



Charter Township of Orion

2525 Joslyn Rd., Lake Orion MI 48360
www.oriontownship.org

Clerk's Office
Phone: (248) 391-0304, ext. 104
Fax: (248) 391-9984

APPLICATION FORM New Liquor License or Transfer of Existing License Ordinance 76, Alcoholic Beverages Regulation

Individual Co-Partnership Corporation

An application must be completed for each person in a Co-Partnership (persons entitled to share in the profits). An application must be completed for each person in a Corporation (officers and directors), including person's nominee, if a majority of interest in the stock is owned by one (1) person. ***Duplicate as many application forms as you need.***

Name of corporation (if applicable): _____

Object for which it was organized: _____

\$1,000 Non-refundable fee paid on: _____

1. Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Fax: _____ Email: _____

2. Character of business: _____

3. Length of time in said business: _____

If corporation, date charter was issued: _____

4. Location of premises where business is to be operated under license: _____

Description of premises: _____

5. Has applicant made application(s) previously for similar or other liquor licenses or permits for these premises? Yes No

If Yes, please explain disposition of such license or permit:

6. Has application ever been convicted of a felony? Yes No

If yes, please explain: _____

Has applicant ever been disqualified to receive a liquor license or permit by reason of any matter or thing contained in:

- Orion Township Ordinance No. 76? Yes No
The Laws of the State of Michigan? Yes No

If yes, please explain: _____

7. *I, _____ (print name), swear (or affirm) that I will not violate any of the Laws of the State of Michigan, or of the United States, or any Ordinances of the Charter Township of Orion in the conduct of the business stated above.*

Signature of Applicant

Date: _____

In addition to this application, please submit the following:

8. A list of the sources of all funds which will be relied upon in the establishment and operation of the entity sought to be licensed.
9. A list of all other licensees within a two (2) mile radius of the area where the proposed business will be located and the distance from the proposed licensed business to each.
10. Status of structure to be licensed:
 Existing Structure Renovation of Existing Structure New Building
11. A general 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 the estimated cost of the development.

12. In the event of an emergency at the licensed establishment, the person(s) to be contacted:

_____ Name	_____ Name
_____ Address	_____ Address
_____ 	_____
_____ 	_____
_____ Phone	_____ Phone
_____ Fax	_____ Fax
_____ Email	_____ Email

13. Provide details to demonstrate that the location proposed to be licensed or permitted and the methods of operation will not detrimentally and unreasonably impact nearby property owners, businesses, and residents:

14. Certification of approval from the Oakland County Health Department of an adequate sewage disposal system.

Method of disposing sewage from licensed business: Septic System Public Sewer System

15. Relevant data that demonstrates the need for additional licenses or permits to be issued within the Township.

16. Building and plot/site 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, trash disposal facilities, and, where appropriate, adequate plans for screening and noise control.

NOTE: Whenever information submitted by licensee, pursuant to application process contained in Ordinance No. 76 changes, it shall be the duty of the licensee to notify the Township and to supplement the information previously submitted. The licensee is responsible for compliance with this requirement (Ord. No. 76, Section 5) within ten (10) days of the change of information or circumstances.

For Transfer of Existing On-Premises License ONLY

Please provide the following additional information:

1. Changes from the existing operation:

2. If continuing an existing operation, please present plan demonstrating how you will deal with existing problems or concerns created by the business, such as insufficient parking, nuisances created on-site or off-site, civil or criminal liability arising out of operations of licensed premises.

3. Do you plan to operate licensed business: Yes No

4. Does the transfer involve a circumstance that does not involve payment of an application fee or the furnishing of information, as required for new licenses (Ord. 76, Section 4)? (see Ord. 76, Section 9, A, 4)
 Yes No

I, _____ (print name), swear (or affirm) that I will not violate any of the Laws of the State of Michigan, or of the United States, or any Ordinances of the Charter Township of Orion in the conduct of the business stated above and that all of the above information and attached documentation is true, to the best of my knowledge.

Signature of Applicant

Date: _____

TOWNSHIP BOARD ACTION: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
REASONS: