



Orion Charter Township LIQUOR LICENSE APPLICATION

The Orion Charter Township Board of Trustees will consider whether an Applicant's proposal for a liquor license is reasonable when measured against the information contained within this completed application. Please answer each question thoroughly. Failure to provide all required information or attachments could result in a delay or denial of a liquor license.

The Township Board reserves the right to exercise reasonable discretion to determine who, if anyone, shall be entitled to the issuance of a license. As a general matter of policy, Applicants for a license will need to demonstrate an identifiable benefit to the Township and its inhabitants resulting from the granting of the license.

Type of license applying for (check all those that apply):

- | | |
|---|--|
| <input type="checkbox"/> New Class C License | <input type="checkbox"/> Resort (transfer) |
| <input type="checkbox"/> Class C License (transfer) | <input type="checkbox"/> Tavern (transfer) |
| <input type="checkbox"/> Microbrewery/Distiller | <input type="checkbox"/> Other: _____ |

GENERAL INFORMATION:

Applicant's Name: _____ Date: _____

Business Name: _____

Address: _____

Phone: _____ Email: _____

Are you the sole owner and proprietor? Yes No

Is the business to be operated as a partnership, company, corporation, or limited liability company?

Length of time business has been in operation or, for a corporation, when the charter was issued:

List any other businesses you are affiliated with in and outside of Orion Charter Township:

SUBJECT PROPERTY:

Location of Proposed License: _____

The proposed location will be a New Building or Existing Structure (select one).

Does the Applicant presently own the premises? Yes No

If no, name of owner of premises: _____

Legal description of property: _____

APPLICANT INFORMATION:

Applicant's Name: _____ Phone No. _____

Address: _____ City: _____ ST: _____

Age: _____ Citizenship: _____ Date of Birth: _____

Birthplace: (City/ST): _____

If naturalized, year and place: _____

If the Applicant is a partnership, company, corporation, or limited liability company, give the names, addresses, and dates of birth of all persons who will have any financial investment in the licensed business or who will share in the profits of the licensed business:

If a Partnership, please complete the following:

Partner's Name: _____ Phone No.: _____

Address: _____ City: _____ ST: _____

Age: _____ Citizenship: _____ Date of Birth: _____

Birthplace: (City/ST): _____

If naturalized, year and place: _____

Manager's Name: _____ Phone No. _____

Address: _____ City: _____ ST: _____

Age: _____ Citizenship: _____ Date of Birth: _____

Birthplace: (City/ST): _____

If naturalized, year and place: _____

If a corporation, provide the names, addresses and date of birth of each of the officers and directors:

NAME	ADDRESS	DATE OF BIRTH

If a corporation where a majority interest in the stock of such corporation is owned by one person or their nominee:

Name of holder/nominee: _____ Phone No. _____

Address: _____ City: _____ ST: _____

Has Applicant (or any individuals listed) ever been convicted of a felony? Yes No

If convicted of felony, please explain: _____

ADDITIONAL INFORMATION REQUIRED: *(Please provide the following)*

- Evidence of financial responsibility (submit detailed financial statements for past 5 years), including the source of funds which will be relied upon in the establishment and operation of the Applicant seeking a license.

- Operational statement outlining the proposed manner in which the establishment will be operated, including a schedule of the hours of operation, food service, crowd control, use of facilities, parking facilities, and estimated cost of development.

- Statement demonstrating that the location proposed and the methods of operation will not detrimentally and unreasonably impact nearby property owners, businesses, and residents.

- Certification of approval from the Oakland County Health Department of an adequate sewage disposal system if the public sewer system is not available to the proposed operation.

- Building and plot plans showing the entire structure and premises, and in particular, the specific areas where the license is to be utilized. The plans shall demonstrate adequate off-street parking, lighting, refuse disposal facilities and, where appropriate, adequate plans for screening and noise control.

List all other licensees within a 2 mile radius and the distance between the licensees and the location of the subject property:

Has the Applicant ever applied for a liquor license previously? Yes No

Has this Applicant ever been denied a liquor license? Yes No

Have there been any recent liquor licenses at this location? Yes No

Was a liquor license ever suspended or revoked? Yes No

If yes to any of the above, explain the circumstances: _____

Describe the proposed character/type/theme of establishment: _____

What proposed or actual commitments are being made by the Applicant to establish permanency in the community? _____

What other factors should the Orion Township Board of Trustees consider? _____

Contact information for person to call in the event of an emergency at the establishment seeking a license:

Applicant's Name: _____ Phone No. _____

Address: _____ City: _____ ST: _____

SIGNATURES:

By signing this application, the property owner is granting approval for the Applicant to seek a liquor license at this location. By signing this application, the 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. The Applicant further agrees that, if they are granted a license, they will not violate any of the laws of the Township, State of Michigan, or the United States in the conduct of their/its business. **This application is not valid unless signed by the property owner.** A review fee is required at the time of application in accordance with the fee schedule as adopted by the Board of Trustees.

Signature(s) of Property Owner: _____

(Name)

(Date)

Signature of Applicant: _____

(Name)

(Date)

Signature of Contact Person: _____

(Name)

(Date)

APPLICATION FEE:

\$1,000.00 made payable to Orion Charter Township.