



INITIAL APPLICATION FOR ON-PREMISE LIQUOR LICENSE

This application must be completed and returned to the Grandville City Clerk before consideration for a liquor license can take place. All answers must be typed or printed, and the completed form should be signed in ink.

APPLICANT IDENTIFICATION:

Name of individual, partnership, or corporation

Home street address

City/State/Zip Code

Business Phone Number

Home Phone Number

Address, Permanent Parcel Number, and description of the premises or place of business which is to be operated under the license.

Type of license/permit applying for:

Class C _____

B-Hotel _____

SDD _____

SDM _____

Entertainment _____

Dance _____

Has an application for a similar or other license been made? _____

What was the result? _____

Existing structure _____

New structure _____

(If new structure, Planning Commission approval is required.)

Seating Capacity _____

Corporate Name _____

In what state? _____

Length of time in business _____

If a partnership or corporation, list names and addresses of the officers and directors, and the names of stockholders.

Officers:

	Name	Address	Phone No.
President	_____	_____	_____
Vice-President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

Board of Directors:

	Name	Address	Phone No.
Chairperson	_____	_____	_____
Vice-Chairperson	_____	_____	_____
Secretary	_____	_____	_____
Director	_____	_____	_____
Director	_____	_____	_____
Director	_____	_____	_____
Director	_____	_____	_____

Stockholders :

	Name	Address	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

If more listings are needed, please attach an additional page.

Have you ever been convicted of a felony? _____

I hereby affirm that I will not violate any local, state, or federal laws and regulations in the conduct of business.

I hereby swear that all of the answers are true.

Applicant's Signature

Date

Applicant's Title

Name of person completing this form if not made out by applicant.

This area for use by City of Grandville officials only.

Police Chief: _____
Date

Approved _____ Not Approved _____

Fire Chief: _____
Date

Approved _____ Not Approved _____

Building Official: _____
Date

Approved _____ Not Approved _____

Seating Capacity _____

Dining Area Square Feet _____

Date Presented to City Council _____

Approved _____ Not Approved _____

Date approval notice was forwarded to
Michigan Liquor Control Commission _____