

LIQUOR LICENSE LOCAL APPROVAL APPLICATION

**City of Kalamazoo
Office of the City Clerk
241 West South Street
Kalamazoo, MI 49007**

(Please Print)

APPLICANT INFORMATION (The entity to be licensed as named in *Part 1 – Applicant Information* on MLCC forms)

Applicant Name(s) _____
Business Address _____
City _____ State _____ Zip Code _____ Business Phone _____
Business E-mail _____

FACILITY INFORMATION (the “address to be licensed” as indicated in *Part 1 – Applicant Information* on MLCC forms)

Address to be Licensed _____
Real Property Parcel Number _____
Advertised Facility Name _____
Square footage of area where the license will be utilized: _____

TYPE OF LICENSE/PERMIT

On-Premises:

- Banquet Facility Permit
- Class C License issued under MCL 436.1521a(1)(a)
- Club License
- Continuing Care Retirement Center License
- Outdoor Service Area on City Property
- Resort License Type: _____
- Transfer Class C/Tavern to G1/G2
- Transfer Tavern to Class C

Manufacturing:

- Brewpub (add-on to Class C license)
- On-Premises Tasting Room Permit
- Off-Premises Tasting Room Permit
- Joint Off-Premises Tasting Room Permit

Social District Permit

CONTACT INFORMATION [the primary point(s) of contact for this application]

Name _____ **Title:** _____
Address _____ **City** _____ **State** _____ **Zip Code** _____
Phone _____ **E-mail** _____
 I am a consultant/attorney. Name of company/firm: _____

Name _____ **Title:** _____
Address _____ **City** _____ **State** _____ **Zip Code** _____
Phone _____ **E-mail** _____
 I am a consultant/attorney. Name of company/firm: _____

ATTACHMENTS

Please attach the following as separate documents to this application:

1. A copy of your completed MLCC application for the appropriate license/permit. Include all pages except for the credit card authorization form. Please omit/redact/conceal Social Security Numbers.
2. An 11” x 17” diagram of the proposed licensed facility showing the entire structure, premises, and grounds, and in particular the specific areas where the license is to be utilized (including outdoor service areas). The diagram should show the location of all entrances/exits and the location of emergency lighting and signage.

Please complete the following certifications:

- The applicant is not in default to the City for any property tax, special assessment, utility charges, fines, fees or other financial obligation owed to the City.
- The hiring and public accommodation practices of the proposed licensed facility conforms to the City’s anti- discrimination ordinance provisions.
- I understand that a technical code inspection of the proposed licensed facility is required prior to a recommendation being made to the City Commission. I understand that a request for this inspection must be made through the Community Planning and Economic Development Department, and a separate fee will be assessed.

I hereby certify under the penalty of perjury that the statements made in this application, including all attachments thereto, are true. I further certify that I am an officer, director, or managerial employee of the applicant or a person who holds a direct or indirect ownership interest in the applicant.

Applicant Signature: _____ Date: _____

Name (printed): _____ Position: _____

For Office Use Only

APPLICATION RECEIPT – CITY CLERK’S OFFICE

Application received by: _____ Date received: _____

Fee paid: \$ _____ Date: _____

City Clerk’s approval: _____ Date: _____

License/permit number: _____