



## License Interest Transfer Application

### Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it is filed with the State of Michigan Corporation Division.

Licensee name(s):	
Address:	
City:	Zip Code:
Federal Employer Identification Number (FEIN):	

1. Are you transferring interest between existing stockholders, members, or partners ONLY? ☐ Yes ☐ No
2. Are you transferring interest to a new stockholder, member, or partner? ☐ Yes ☐ No
3. Are you transferring more than 10% of the total interest in the license(s)? ☐ Yes ☐ No
  - If you answered "Yes" to question 1, complete Parts 2, 3, 5, 6, and 7. **If you have your own purchase, assignment, or transfer agreement, you may submit the documents instead of completing Part 3.**
  - If you answered "Yes" to question 2, complete Parts 2, 3, 4, 5, 6, and 7. **If you have your own purchase, assignment, or transfer agreement, you may submit the documents instead of completing Part 3.**
  - If you answered "Yes" to question 3, a full investigation by the Enforcement Division may be required for the completion of this request.

4. Are you transferring interest between spouses or between a parent and child? ☐ Yes ☐ No

If Yes, please describe:

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### Part 2 - Inspection, License, and Permit Fees - Make checks payable to **State of Michigan**

**Inspection Fees** - MCL 436.1529(4) requires that a nonrefundable inspection fee of \$70.00 per license shall be paid to the Commission by an applicant or licensee at the time of filing a request for approval of the transfer in any licensing year of any of the shares of stock in a corporation from 1 person to another, or any part of the total interest in a licensed limited partnership from 1 person to another. (Also applies to Limited Liability Companies).

Select the number of licenses held by the licensee:	1 License	<input type="checkbox"/>
	2 Licenses	<input type="checkbox"/>
	3 Licenses	<input type="checkbox"/>
	4 Licenses	<input type="checkbox"/>
<b>Inspection Fees Due:</b> MLCC Fee Code 4036		

*Examples of Retail and Manufacturer & Wholesaler license combinations (not all-inclusive):*

- If you hold Class C and Specially Designated Merchant (SDM) licenses, select "2 Licenses".
- If you hold Specially Designated Distributor and SDM licenses, select "2 Licenses".
- If you hold Microbrewer, Small Winemaker, and Small Distiller licenses, select "3 Licenses".

**License and Permit Fees** - Pursuant to MCL 436.1529(3), transfers of interest in a license require the payment of the licensing and permit fees that correspond to the types of licenses and permits held by the licensee, except for the following transfers of interest in a license may be exempt from transfer fees pursuant to MCL 436.1529(3):

- Less than 50% of the interest is being transferred.
- The interest of a deceased stockholder, member, or partner is being transferred to his or her spouse or children.
- The removal of a stockholder, member, or partner of a licensed company, a corporate stock split, or stock or membership redemption.
- Transfer of interest of an existing stockholder, member, or partner where a spouse, son, daughter, or parent is added as a stockholder, member, or partner.

**If the Commission approves the request to transfer interest and the licensee is required to pay license and permit fees, the Commission's approval order will indicate that the fees are required to complete the request.**



### Transfer of Interest in a License

**Part 3 - This may be used in lieu of a purchase, assignment, or transfer agreement. If you have your own agreement, you may submit it instead of completing Part 3. Please complete separate copies of this form for each transfer, if more than one transfer.**

Licensee name:	
Address:	
City:	Zip Code:
Phone:	Email:

Name of stockholder, member, or partner transferring interest: (Licensee name if interest to be issued from the company)	
Name of person or entity to whom interest will be transferred: (Licensee name if interest to be redeemed by the company)	
<b>If a Corporation</b> , indicate the number of shares of stock to be transferred: <b>If a Limited Liability Company</b> , indicate the percentage of membership interest to be transferred:	
Total purchase price:	<input type="checkbox"/> The interest transferred is a gift.
Down payment:	If applicable
Amount due at closing:	If applicable
Remaining amount due/promissory note:	If applicable
Date interest transfer occurred or will occur:	

**Be advised that the information contained in this application will only be used for this request. This section will need to be completed for each subsequent request you make with this office.**

**Notice:** When purchasing interest in a license, a buyer can be held liable for tax debts incurred by the previous owner. Prior to committing to the purchase of any license or establishment, the buyer should request a tax clearance certificate from the seller that indicates that all taxes have been paid up to the date of issuance. Obtaining sound professional assistance from an attorney or accountant can be helpful to identify and avoid any pitfalls and hidden liabilities when buying even a portion of a business. Sellers can make a request for the tax clearance certificate through the Michigan Department of Treasury.

