



10531 ALGOMA AVE NE, ROCKFORD, MI 49341-7108  
PHONE 616.866.1583  
www.algomatwp.org

## APPLICATION FOR LOCAL GOVERNMENT APPROVAL FOR LIQUOR 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: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITIZEN: Y: \_\_\_ N: \_\_\_ 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? \_\_\_\_\_

### **BUILDING PLANS:**

An ELECTRONIC COPY of the building and plat plans showing the entire structure and premises and in particular the specific areas where the license is to be utilized must be submitted with the application. 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.

Algoma Township Application for Liquor/Permit License

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**ORGANIZATION:**

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? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:**

(Must be attached to application for processing)

1. Has any similar license/permit from any other governmental agency ever been revoked? Yes \_\_\_ No \_\_\_
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? Yes \_\_\_\_\_ No \_\_\_\_\_
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? Own \_\_\_\_\_ Lease \_\_\_\_\_ Lease period: \_\_\_\_\_
5. Does the business/corporation have sufficient financial assets to carry on or maintain the business? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are any of the members of the business/corporation a law enforcing public official or a member of the Township Board? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state position \_\_\_\_\_
7. Does the premises meet the applicable Building, Electrical, Mechanical, Plumbing and Fire Codes? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, state why \_\_\_\_\_
8. Does the premises meet the applicable Zoning Regulations and applicable Public Health Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, state why \_\_\_\_\_
9. Does the premises meet all Algoma Township Ordinances, Kent County, State and Federal statutes and rules and regulations? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, state why \_\_\_\_\_  
\_\_\_\_\_
10. Will the sale of beer, wine or spirits constitute more than 50% of the gross receipts of the business? Yes \_\_\_\_\_ No \_\_\_\_\_
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? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, state type and amount \_\_\_\_\_
12. Are there any outstanding delinquent real property taxes, special assessments, water and/or sewer bills on these premises? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state type and amount \_\_\_\_\_  
\_\_\_\_\_
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?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**LIST OF ALL OFFICERS, DIRECTORS, STOCKHOLDERS:**

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: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITIZEN: Y: \_\_\_ N: \_\_\_ If naturalized: Date: \_\_\_\_\_ Place: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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CITIZEN: Y: \_\_\_ N: \_\_\_ If naturalized: Date: \_\_\_\_\_ Place: \_\_\_\_\_

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*FOR OFFICE USE ONLY*

APPLICATION:  FILING DATE \_\_\_\_\_

LICENSE FEE PAID \$500.00  
CHECK# \_\_\_\_\_ DATE PAID \_\_\_\_\_