alone or in joint names with others including Name of Bank, Branch Number, current balance, and account number. (Please note which accounts are joint accounts and give current address of other person(s) on the joint account)

List all loans owed by applicant, to whom, for what purpose, present balance and monthly payments, interest rate and description of security held by lender. (If your loan is a joint loan, list name and address of person(s) also paying off the loan. If there is a co-signer or guarantor, give name and address of same)

SECTION 2 – FINANCIAL STATUS

If business is a partnership, give the following information with reference to each partner. If a limited partnership, furnish copy of partnership agreement.

Name/Address	Nature of interest in business & official position	US Citizen – Yes/No

If a corporation, set forth names and addresses of current corporate officers and members of the Board of Directors in affidavit form.

Have any of the person(s) above had a liquor license or beer and wine license suspended or revoked **at any time**?

Yes _____ No _____ If Yes, attach a full explanation.

Does applicant presently have or previously had a liquor license or beer and wine license?

Yes _____ No _____ If yes, list name and location of all businesses and list any violations and give approximate dates of the violation(s).

Has applicant ever applied for a liquor license or beer and wine license in the past? Yes _____ No _____
If yes, was the license: Approved _____ Refused _____

Does any member of your family currently have, or previously had a liquor license or beer and wine license?

Yes _____ No _____ If Yes, describe: _____

Have you paid, promised to pay, or given any money, material, service, or consideration of any sort to any person, attorney or agent directly or indirectly, for any recommendation, or influence promised toward assisting you in procuring your liquor license?

Yes _____ No _____ If Yes, describe: _____

Are you now engage in or have an interest in any business as a silent owner, interested party or silent partner of any sort? Yes _____ No _____

If yes, give details: _____

SECTION 3 – PLACE OF BUSINESS

Name of Business _____

Address, City/State/Zip _____

Business Telephone _____

List Total Investment in Business _____

List Total Down Payment
(Attach copy of purchase agreement) _____

How much is financed and at what interest rate? _____

From whom and their address _____

Is the business owned by applicant alone or with others or is it a partnership or corporation?

If business is a partnership, attach a copy of any agreements between parties involved in partnership.

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Corporation information (complete this section if applicable)

All corporations submit Affidavit stating whether or not the corporation is a publicly or privately held corporation.

- A) *Publicly held corporations complete the following:*
 1. Submit current Certificate of Good Standing issued by Michigan Corporation and Securities Bureau.
 2. Submit certified copy of minutes of Board of Directors, naming those persons authorized to sign the within application.
 3. Contact City Attorney for additional instructions.
- B) *Privately held corporations complete the following:*
 1. Submit certified copy of
 - a) Articles of Incorporation
 - b) Certificate of Good Standing issued by Michigan Corporation and Securities Bureau
 2. Submit certified copy of minutes of Board of directors, naming those persons authorized to sign the within application.
 3. Submit Affidavit stating the number of shares of stock which corporation has issued, to whom the stock was issued, the amount of stock issued to each shareholder, the date of issuance of the stock, and the individual certificate numbers of the stock issued. Also state that all stockholders have attained legal age for the consumption of alcoholic liquor in the State of Michigan.

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List building owner's name _____

Building Owner's address and telephone number _____

SECTION 3 – PLACE OF BUSINESS

List terms of building rental agreement, lease, or mortgage papers _____

Rent or mortgage payment, per month _____

Length of lease or mortgage _____

Provide building information as follows (attach separate sheet if necessary):

- A) Description (location, approximate size)
- B) Floors used for operation: First _____ Second _____ Basement _____
- C) Is establishment connected with other buildings or living/sleeping quarters? Yes _____ No _____
 Can such quarters be reached from inside of establishment? Yes _____ No _____
- D) Off-street parking on premises? Number of spaces? _____
 Present _____ Proposed _____
- E) Seating Capacity
 Present _____ Proposed _____ Sq. Ft. of seating area _____
- F) Description of kitchen facilities.
 Attach copy of Wayne County Department of Health inspection report.
- G) Are there approved restroom facilities? Yes _____ No _____
- H) Are there any known building, plumbing, heating, electrical or fire code violations?
 Yes _____ No _____ If Yes, identify _____

Provide operational information as follows (attach separate sheet if necessary)

- A) Individual(s) expected to manage restaurant and beverage service

- B) Individual(s) responsible for food preparation

SECTION 3 – PLACE OF BUSINESS

C) Number of Employees Present _____ Proposed _____

D) Attach copy of present or proposed Menu.

E) Indicate Hours of Operation Present _____

Proposed _____

F) Do you now have or plan any type of entertainment? Yes _____ No _____

If yes, describe _____

Note – Grosse Pointe City Ordinances and Liquor Control Commission regulations prohibit certain types of entertainment.

On this _____ day of _____, 20 _____ before me personally appeared _____ who, being duly sworn, says that he/she has read the foregoing application, by him/her subscribed; that he/she understands the contents thereof; that the information written by him/her is true to the best of his/her knowledge and belief; and that he/she has been informed and understands that any material misrepresentation of facts given by him/her may be cause for denial of license; or if license is approved, it may later be cause for revocation or rejection of license renewal.

Applicant Signature must be Notarized

Applicant Signature

Notary Stamp & Seal

Subscribed and sworn before me this _____ day of _____, 20 _____.

_____, Notary Public

Date Commission Expires _____

THE CITY OF GROSSE POINTE ADVISES ALL APPLICANTS FOR LICENSE NOT TO INVEST ANY MONEY OR TO COMMIT THEMSELVES BY ANY BINDING AGREEMENTS IN THE EXPECTATION OF BEING ISSUED A LICENSE FOR SALE OF ALCOHOLIC BEVERAGES, UNTIL OFFICIALLY NOTIFIED BY THE CITY OF GROSSE POINTE AND THE STATE OF MICHIGAN LIQUOR CONTROL COMMISSION THAT THEIR APPLICATION HAS BEEN APPROVED AND LICENSE ISSUED.