



GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

525 Washington Avenue • Grand Haven, MI 49417
Office 616.842.3460 • Fax 616.847.6050

Application for New Liquor Licenses, Permits, or Transfer of Ownership or Interest in Liquor License

Name and Address of Applicant

Name: _____

Home Address: _____

Business Phone: _____ Cell Phone: _____ Email: _____

Personal Information (Individuals)

Date of Birth _____ Social Security # _____ Drivers License # _____

Are you a citizen of the United States of America? ☐ Yes ☐ No

Have you ever legally changed your name? ☐ Yes ☐ No If yes, list maiden names, or name changes due to naturalization or court order

If you answered yes, please state your prior name(s) (including maiden):

Have you ever been arrested? ☐ Yes ☐ No If yes, list below (attach additional pages if necessary)

Have you ever been convicted of a Felony? ☐ Yes ☐ No If yes, list below (attach additional pages if necessary)

Date	City/State	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Name of entity/person that will hold the license: _____

Type of license requesting from LCC: _____

☐ Brew Pub ☐ Club ☐ SDM ☐ Tavern ☐ Small Wine Maker

How long have you been in business? _____

What is the physical address of the premises where the license will be located? _____

Report of Stockholders/Members/Limited Partners

Complete this section and attach more copies of this page if more room is needed.

Name / Address / Date of Birth of all Business Partners:

Name

Address

Date of Birth

_____	_____	_____
_____	_____	_____

Name and address of Corporate Officers and Directors, pursuant to administrative rule R 436.1109

Name

Address

_____	_____
_____	_____

Building Site Plan & Inspection

The application shall be accompanied by building and site plans showing the entire structure and premises and in particular the specific areas where the license is to be utilized. The plans shall demonstrate adequate off-street parking, lighting, refuse disposal facilities and where appropriate, adequate plans for screening and noise control.

The Building and Inspection division is responsible for building, mechanical, plumbing, and electrical plan reviews and inspection. Zoning, building codes, fire and police inspections and applicable reviews must be completed before approval may be granted.

License Hearing

The city council shall hold a public hearing upon the license application. Following such hearing the city council shall submit to the applicant a written statement of its findings and determination. The council's determination shall be based upon satisfactory compliance with the restrictions set forth in the City of Grand Haven, Code of Ordinances; Part II; Chapter 5-Alcoholic Liquors; Section 5-52, items 1-10. ¹

Certification/Signature

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing **false** or **fraudulent** information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

_____	_____	_____
Date	Individual, print name	Individual signature

¹ https://www.municode.com/library/#!/mi/grand_haven/codes/code_of_ordinances?nodeId=PTIICOOR_CH5ALLI_ARTIILILI_DIV1NELI_S5-52REISLI

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LAW ENFORCEMENT BACKGROUND CHECK

I am making application as indicated below for the purpose of operating a business or other enterprise within the City of Grand Haven. I understand that my application requires a check of local and/or criminal law enforcement and driving records. My signature represents a request to the Grand Haven Department of Public Safety to perform the law enforcement records check indicated.

- ☐ Auction/Auctioneer – Michigan ICHAT & Local Records Check
- ☐ Bed & Breakfast – Michigan ICHAT & Local Records Check
- ☐ Building Mover (Yearly) License - Local Records Check
- ☐ Building Wrecker (Yearly) License - Local Records Check
- ☐ General Permit Application - Local Records Check
- ☐ Going Out of Business Sale Application - Local Records Check
- ☐ Horse Drawn Carriage Business License – Michigan ICHAT & Local Records Check
- ☐ Horse Drawn Carriage Operators License – Michigan ICHAT & Local Records Check
- ☐ Junk Dealer License - Michigan ICHAT & Local Records Check
- ☐ Marihuana Facilities - Michigan ICHAT & Local Records Check
- ☐ Metal Detectors License - Michigan ICHAT & Local Records Check
- ☐ Pedicab Business License - Local Records Check
- ☐ Pedicab Operators License - Michigan ICHAT & Local Records Check
- ☐ Permanent Liquor License – Michigan ICHAT & Local Records Check
- ☐ Permanent Vendor Application – Michigan ICHAT & Local Records Check
- ☐ Solicitors & Transient Merchants License – Michigan ICHAT & Local Records Check
- ☐ Sound Truck (Use General Permit Application) - Local Records Check
- ☐ Taxicab Business License - Michigan ICHAT & Local Records Check
- ☐ Taxicab Driver's License - Michigan ICHAT, Driving Record & Local Record Checks
- ☐ Taxicab Additional Vehicle to Existing License – Vehicle Inspection

WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I authorize the **GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY** to query and release law enforcement and driving records from all sources. I release and forever discharge the City of Grand Haven and its agents, officers, and employees from any and all actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.



PLEASE PRINT

Name:

_____/_____/_____
(Last) (First) (Middle)

(Maiden/Alias)

Address: _____
(Street Address, City, State, Zip)

Date of Birth: ____/____/____

*Driver's License Number: _____

Phone Number: _____

Signature: X_____

***A copy of the applicant's driver's license is required**

(FOR INTERNAL USE ONLY)

- ☐ Application Received (Date) _____
- ☐ Application Fee Received (Date) _____
- ☐ JUSTICE
- ☐ LERMS
- ☐ ICHAT
- ☐ Driving Record
- ☐ Public Site Search