

Bloomfield Township Liquor License Application Form

Check One: Class C___ SDD___ SDM___ Special___ Tavern___ Transfer___

<u>Liquor License Application Fees:</u>		
<u>Class C:</u>	Allows the sale of beer, wine and liquor for on-site consumption by customers	\$1,610.00
<u>SDD:</u>	Allows the sale of package liquor for consumption off-premises	\$1,560.00
<u>SDM:</u>	Allows the sale of beer and wine only for consumption off-premises	\$1,560.00
<u>Special:</u>	Allows non-profit organizations to obtain one day licenses to sell beer, wine and liquor to the public for on-premise consumption	\$40.00
<u>Tavern:</u>	Allows the sale of beer and wine only for on-site consumption by customers	\$1,610.00
<u>Transfer:</u>	Allows the transfer of ownership of an existing license	\$1,610.00

GENERAL INFORMATION:

Applicant's Name: _____ Title: _____
Business Name: _____
Address: _____
Phone: _____ Fax: _____ email: _____
Driver's License: _____
Applicant's Date of Birth: _____

SUBJECT PROPERTY:

Location for License: _____
Parcel(s) Tax ID Number (s): _____
Legal Description: _____

Zoning Designation of Property: _____
Description of Existing/Proposed Building Uses: _____

Total Building Gross Square Footage: _____
Total Gross Square Footage Per Tenant Space: _____
Number of Parking Spaces On-site: _____

Request for Special 24-Hour Licenses:

Date of the Event _____

Please provide the following material at the time of application for a special license:

- _____ Site plan, including parking layout and on-site parking spaces
- _____ Photos of site
- _____ Non-profit organization proof
- _____ Floor plan, including seating layout/bar and total occupant capacity

Request for SDD and SDM Licenses:

Please provide the following material at the time of application for an SDD or SDM license:

- _____ Site plan, including parking layout and on-site parking spaces
- _____ Photos of site
- _____ Evidence of financial responsibility
- _____ Personal and previous business references
- _____ Floor plan, including seating layout/bar and total occupant capacity

Request for Transfer of Ownership of an Existing License:

Please provide the following material at the time of application for a transfer of ownership of an existing license:

- _____ Site plan, including parking layout and on-site parking spaces
- _____ Photos of site
- _____ Evidence of financial responsibility
- _____ Personal and previous business references
- _____ Floor plan, including seating layout/bar and total occupant capacity

Request for Class C or Tavern Licenses:

Please provide a signed and completed Site Plan Application and the following material at the time of application for a Class C or Tavern license:

- _____ Site Plan, including parking layout and on-site parking spaces
- _____ Photos of site
- _____ Evidence of financial responsibility
- _____ Personal and previous business references
- _____ Floor plan, including seating and bar layout and total occupant capacity

All Class C or Tavern license requests require review by the Planning Commission and approval by the Township Board prior to the issuance of a liquor license. Please contact the Planning Division at 248-433-7795 regarding the submission of a site plan application.

Attach statements and reasons for license, or other data having direct bearing on the license request on a separate sheet addressing the criteria listed in the procedure attached.

Has the applicant ever applied for a liquor license previously? _____
Has this applicant ever been denied for a liquor license? _____
Have there been any recent liquor licenses at this location? _____
Has a Special Event Permit been applied for from the Planning Division? _____
Do you have the approval/comment by the Subdivision Association? _____

Signatures:

By signing this application, the property owner, applicant, and contact person are indicating that all information contained in this application, all accompanying plans and all attachments are complete and accurate to the best of his or her knowledge. This application is not valid unless signed by the property owner. A review fee is required at time of application in accordance with the fee schedule as adopted by the Board of Trustees.

Signature(s) of Owner _____

Print Name *Date*

Signature of Applicant: _____

Print Name *Date*

Signature of Contact Person: _____

Print Name *Date*

OFFICE USE ONLY:

Date Filed: _____ Application accepted by: _____

Fee Paid: _____ Receipt Number: _____

Decision on Application: Approved _____ Denied _____