

(Final Draft)

CITY OF ROCHESTER HILLS
CLASS C LIQUOR LICENSE APPLICATION

APPLICANT'S CHECK LIST FOR SUBMISSION

- _____ Completed Application
 - _____ Listing of Corporation/Partners
 - _____ Building/Site Plans
 - _____ Financial Statement
 - _____ Menu
 - _____ Training Policy
 - _____ Fingerprints
 - _____ Dance/Entertainment Agreement (if applicable)
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DRAFT

CITY OF ROCHESTER HILLS

CLASS C LIQUOR LICENSE APPLICATION

Date: _____

- _____ New Class C License
- _____ Transfer Class C License
- _____ Dance Permit
- _____ Entertainment Permit
- _____ Dance Entertainment Permit

Applicant's Name: _____ Phone No. _____

Address: _____ City _____ ST _____

Age: _____ Citizenship: _____ Date of Birth _____ Birthplace: _____

If naturalized, year and place: _____

If a partnership, please complete the following:

Partner's Name: _____ Phone No. _____

Address: _____ City _____ ST _____

Age: _____ Citizenship: _____ Date of Birth _____ Birthplace: _____

If naturalized, year and place: _____

Manager's Name: _____ Phone No. _____

Address: _____ City _____ ST _____

Age: _____ Date of Birth: _____

If a corporation, the names, addresses of the officers and directors, date of birth and age of each:

Liquor License Application

Location of Proposed License: _____

Does applicant presently own the premises? _____

If not, name of owner of premise: _____

Legal Description of Property (Sidwell #) _____

Length of time business has been in operation: _____

Has applicant ever been convicted of a felony? Yes ___ No ___

If convicted of felony, explain: _____

Has applicant previously applied for liquor license? Year requested: _____

Location of business: _____

Was liquor license granted: _____

Have any of the applicants or persons listed above been convicted of a violation of federal or state law concerning the manufacture, possession or sale of alcoholic beverages? Yes ___ No ___

Name of person _____

What is the applicant's current business? _____

Length of time in named business? _____

List all uses in addition to sale of alcoholic beverages: _____

Does applicant presently operate a restaurant? Yes ___ No ___

Name and address of restaurant: _____

Does applicant presently hold a Class C liquor license? Yes ___ No ___

Name and address of restaurant: _____

List record and history of any liquor license violations by the applicant for preceding ten (10) years

Liquor License Application

Record history of any liquor license violations by the corporation or by a parent of subsidiary corporation of the applicant for the immediate preceding ten (10) years

<u>Proposed Liquor Establishment:</u>	<u>Existing Building</u>	<u>New Construction</u>
Size of Site:	_____	_____
Size of Building:	_____	_____
Size of Kitchen:	_____	_____
Seating Capacity:	_____	_____
Size of Dance Floor, if any:	_____	_____
Percentage of Floor Area for Dining:	_____	_____
Percentage of Floor Area for Bar:	_____	_____
Present Zoning:	_____	_____
Required Zoning:	_____	_____
Cost of Remodeling:	_____	_____
Cost of Construction:	_____	_____
Estimated Dates of Construction	Start: _____	Completion: _____
Total cost to be expended by licensee for the licensed premises: _____		
Building Plans Submitted – 3 Sets Required:	Number of Copies Enclosed: _____	
Site Plans Submitted – 6 Sets Required:	Number of Copies Enclosed: _____	
Do Site Plans show off-street parking and lighting?	Yes _____	No _____

Liquor License Application

Describe the proposed character/type of establishment (e.g. theme, entertainment, food)

Describe the proposed full food menu:

Proposed menu attached: Yes _____ No _____

Describe the surrounding neighborhood and explain how the proposed establishment fits this location in Rochester Hills.

Revenues: Provide a breakdown of the anticipated revenues from food, alcoholic beverages and other revenues (copy must be attached): _____

Evidence of Financial Responsibility:

Amount of Funds supplied by Principals: _____

Amount of Funds to be Financed: _____

Name of Financer/Phone Number: _____

Personal References/Phone Number:

Business References/Phone Number:

Has applicant completed a certified training program? Yes ____ No ____

Have employees completed a certified training program? Yes ____ No ____

Names and addresses of those completing program

Applicant understands that should any of the above information prove to be inaccurate or untruthful, it will be grounds to deny applicant's request or revoke any approvals.

I (We) _____
affirm I (We) will not violate any of the laws of the State of Michigan or of the United States or any ordinances of the City of Rochester Hills in the conduct of my (our) business, and acknowledge receipt of a copy of Chapter 6, Alcoholic Liquor of the Rochester Hills Code of Ordinances.

I hereby certify the above information to be true and accurate to the best of my (our) knowledge.

Applicant Signature/Date

Applicant Signature/Date

This application is not considered complete until applicant has made contact with the Rochester Hills Contingent of the Oakland County Sheriff's Department and complied with fingerprinting and any other necessary requirements of the Oakland County Sheriff's Department.
