

**ALGOMA TOWNSHIP APPLICATION FOR
LIQUOR / PERMIT LICENSE**

The following application is for granting or transferring a liquor license and other licenses or permits associated therewith, including, but not limited to, entertainment and/or dance permits or licenses. No applicant for a license has the right to issuance of license. The Township Board reserves the right to exercise reasonable discretion to determine whom, if anyone shall be entitled to the issuance of such license.

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE: _____

FAX: _____

EMAIL: _____

BIRTHPLACE: _____ AGE: _____

CITIZENSHIP: _____ (If naturalized: Date _____ Place _____)

NAME and ADDRESS of establishment for which license is being applied for, or requested to be transferred:

Has application been made to Michigan Liquor Control Commission? _____

What type of license is being applied for? _____

NAME and ADDRESS of all persons or other parties that would own or have any interest in the establishment that would be licensed:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

FOR OFFICE USE ONLY

APPLICATION: FILING DATE _____
 LICENSE FEE PAID \$500.00 CHECK # _____ DATE PAID _____

ATTACH: A listing of the objects for which organized, and the names and addressees of the officers and directors, and all stock holders or their nominees that own 5% or more of the stocks of such corporation.

Type of business: _____

Length of time in business: _____

If corporation, name object for which it was formed: _____

Date corporation's charter was issued: _____

Has the corporation made an application for a similar or other license or permit on premises other than described in this application? _____

If so, what type and what is the disposition of the application? _____

This application must have **attached** to it building and plat plans showing the entire structure and premises and in particular the specific areas where the license is to be utilized. The plans shall be to scale and demonstrate adequate off-street parking, lighting, refuse disposal facilities and where appropriate, adequate plans for screening, and noise control.

I, _____, the duly authorized agent of the above
(Print name)

corporation, do hereby swear (or affirm) that the information given in this application is true, that none of the officers, managers, directors or stock owners or stockholders owning in the aggregate more than 5% of the stock have never been convicted of a felony, and that the officers, managers, directors or stock owners or stockholders owning in the aggregate more than 5% of the stock will not violate any of the laws of the State of Michigan or of the United States or any Ordinances of Algoma Township in the conduct of their business.

(SIGNATURE) DATE: _____

STATE OF _____)
) SS
COUNTY OF _____)

Signed and sworn to (or affirmed) before me this _____ day of _____ 20 _____.

(SEAL)

Notary Public, County of _____
Acting in _____ County
My commission expires: _____

**ADDITIONAL INFORMATION NEEDED TO PROCESS APPLICATION FOR
LIQUOR / PERMIT LICENSE**

(Must be attached to application for processing)

NAME OF BUSINESS/CORPORATION: _____

1. Has any similar license/permit from any other governmental agency ever been revoked? _____
2. Will this business be conducted by a manager/agent? Yes _____ No _____. If yes, does the manager/agent possess the same qualifications required of the licensee? _____
3. Has the business/corporation ever been convicted of a violation of any federal or state law or city, village, or Township Ordinance concerning the manufacture, possession, consumption, or use or sale of alcoholic liquor? _____
4. Does the business/corporation own or have option to purchase the premises for which license is sought or do the partners have a lease for the premises for the full period of which the license is to be issued? _____
Lease period: _____
5. Does the business/corporation have sufficient financial assets to carry on or maintain the business? _____
6. Are any of the members of the business/corporation a law enforcing public official or a member of the Township Board? _____
7. Does the premises meet the applicable Building, Electrical, Mechanical, Plumbing and Fire Codes? _____
8. Does the premises meet the applicable Zoning Regulations and applicable Public Health Regulations? _____
9. Does the premises meet all Algoma Township Ordinances, Kent County, State and Federal statutes and rules and regulations? _____
10. Will the sale of beer, wine or spirits constitute more than 50% of the gross receipts of the business? _____
11. Does the business/corporation owe any obligation of any kind including, but not limited to, personal or real property taxes or delinquent special assessments to the Township? _____
12. Are there any outstanding delinquent real property taxes, special assessments, water and/or sewer bills on these premises? _____
13. Will the site subject to licensing include as entertainment any type of boxing, wrestling, modeling of lingerie, bathing suits and/or underwear or any activity that includes, the exposure or display of less than complete and opaquely covered human genitals, pubic region, buttock, the female breast below a point immediately above the top of the areola

and/or male genitals in a discernibly turgid state even if completely and opaquely covered or other activities that expose, show or display human genitals in a state of sexual stimulation or arousal, acts of human masturbation, sexual intercourse, or sodomy, or the fondling or other exotic touching of human genital, pubic region, buttock, or female breast, or such entertainment or activity that includes, but is not limited to, live shows ore events, movies, photos, slides projections, television shows, and the playing of video recordings? _____

LIST all officers, directors, stockholders or their nominees that own 5% or more of the stocks of such corporation (add pages if needed):

NAME: _____ **POSITION:** _____

ADDRESS: _____

BIRTHPLACE: _____ **AGE:** _____

CITIZENSHIP: _____ (If naturalized: Date _____ Place _____)

NAME: _____ **POSITION:** _____

ADDRESS: _____

BIRTHPLACE: _____ **AGE:** _____

CITIZENSHIP: _____ (If naturalized: Date _____ Place _____)

NAME: _____ **POSITION:** _____

ADDRESS: _____

BIRTHPLACE: _____ **AGE:** _____

CITIZENSHIP: _____ (If naturalized: Date _____ Place _____)

NAME: _____ **POSITION:** _____

ADDRESS: _____

BIRTHPLACE: _____ **AGE:** _____

CITIZENSHIP: _____ (If naturalized: Date _____ Place _____)