
City of Traverse City

Office of the City Clerk

GOVERNMENTAL CENTER
400 Boardman Avenue
Traverse City, MI 49684
(231) 922-4480
tcclerk@traversecitymi.gov



Dear Liquor License Applicant:

Please read the following information carefully for an overview of the City's liquor license application process.

After you complete and submit a liquor license application to the City Clerk's Office, the city's review process begins. Our office will forward your application for review to various departments. Of these departments, the following may be in contact with you:

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

Upon approval from all necessary departments, all applications for licenses or permits where alcohol would be consumed on premises, will be placed on the appropriate City Commission agenda for final approval; applicants will be notified of this meeting. (Exception: effective June 4, 2020, through October 31, 2020, applications for outdoor service permits do not require City Commission approval.)

Application Fee (only one fee is charged) All fees are to be paid in full upon submission.

- Applications for new on-premises consumption or full transfer of ownership of on-premises consumption. **\$710**
- Applications for Redevelopment Liquor License. **\$910**
- Applications for adding additional owners or transfer of location of a liquor license for on-premises consumption. **\$250**
- Applications for new and transfer off-premises consumption. **\$710**
- Applications for intermediary transfers where the license is being held in escrow and will not be operated by the license recipient. **\$220**
- Applications for all other liquor licenses such as adding and outdoor service permit, or other permit as well as requesting the addition of a co-licensee. **Cost to be determined by staff's involvement.**

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,

A handwritten signature in blue ink, appearing to read "Benjamin Marentette".

Benjamin Marentette, MMC
City Clerk

**City of Traverse City Application
for Municipal Review of all liquor licenses**
(TRAVERSE CITY ORDINANCE CHAPTER 834)



Please indicate the type of application being filed (check all that apply):

- On-Premise
- Off-Premise
- New License
- Additional Co-Licensee
- Transfer into Escrow
- Transfer of Ownership (*Additional information needed on page 3*)
- Transfer of Location

CORPORATION, INDIVIDUAL OR PARTNERSHIP NAME:

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(Address of premises to be licensed – Registration will be mailed to this location)

DATE CERTIFICATE OF INCORPORATION WAS ISSUED: _____

AGENT/MANAGER OF PREMISES: _____
(Name) (Phone)

Type of License being pursued: _____
(e.g. Class C, Tavern, B-Hotel, Micro Brewer, SDM, Redevelopment)

Type of Permits being pursued: _____
(e.g. Dance, Entertainment, Topless Activity Permit)

Have you submitted an application for a similar license to the City of Traverse City? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

Do you owe city funds for delinquent taxes or utilities bills? ____ Yes ____ No

Did you include the names of **all** officers and/or directors as it relates to this license? ____ 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.

For Redevelopment Liquor Licenses ONLY the person completing the application also hereby declares that:

4. That the amount expended for the rehabilitation or restoration of the building that houses the licensed premises shall be not less than \$75,000 over a period of the preceding 5 years or a commitment for a capital investment of at least that amount in the building that houses the licensed premises, which must be expended before the issuance of the license.
5. That the licensed business is engaged in dining, entertainment or recreation, that is open to the general public, with a seating capacity of not less than 25 persons.
6. The premises are located within the limits of the Downtown Development Authority District or the Grand Traverse Commons.
7. They have contacted the Michigan Liquor Control Commission to ensure eligibility.

The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

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.

Printed Name of Representative Submitting Application

(Signature Representative Submitting Application)

(Date)

For Transfer of Ownership Only:

TRANSFEROR: CORPORATION, INDIVIDUAL OR PARTNERSHIP NAME:

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(Current address of licensed premises being transferred – Registration will be mailed to this location if not changing)

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.

Printed Name of Representative Transferring License

(Signature Representative Transferring License)

(Date)

City of Traverse City
400 Boardman Avenue, Traverse City, MI 49684
231-922-4480 (P) / 231-922-4485 (F)
www.traversecitymi.gov

CHECKLIST FOR LIQUOR LICENSE REGISTRATION APPLICATION

The following is needed before a Liquor License Application will be processed.

____1. 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. The drawing shall also show the design and layout of the interior of the premises, depicting tables, chairs, bathrooms, kitchen, etc...

- ___2. A short narrative detailing the concept of the proposed business.
- ___3. A copy of your "Certificate of Incorporation or Partnership" recognizing your business as a Corporation in the United States.
- ___4. A nonrefundable application fee as outlined on the cover letter.