



CITY OF SYLVAN LAKE, MICHIGAN

Liquor License Application

Questionnaire C

**Questionnaire C is to be completed and
returned to the Sylvan Lake Police Department**

Questionnaire C – Background Information for Liquor License

General Information

Applicants have thirty (30) days from the date of receipt to complete and return Questionnaire C to the Police Department. All questions must be answered and all documents attached as required. If thirty (30) days are not sufficient, the applicant must notify the police investigator with the reason(s) for the delay. If, after thirty (30) days, no contact has been made with the police investigator, the investigation will be **CLOSED** and a report will be submitted by the Police Department to the Michigan Liquor Control Commission (M.L.C.C.).

The police investigation process of a new liquor license or transfer request is lengthy and usually takes several weeks to complete. The goal of the Police Department is to ensure that all M.L.C.C. licensed businesses within the City are managed and operated to protect and serve the citizens of the community.

Once a license is issued, the license location must continue to conform to all local and state statutes, laws and ordinances, as well as the Michigan Liquor Control Act and the Michigan Liquor Control Code Rules. All businesses possessing a liquor license of any type issued by the M.L.C.C. are personally inspected by the Police Department. Occasional police operations will be conducted to ensure that minors are not possessing or receiving the sale of alcoholic beverages.

Guidelines

1. The applicant must have already filed an application with the M.L.C.C. prior to receiving and completing the Police Department's Liquor License Questionnaire Part C.
2. Applicants requesting on-premise types of liquor licenses must also complete and submit Questionnaires A and B with the required documents to the City Clerk's Office. The applicant must adhere to all City policies and procedures pertaining to liquor licensing.
3. The police investigator will begin a thorough background investigation of each applicant named in the questionnaire, upon receipt of the Police Inspection Report on Liquor License Request (1800 form) from the M.L.C.C.
4. Each applicant named in the questionnaire must submit to being fingerprinted and photographed by the Police Department as part of the application and investigation process. The investigating officer will coordinate the appointment date and time.
5. After the results of the Michigan State Police criminal background check are received by the Police Department and when the entire investigation is completed, the results will be submitted to the Police Department for approval or disapproval.
6. Approval for liquor licensing of an applicant by the Police Department does not guarantee that a liquor license will be granted. It represents only one step in the application process that must include recommendations from various City Departments, the City Council and the M.L.C.C.
7. An investigator from the Police Department may perform a final building inspection prior to final approval or release of a liquor license.

Questionnaire C – Background Information for Liquor License

Questionnaire C – Instructions

The information provided by the applicant in this questionnaire will be used in an investigation to determine whether or not the character and financial ability of each applicant to operate a liquor establishment meets the required standards set forth by the Michigan Liquor Control Act and the Alcoholic Liquor Ordinance, Articles I-II. Please read every question carefully and answer truthfully and accurately. All statements are subject to verification; any deliberate inaccuracies, falsifications or incomplete statements may result in the denial of applicant's request for a liquor license.

All answers on this questionnaire should be typed or printed legibly and neatly in black ink. If the space provided is insufficient for a complete answer, use additional sheets of paper, following the same format used in the questionnaire and attach to that part of the application. If a question is not applicable to the applicant, answer with the symbol N/A (Not Applicable). Otherwise, there must be an answer for each question.

Photo copies of the following documents must be attached to the questionnaire, if applicable:

- Birth Certificate
- Driver's License
- Social Security Card
- Alien Card
- Naturalization/Citizenship Papers
- Concealed Weapons Permit
- Incorporation/Partnership Papers
- Partnership Agreement Papers
- Loan Statements
- Preliminary Site Plan when license involves a new site or a location undergoing site changes

Questionnaire C – Background Information for Liquor License

Applicant's Name: _____ Date: _____

Type of license applying for (circle all those that apply):

Class C Quota Transfer Hotel A B Tavern Resort Club Microbrewery/Brewpub

Doing business as (d/b/a): _____

Business Address: _____ Business Phone: (____) _____

City: _____ State: _____ Zip: _____

I. I, _____, do hereby certify that the following statements are correct in connection with an application for a _____ Liquor License to be located at _____, Sylvan Lake, Oakland County, Michigan _____.

II. Proposed location of establishment if there is no address at this time: _____

III. Are you the sole owner and proprietor? Yes _____ No _____ or is the business to be operated as a partnership _____, company _____, corporation _____ or limited liability company _____?

