

CITY OF WYOMING, MICHIGAN
APPLICATION FOR LIQUOR LICENSE

APPLICANT:	<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION
BUSINESS ADDRESS: _____ _____	TELEPHONE: _____ FAX: _____
LICENSE REQUESTED: <input type="checkbox"/> TAVERN <input type="checkbox"/> CLASS C <input type="checkbox"/> CLASS B HOTEL	LOCATION OF THE PROPOSED BUSINESS:
WILL THE PROPOSED BUSINESS OCCUPY A(N): <input type="checkbox"/> EXISTING BUILDING <input type="checkbox"/> NEW BUILDING	DO YOU: <input type="checkbox"/> OWN BUILDING <input type="checkbox"/> LEASE BUILDING
ARE FURNITURE & FIXTURES: <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED	BUILDING OWNER:
FURNITURE & FIXTURE OWNER:	
NAME OF PERSON RESPONSIBLE FOR DAILY OPERATION OF BUSINESS:	
NAME OF BANK FOR BUSINESS ACCOUNT:	
FIRM, ACCOUNTANT OR PERSON RESPONSIBLE FOR FINANCIAL RECORDS: NAME: ADDRESS:	
NAME OF PERSON COMPLETING APPLICATION:	TITLE OF PERSON COMPLETING APPLICATION:
SIGNATURE:	DATE:

ATTACH:

1. A SCALED DRAWING WHICH SHOWS THE TOTAL SQUARE FOOTAGE, DINING SQUARE FOOTAGE, KITCHEN SQUARE FOOTAGE, TOTAL TABLE SEATING, AND TOTAL COUNTER SEATING.
2. A PERSONAL INFORMATION SHEET FOR EACH OWNER, PARTNER, CORPORATE OFFICER OR MANAGER.
3. APPLICATION FEE OF \$300 PAYABLE TO THE CITY OF WYOMING.

COPY AND COMPLETE THIS PAGE FOR EACH OWNER,
PARTNER, CORPORATE OFFICER OR MANAGER

NAME:	TITLE
RESIDENT ADDRESS:	PHONE:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
RESIDENT OF THE STATE OF MICHIGAN? <input type="checkbox"/> YES _____ YEARS <input type="checkbox"/> NO	
Describe similar business ventures or related experience:	
Do you, a member of your family or your corporation hold a license for the sale of alcoholic beverages at the present time: <input type="checkbox"/> Yes - List type and location of each <input type="checkbox"/> No	
Have you, a member of your family or your corporation previously held a license for the sale of alcoholic beverages in the State of Michigan? <input type="checkbox"/> Yes - List type and location of each <input type="checkbox"/> No	
Have you ever been convicted of any criminal act? <input type="checkbox"/> Yes - describe state, county and date of conviction <input type="checkbox"/> No	

I hereby authorize City officials to investigate any or all information supplied, related to, or implied by this application. I further authorize City officials to secure additional information necessary to complete this application. I understand that this information will be considered by the Wyoming City Council in review of this application, and that the information contained herein may be subject to public disclosure under the Freedom of Information Act.

Signature of owner, partner, corporate officer or manager: X _____

State of Michigan
 _____ County

Subscribed and sworn to before me on this _____ day of _____, 20____.

X _____
 Signature of Notary

 Printed Name

My commission expires: _____