Under administrative rule R 436.1003, the licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcements officials who have jurisdiction over the licensee. Approval of this application by the Michigan Liquor Control Commission does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license for the sale of alcoholic liquor on the licensed premises.

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing **false** or **fraudulent** information is a violation of the Liquor Control Code pursuant to MCL 436.2003. Further, the Commission has the authority to suspend or revoke a license for any violation of the Liquor Control Code.

The person(s) signing this form have demonstrated that they have authorization to do so.

_____	_____	_____
Print name of person transferring interest	Signature of person transferring interest	Date

_____	_____	_____
Print name of person to whom interest will be transferred	Signature of person to whom interest will be transferred	Date

**Part 4a - Information on Individual Applicant, Stockholder, Member, or Limited Partner**

Each individual, stockholder, member, or partner must complete Part 4a, 4b, and 4c. If a stockholder or member of an applicant company is a corporation or limited liability company, complete Part 4a and 4c and submit a completed [Form LCC-301](#). For applications with multiple individuals, stockholders, members, or partners - each person or entity must complete a separate copy of this page.

Name:			
Home address:			
City:		State:	Zip Code:
Business Phone:	Cell Phone:	Email:	
<p>Have you ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you currently hold an interest in any other licenses issued by the MLCC? If <b>Yes</b>, please list business ID numbers below. If you hold interest in 2 or more locations under the same name, please also write "chain" below. <i>Pursuant to MCL 436.1603, a licensee in one tier <u>may not</u> hold interest in a licensee in another tier.</i></p> <p style="text-align: right;"><input type="radio"/> Yes <input type="radio"/> No</p>			
<p>Do you hold 10% or more interest in the applicant entity? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span></p> <p>If you answered "no" to the first question and "yes" to the second question, you must submit fingerprints and undergo an investigation by the MLCC. Please see the attached instructions for submitting fingerprints to the MLCC. You must submit a copy of the completed and endorsed <a href="#">Livescan Fingerprint Background Request (LCC-105)</a> with your application.</p>			

**Part 4b - Personal Information (Individuals) - Must be at least 21 years of age, pursuant to administrative rule R 436.1105(1)(a).**

Date of Birth:	Social Security Number:	Driver's License Number:																
Are you a citizen of the United States of America? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>																		
Have you ever legally changed your name? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>																		
If you answered "yes", please list your prior name(s) (including maiden):																		
Spouse's full name (if currently married):																		
Spouse's date of birth:	Is your spouse a citizen of the United States of America? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>																	
Do you or your spouse hold any position, either by appointment or election, which involves the duty to enforce any penal law of the United States of America, or the penal laws of the State of Michigan, or any penal ordinance or resolution of any municipal subdivisions of the State of Michigan? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>																		
Does your spouse hold a retailer, manufacturer, or wholesaler license issued by the MLCC? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>																		
<p><b>Full disclosure of criminal history must be reported, regardless of how long ago the crime occurred. State of Michigan and federal criminal background records will be checked to verify criminal history. Failure to report criminal history charges and/or local ordinance violations may result in the denial of the application. Criminal history includes felonies, misdemeanors, and local ordinance violations in Michigan or any other state for which the applicant or applicant's spouse was found guilty, pled guilty, or pled no contest.</b></p> <p>Have you ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If <b>Yes</b>, list below (attach additional pages if necessary): <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span></p> <table style="width: 100%;"><thead><tr><th style="width: 20%;">Date</th><th style="width: 20%;">City/State</th><th style="width: 30%;">Charge</th><th style="width: 30%;">Disposition</th></tr></thead><tbody><tr><td colspan="4" style="height: 30px;"></td></tr></tbody></table> <p>Has your spouse ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If <b>Yes</b>, list below (attach additional pages if necessary): <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span></p> <table style="width: 100%;"><thead><tr><th style="width: 20%;">Date</th><th style="width: 20%;">City/State</th><th style="width: 30%;">Charge</th><th style="width: 30%;">Disposition</th></tr></thead><tbody><tr><td colspan="4" style="height: 30px;"></td></tr></tbody></table>			Date	City/State	Charge	Disposition					Date	City/State	Charge	Disposition				
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**Part 4c - Signature**

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing **false** or **fraudulent** information is a violation of the Liquor Control Code pursuant to MCL 436.2003. (This form must be signed by the person whose information it contains).