IV. If the applicant is a partnership, company, corporation or limited liability company, give the names, addresses and dates of birth of all persons who will have any financial investment in the licensed business or who will share in the profits of the licensed business:

NAME	ADDRESS	DATE OF BIRTH

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V. Personal Data To be filled out by each person having an investment in the license.

1. Personal applicant information:

Name: _____
(Last) (First) (Middle)

Date of birth: ____ / ____ / ____

Place of birth: _____
(City/County/State/Country)

Are you a citizen of the United States? Yes ___ No ___ If naturalized, date: ____ / ____ / ____

Citizenship #: _____ Where did naturalization occur? _____

Attach a copy of naturalization papers.

If not a United States citizen, list Alien card number: _____. Attach a copy of Alien card.

Marital Status: Married: _____ Single: _____ Divorced: _____ Widowed: _____

Social Security Number: _____ Attach a copy of Social Security card.

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Has the applicant ever had his/her name legally changed or otherwise used a different name, including a maiden name if applicable? If so, list such names:

(Last) (First) (Middle)

Current Address: _____
(Number and Street)

(City) (State) (Zip)

Home phone number: (____) _____ Cell phone number: (____) _____

2. How long have you lived at your current address? _____ Years _____ Months

3. How long have you resided in Michigan? _____ Years _____ Months

4. How long have you resided in the United States? _____ Years _____ Months

5. List all of your home addresses for the past ten (10) years, excluding current address:

6. **Spouse's information – All questions in bold print relate to the applicant's spouse.**

List spouse's full name: _____

Has the spouse ever had his/her name legally changed or otherwise used a different name, including a maiden name, if applicable? If so, list such names:

(Last) (First) (Middle)

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Spouse's date of birth: ___/___/___ **Place of birth:** _____

Spouse's home address: _____
(Number and Street)

(City)

(State)

(Zip)

Years at this address: ___ **Years living in Michigan:** ___ **Years living in United States:** ___

Is spouse a citizen of the United States? Yes ___ No ___ **If naturalized, date:** ___/___/___

Citizenship # _____ **Where did naturalization occur?** _____

Attach a copy of naturalization papers.

If spouse is not a United States citizen, list Alien card number: _____

Attach a copy of spouse's Alien card.

7. List every child born to applicant:

NAME	DATE OF BIRTH	PLACE OF BIRTH	ADDRESS	RESIDES WITH WHOM

8. If you were previously married, list all of your former spouses' names, dates of birth and addresses:

9. If your current spouse has previous marriages, list all of their former spouses' names, dates of birth and present addresses:

10. Military Record

Branch served: _____ **Rank at time of discharge:** _____

Type of discharge: _____ **Attach copy of your DD-214 (Discharge) forms.**

Were you ever Court Martialed, tried on charges, or were you the subject of a Summary Court, Deck Court, Captain's Mast, Company punishment or any other disciplinary action while in the military? If yes, explain:

Have you ever served in a military organization of any foreign government? If yes, give details:

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11. Business Experience

Are you engaged in any business as an owner or partner, other than the business involved in this application? If yes, list all Company or Corporation names, along with names and addresses of all co-owners or partners.

NAME	ADDRESS	TITLE/RELATIONSHIP

12. Employment History

- A. What is your present occupation? _____
- B. List names and addresses of applicant's employers for the past ten (10) years, including present employer (account for time unemployed).

NAME	ADDRESS	PHONE	FROM/TO	SUPERVISOR

- C. Were you ever subject to any disciplinary action in connection with any employment, including discharge or asked to resign? If yes, give details: employer, address, date of occurrence and details of the situation.

- D. Comment on your prior business experience: _____

13. Driving Record

- A. Driver's license number _____ Exp. Date _____
 Type of license _____ State _____
- B. Do you now or have you ever possessed a driver's license from another state? If yes, list the states and license numbers and attach copies of the licenses. _____
- C. Was your driver's license ever suspended or revoked? If yes, give details, including dates and reasons:

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- D. When was your first driver's license issued? _____ In which state was it issued? _____
- E. Were you ever involved in an accident while driving a vehicle? If yes, give details including dates, places, injuries, and arrests:

- F. Were police reports made on these accidents? If yes, list the police agencies involved:

14. Arrest/Criminal Record

- A. Were you ever arrested, detained, taken into custody or charged with a crime in this state, in any other state, in any other country, in the military service or elsewhere? If yes, indicate below:

DATE	VIOLATION	LOCATION	COURT DISPOSITION/SENTENCE	POLICE DEPT.

