



Dear Liquor License Applicant:

Please read the following information carefully – we hope it is of assistance to you in understanding the review and investigative process undertaken by the city.

After you complete an application and submit the application fee to the Office of the City Clerk, the city's review process begins. The City Clerk's Office will forward your application for review to the following departments, at a minimum (in some cases other state agencies and city agencies may need to review the request):

Police Department - to conduct a complete investigation, including fingerprinting.

Grand Traverse County Construction Code Office - the premises to be licensed will be inspected as required by the Director of this office.

Zoning Administration - the premises to be licensed will be reviewed by the Zoning Administrator for compliance with the city's Zoning Ordinance.

Fire Department - the premises to be licensed will be inspected by the Fire Marshal.

City Treasurer's Department - all accounts with the city including property taxes, personal property taxes, and utility bills will be reviewed. Overdue balances will need to be paid before this department will recommend approval.

Application Fee (only one fee is charged – read below to determine which fee applies to you):

Intermediary Transfers – where the license is being held in escrow and will not be operated by the license recipient. \$45.

Existing Liquor Licenses at Existing Location with no new owners added. For example, adding a permit to an existing liquor license; reducing the number of owners, but adding no new owners. \$300.

All other applications. \$560.

Transfer Applications. If the applicant is requesting that an existing liquor license transfer be approved by the City, both the person transferring the license and the person proposed to receive the license will need to complete the city Application for Review of License.

If approval is recommended from all departments, your request will be submitted to the City Commission to be considered at a meeting; you will be notified of which meeting this will take place and your attendance at the meeting is encouraged in case questions arise.

If any departments do not recommend approval, the Office of the City Clerk will notify you of the outstanding issues immediately. The issues outlined will need to be corrected to the satisfaction of the department leader(s) before approval will be recommended and your request placed before the City Commission for consideration.

We recognize the importance of providing you with a response as quickly as possible – the City of Traverse City is committed to working with you diligently. Should you have any questions, please feel free to contact me.

Best wishes in your entrepreneurial endeavors, and thank you for choosing Traverse City!

Sincerely,



Benjamin C. Marentette, CMC
Deputy City Clerk

k:\teclerk\marentette\liquor licenses\coverletter2011

Revised: January 2011



CITY OF TRAVERSE CITY
APPLICATION

FOR MUNICIPAL REVIEW OF **TRANSFER OF LICENSE** FOR THE
SALE OF BEER, WINE OR ALCOHOLIC LIQUOR FOR ON-PREMISES CONSUMPTION
(TRAVERSE CITY ORDINANCE CHAPTER 834)

TRANSFEROR:

CORPORATIONS

(Names of Officers and Directors)	(Age)	(Address)	(Phone)

(Nature & business of applicants, object for which it was formed)

DATE CERTIFICATE OF INCORPORATION WAS ISSUED: _____

INDIVIDUAL OR PARTNERSHIP

(Name)	(Age)	(Address)	(Phone)

(Nature & business of applicant, length of time in this business)

(address of premises to be licensed)

AGENT/MANAGER OF PREMISES: _____

(Name)	(Age)

(Address)	(Phone)

I **hereby certify and swear** that I am not currently delinquent in the payment of any taxes, fees or other charges owed to or collected by the City. I further understand that in the event that I am delinquent in the payment of any taxes, fees or other charges owed to or collected by the City, such delinquency shall be grounds for denial.

(Signature of Transferor)

(Date)

TRANSFeree:

CORPORATIONS

(Names of Officers and Directors) (Age) (Address) (Phone)

(Nature & business of applicants, object for which it was formed)

DATE CERTIFICATE OF INCORPORATION WAS ISSUED: _____

INDIVIDUAL OR PARTNERSHIP

(Name) (Age) (Address) (Phone)

(Nature & business of applicant, length of time in this business)

(address of premises to be licensed)

AGENT/MANAGER OF PREMISES: _____

(Name)

(Age)

(Address)

(Phone)

HAVE YOU EVER MADE APPLICATION FOR A SIMILAR OR OTHER LICENSE PRIOR TO THIS APPLICATION? IF SO, WHAT WAS THE DATE, PLACE AND DISPOSITION OF SUCH APPLICATION OR APPLICANTS? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ Yes _____ No

WILL THERE BE DANCING AND/OR ENTERTAINMENT PROVIDED ON THE PREMISES TO BE LICENSED? _____ Yes _____ No (If yes, please explain)

DO YOU OWE CITY FUNDS FOR DELINQUENT TAXES OR UTILITY BILLS? __ YES __ No

The person completing this application hereby declares that:

1. They are not disqualified to receive approval for a liquor license by reason of any matter or thing contained in this Ordinance or the laws of the State of Michigan.
2. They will not violate any of the laws of the State of Michigan or of the United States or any Ordinance of the City in the conduct of its business.
3. Should any of the information provided in this application or any attachment thereto change during the term of the license or any renewal thereof, they will notify the City Clerk in writing within thirty (30) days of such change.
4. They have included with this application a drawing representing the building and grounds and showing the entire structure, premises and grounds and, in particular, the specific areas where the license is to be utilized. This plan, drawn to scale on an 8 1/2" x 11" sheet, shall show all off-street parking, lighting, refuse disposal facilities, noise control, means of egress and, where appropriate, plans for screening.

I hereby certify and swear that I have read and understand this application and conditions contained therein, and I have truthfully answered all questions. I further understand that falsifying any information requested on this application will be grounds for denial.

(Signature of Applicant)

(Date)