\_\_\_\_\_  
Print Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

**Part 5 - Contact Information For This Application**

What is your preferred method of contact?				<input type="radio"/> Phone	<input type="radio"/> Mail	<input type="radio"/> Email	<input type="radio"/> Fax
What is your preferred method for receiving a Commission Order?				<input type="radio"/> Mail	<input type="radio"/> Email	<input type="radio"/> Fax	
Contact name:				Relationship:			
Mailing address:							
City:			State:			Zip Code:	
Phone:		Fax number:			Email:		

**Part 6 - Attorney Information (If You Have An Attorney Representing You For This Application)**

Attorney name:			Member Number: P-		
Attorney address:					
Phone:		Fax number:		Email:	
Would you prefer that we contact your attorney for all licensing matters related to this application?					<input type="radio"/> Yes <input type="radio"/> No
Would you prefer any notices or closing packages be sent directly to your attorney?					<input type="radio"/> Yes <input type="radio"/> No

**Part 7 - Signature of Licensee**

**Be advised that the information contained in this application will only be used for this request. This section will need to be completed for each subsequent request you make with this office.**

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I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing **false** or **fraudulent** information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

The person signing this form has demonstrated that they have authorization to do so and have attached appropriate documentation as proof.

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Print Name of Licensee & Title

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Signature of Licensee

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Date

Please return this completed form along with corresponding documents and fees to:  
Michigan Liquor Control Commission  
Mailing address: P.O. Box 30005, Lansing, MI 48909  
Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906  
Fax to: 517-284-8557



Michigan Department of Licensing and Regulatory Affairs  
Finance and Administrative Services  
Revenue Services

LARA Revenue Services **is not** a part of  
the Michigan Liquor Control  
Commission (see note below).

## Credit Card Authorization Form

**\*\* FAX COMPLETED FORM TO SECURE FAX LINE: 517-284-8557 \*\***

**\*\* DO NOT EMAIL OR MAIL THIS FORM \*\***

*Requests with credit card payments that are not faxed to the above secure fax line will be destroyed along with the credit card authorization in order to ensure the security of applicants' personal credit card numbers.*

**\*\*IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED\*\***

Name on Card: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check One:

Phone: \_\_\_\_\_

☐ MasterCard

☐ Visa

☐ Discover

Email: \_\_\_\_\_

Security Code/CVV Code: \_\_\_\_\_

Applicant/Licensee Name: \_\_\_\_\_ Request or Business ID #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Payment is for: \_\_\_\_\_

Signature \_\_\_\_\_

**IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED.**

**Credit Card Payment Itemization:**

Fee Type	Fee Amount	MLCC Fee Code
<input type="checkbox"/> Inspection Fee(s):	_____	4036
<input type="checkbox"/> Special License Fee(s):	_____	4008
<input type="checkbox"/> Temporary Authorization Fee:	_____	4037
<input type="checkbox"/> License Renewal Fee(s):	_____	4004
<input type="checkbox"/> Manufacturer License(s):	_____	4038
<input type="checkbox"/> Wholesaler License(s):	_____	4085
<input type="checkbox"/> New Retailer License(s):	_____	4012
<input type="checkbox"/> Transfer Retailer License(s):	_____	4034
<input type="checkbox"/> Conditional License	_____	4012
<input type="checkbox"/> New Add Bar <input type="checkbox"/> Transfer Add Bar:	_____	4012/4034
<input type="checkbox"/> Sunday Sales Permit (AM):	_____	4033
<input type="checkbox"/> Sunday Sales Permit (PM):	_____	4032
<input type="checkbox"/> Catering Permit:	_____	4031

LARA Revenue Services **is not** a part of the Michigan Liquor Control Commission (MLCC). Receipt of payment and application forms by LARA Revenue Services does not constitute receipt of an application by the MLCC. **Applications submitted through LARA Revenue Services may take up to two (2) additional business days to be received by the MLCC after receipt by LARA Revenue Services.**

For requests that require a timely receipt of an application by the MLCC to be processed, such as Special Licenses and temporary requests, please ensure that your application will be received in adequate time to be processed by the MLCC after the payment is received and processed by LARA Revenue Services.