- B. Were you ever investigated or suspected of being involved in a crime by the police? If yes, list all police departments involved and details:

- C. Were you ever summoned or subpoenaed to court in a civil proceeding; or were you ever a party (Plaintiff or Defendant) in a civil action in this state or elsewhere? If yes, indicate below:

DATE	ACTION/PROCEEDING	PLAINTIFF/DEFENDANT/WITNESS	COURT DISPOSITION

- D. Has any member of your family or close relative (including in-laws) ever been arrested for anything other than traffic violations? If yes, give details:

NAME	RELATION	DATE	PLACE	CHARGE	FINAL DISPOSITION

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- E. Do you associate with, or have you ever associated with, known persons who have been involved, charged or convicted of illegal gambling, narcotic or vice activities? If yes, explain in detail:

15. References

- A. Give the names, addresses and telephone numbers of three (3) reputable citizens (excluding relatives) who know your reputation.

NAME	ADDRESS/CITY	PHONE

- B. List names, addresses and phone numbers of two (2) current neighbors.

NAME	ADDRESS/CITY	PHONE

16. Family Member's Past/Present Liquor Licenses

Does any member of your family now hold or has any member of your family in the past held a license or any interest in a license for the sale of alcoholic beverages in the state of Michigan or in any other state? Yes ____ No ____ If yes, state the type of license, the name in which license was issued, the relationship to you and the location:

17. Do you presently have a permit to carry a concealed weapon? If yes, state the following:

Permit number: _____ County of issuance: _____

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Date of original issuance: _____ Current expiration date: _____

Permit restrictions: _____

18. Alcohol/Drug Usage

A. Do you drink intoxicating liquor? If yes, state the amount of your consumption:

B. Have you ever been treated for alcohol abuse? If yes, give details, including location of treatment, doctor's name, length of treatment, dates of treatment and your current status:

C. Have you ever been treated for abuse of any type of drug? Yes _____ No _____

If yes, list the drug: _____

Are you an unlawful user of, or addicted to: marijuana, cocaine, a depressant, a stimulant or a narcotic drug? Yes _____ No _____

If yes, list the drugs:

VI. Financial Data To be submitted by all who have a financial interest in the requested license.

1. Submit detailed financial statement.

List all assets in column format, including, but not limited to, the following:

As of this date: _____ Type of License _____

Name _____

Cash in banks, on hand, etc.: _____

Automobiles: _____

Real Estate: _____

Investments: _____

Personal Property: _____

Total Assets _____

List all liabilities in column format, including, but not limited to, the following:

Mortgages: _____

Other Property Loans: _____

Credit Cards: _____

Total Liabilities _____

Approximate NET WORTH _____

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2. Have you any garnishee, wage assignment or judgment pending against you? If yes, give details:

3. Have you ever filed bankruptcy? If yes, give all details:

4. Have you ever had any personal property repossessed? If yes, give all details:

5. Have you ever been refused credit? If yes, give dates, names of business firms which refused credit and reasons for refusal:

6. Have you ever been delinquent on income tax payments or any other tax payments? If yes, give all details:

7. Submit copies of your ENTIRE Federal Income Tax Returns as filed with the I.R.S. for the past three (3) years.
8. Submit copies of your ENTIRE State Income Tax Returns as filed with the State Treasury Department for the past three (3) years.

VII. Business Experience

1. Do you now or have you ever in the past, held a liquor license or any interest in a liquor license (on-premises or off-premises) in Michigan or any other state? If yes, answer the following questions:
Name of licensee(s): _____
Company or corporation name: _____
Doing business as (d/b/a) name: _____
Type of license: _____
Dates of license (start to finish): _____
Full address: _____
List all violations of liquor laws:
Date: _____ Type of violation: _____
Disposition of violation _____
2. Was liquor license ever suspended or revoked? _____ If yes, explain the circumstances:

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3. If you have now or have in the past held more than one previous liquor license, use a separate sheet of paper for each license and follow the above format to answer the same questions.

4. Business Name: _____

Business Address: _____

Business Telephone Number: _____

5. List all Stockholders:

6. Have you ever been refused a liquor license in Michigan or in any other State? If yes, give details:

7. Explain what qualifies you as being experienced in the management of an alcoholic liquor business and management in general. List all pertinent information regarding your experience.

