



CITY OF CLAWSON LIQUOR LICENSE APPLICATION

Date: _____ Fee: **\$250.00**

Check which type of Liquor License applying for (**check all that apply**):

- Class "C"
 Club License
 New
 Renewal
 Redevelopment

Business Location: _____ Trade Name: _____

Proprietor's Name: _____ Phone Number: () _____

To the City Council, Clawson, Michigan:

*The undersigned hereby makes preliminary application for permission to obtain a new or renewal of a CLASS "C" Restaurant License, CLUB LICENSE, or Redevelopment License permitting the sale of Spirituous Liquors as well as beer and wine by the glass in the City of Clawson. **This serves as a preliminary step in the application process to the MLCC to obtain a Liquor License, however, this does not constitute the renewal or purchase of an actual Liquor License.** Before any approval is given under the provisions of this article, the sum of \$250.00 shall be paid (**ANNUALLY**) to the treasurer of the city and accompany any application for license renewal to assist in the defrayment of any costs and expenses incurred by the city in the processing of the application, the investigation of the applicant and the business conducted on the premises, and in the preparation of reports to the council for any hearings conducted in connection with the application. Such fees may change from time to time as authorized by resolution of the City Council.*

If granted this permission, the undersigned hereby agrees to comply in every respect with the provisions of City Ordinance #618, known as the Liquor Ordinance, and in accordance with its provisions hereby submits the following information for preliminary approval:

1. Name of Applicant: _____ DL#: _____
 Home Address: _____
 Phone Number () _____ Phone Number () _____

2. Age _____ Date of Birth _____ Place of Birth _____

3. Are you a citizen of the United States of America: (*circle*) Yes No

4. Enumerate places of residence during past five years:

Street and Number	City or Village	State	From (Date)	To (Date)

5. Are you engaged or planning to engage in any other business than the one listed? If so explain

6. State how you have been employed, or nature of the business you have been engaged in during the past 10 years. (Enumerate back from present time.)

From (date)	To (date)	Name of Employer or Business Engaged In	Occupation or Position	City	State

7. Have you ever been arrested or convicted for a Felony or Misdemeanor? Yes No
 If so, explain _____

8. Have you ever been involved in any liquor license violation(s)? Yes No
 If so, explain _____

9. FINANCIAL STATEMENT:
- A. Are you financially indebted to any one in connection with your business or equipment: _____
 List Creditors, amount owed and for what? _____

- B. If granted a license, do you contemplate investing in new equipment? _____ If so, give
 approximate cost. \$ _____ Will purchase be by cash or credit? _____ and from
 whom? _____
- C. Are you financially interested in any other liquor license of any classification? _____
 Describe _____
- D. Is any one financially interested in your business beside yourself? _____ If so, who?

- E. Who is the owner of the building in which your business is located?
 Name: _____ Address: _____
10. Are you familiar with the provisions of the Liquor Ordinance No. 618? _____ Are you willing to comply
 with all its provisions? _____
11. Indicate if this is a partnership _____. If so, each partner MUST complete copy of this application.

CERTIFICATION AND ACKNOWLEDGEMENT

I hereby certify that all of the above information is true and accurate to the best of my knowledge, and further understand and represent that if any changes to the above information are made, that said information will be supplied to the City of Clawson immediately. I further understand that misstatements and inaccuracies in the application are grounds for immediate termination of said license.

I hereby authorize the City of Clawson, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for this license.

Applicant Name: _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:

Approved by City Council: Yes No **Council Meeting Date:** _____

License No.: _____ **Date Issued/Mailed:** _____