8. Check the type of entity applying for license:

Individual _____

Partnership _____

Limited Partnership _____

Public Corporation _____

Private Corporation _____

Limited Liability Corporation _____

Other (explain) _____

How long have you been doing business at your current business address? _____

How long have you been doing business in Michigan? _____

List all business addresses for the last ten (10) years:

9. Business Information and Financial Statement

A. Land Owned by:

Deed _____ Mortgage _____ Land Contract _____ Lease _____ Option _____

Name: _____

Address: _____

B. Building owned by:

Name: _____

Address: _____

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C. If your license is approved, do you understand that you must have approval from the Chief of Police of the Police Department, or his designee, of any stock change of 1% or more, prior to the change, during the time you possess a valid liquor license and when requesting approval of any such stock change, you must submit with your request the name, address and date of birth of the prospective stock purchaser?

Yes _____ No _____

D. What is the total purchase price of the business? \$ _____

\$ _____

\$ _____

E. What is the total down payment? \$ _____

Amount Invested? \$ _____

F. Is your company buying the business only? Yes _____ No _____

What is your share of the down payment? \$ _____

G. What is the purchase price of the:

1. Bar equipment, fixtures & furniture: \$ _____

2. Liquor license: \$ _____

3. Real estate: \$ _____

4. Leasehold improvements: \$ _____

H. Balance to be paid off? \$ _____

Amount paid per month including interest? \$ _____

Annual interest rate _____%

I. Are you borrowing money to finance this business? Yes _____ No _____

If yes, from whom? _____

Under what terms and conditions: _____

J. Terms of lease: _____

K. If you are not borrowing money, state specifically the source from which the purchase money was obtained:

SOURCE	MEANS	AMOUNT

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L. Describe the building interior/exterior and its approximate dimensions:

Is there a basement? _____

How many parking spaces are approved for this location? _____

M. What type of business is to be conducted at the above location?

N. Is the establishment connected to sleeping or living quarters?

Yes _____ No _____ If yes, explain:

Can the living/sleeping quarters be accessed from inside the establishment without going outside? If yes, explain:

O. Has your location been approved by:

1. Zoning Board? Yes _____ No _____

List date of approval: _____

2. Planning Commission? Yes _____ No _____

List date of approval: _____

3. Building Department? Yes _____ No _____

List date of approval: _____

4. Local Health Department if on-premises license is being sought? Yes ____ No ____

List date of approval: _____

List agency issued by: _____

Attach a copy of the certificate.

5. Approved for occupancy? Yes ____ No ____ If yes, list date occupancy permit was issued: _____ What is the approved capacity? _____

If not approved, give approximate capacity _____

P. Dancing/Entertainment

1. Do you intend to have dancing or entertainment at your business?

Yes _____ No _____

If yes, describe the size of the dance floor and type of entertainment to be provided:

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2. If entertainment permit is being sought, answer the following questions:
- a. Type of entertainment? _____
 - b. Are dressing rooms required for the type of entertainment that is being requested? _____
 - c. Are adequate dressing rooms provided for each sex, other than restrooms, public rooms, kitchens or other similar areas for the changing of clothes by the entertainers? _____
 - d. Are acts secured through a booking agent? _____
List name, address and telephone number of the booking agent.
Name _____
Address _____
Telephone number (____) _____
 - e. Give the size and location of the stage (if any)? _____

 - f. Do you plan to have coin operated amusement devices on the premises, such as video games, pool tables, juke boxes, etc.?
Yes _____ No _____
 - g. Are gas pumps located on the premises or directly adjacent to your proposed business? If yes, explain _____

IMPORTANT: ANY QUESTIONS IN THIS QUESTIONNAIRE ANSWERED FALSELY WILL RESULT IN THE IMMEDIATE REJECTION OF YOUR LIQUOR LICENSE APPLICATION OR REVOCATION OF YOUR LIQUOR LICENSE.

Signature of applicant

Printed name of applicant

Number and street address of applicant

City/State/Zip

Telephone number

Questionnaire C – Background Information for Liquor License

STATE OF MICHIGAN)
) ss
COUNTY OF OAKLAND)

On this ____ day of _____, 20____, before me personally appeared _____, who being first duly sworn, deposes and states that he/she signed the above questionnaire consisting of _____ pages and that the statements contained herein are true to the best of his/her knowledge, information and belief.

_____, Notary Public
_____ County, Michigan
My Commission Expires _____