



# CITY OF NOVI, MICHIGAN

## Liquor License Application

### Questionnaires A and B

Questionnaires A and B are to be  
completed and returned to the  
Novi City Clerk's Office

## Questionnaires A and B

### Requirements and Procedures

1. Complete the Michigan Liquor Control Commission Application. Contact M.L.C.C. in Lansing at 517-322-1400 or toll free 1-866-813-0011.
2. Fully complete the Novi Liquor License Application Questionnaires A and B and return them to the City of Novi Clerk's Office **within 30 days**. Complete Questionnaire C and return it to the Novi Police Department **within 30 days**.
3. Please review and include with the applicant's initial cover letter, a response to the Novi Alcoholic Liquor Ordinance, Article II, Section 3.14 (a) *Facilities for which new licenses may be granted*.
4. Attach a non-refundable application fee of \$1,000.00, plus \$210.00 for each person with a financial or management interest in the application including, but not limited to, partnership partners, corporate officers and directors. Please make the check payable to the City of Novi.
5. \*Site Plan (1 copy, signed and sealed by a registered architect/engineer). If the facility is to be located in a proposed building for which site plan approval has not yet been obtained, or in an existing building that is to be remodeled, you must submit a conceptual site plan showing the proposed building and the relationship of the building to the surrounding properties and their uses.
6. \*Building Façade Plan (1 copy, signed and sealed by a registered architect/engineer) – all sides, including signage. If the proposed building final site plan has been previously approved by the Novi Planning and Community Development Department and there are **NO** changes, then please submit a letter of verification stating there will be no such changes along with this application.
7. \*Interior Plan with seating arrangement (1 copy, signed and sealed by a registered architect/engineer). If the proposed interior has been previously approved by the City of Novi Building Department and there are **NO** changes, then please submit a letter of verification stating there will be no such changes along with this application.
8. One full copy of the menu.
9. Provide any other information pertinent to the applicant and operation of the proposed facility that may be required by the Novi Alcoholic Liquor Ordinance, Article II.

\*No site plan, building façade plan, interior plan or any part thereof, may be changed by the applicant once they have received approval in conjunction with the liquor licensing process. Applicant must submit separate plans and fees as required by other City of Novi departments and consultants in accordance with standard review procedures, if applicable.

## Questionnaire A – Applicant Cover Information and Procedures for Liquor License

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The Novi City Council 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. All answers should be typed or printed legibly and neatly in black ink. If the space provided is insufficient for a complete answer, use additional sheets of paper, following the same format used in the questionnaire and attach to that part of the application. Failure to provide all required information or attachments could result in delay or denial of liquor license. All liquor license applications are subject to final approval by the Novi City Council. Please refer to Novi Alcoholic Liquor Ordinance, Articles I-II.

1(a). Name, address and phone number of applicant:

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1(b). Name, address and phone number of business:

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NOTE: If the applicant is a partnership, you must include the name and address of each partner and attach a copy of the partnership agreement. If the applicant is a privately held corporation, you must include the name and address of each corporate officer, member of the board of directors and/or stockholders. Attach a copy of the articles of incorporation.

2. Type of liquor license applying for (circle all those that apply):

Class C    Resort    Tavern    Club    Hotel A B    Quota    Transfer    Microbrewery/Brewpub

Theme of Proposed Business:

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3. Street address and legal description of the property where liquor license is to be located:

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## Questionnaire B – Administrative Background Information for Liquor License

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The Novi City Council 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. All answers should be typed or printed legibly and neatly in black ink. If the space provided is insufficient for a complete answer, use additional sheets of paper, following the same format used in the questionnaire and attach to that part of the application. Failure to provide all required information or attachments could result in delay or denial of liquor license. All liquor license applications are subject to final approval by the Novi City Council.

1. What is the applicant's management experience in the alcohol/liquor business?

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2. What is the applicant's general business management experience?

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3. What is the applicant's general business reputation?

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4. What is the applicant's financial status and ability to build and/or operate the proposed facility on which the proposed liquor license is to be located?

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5. What are the applicant's past criminal convictions involving moral turpitude, violence or alcoholic liquors?

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6. Does the applicant use alcoholic beverages to excess?

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7. What is the effect that the issuance of a license would have upon the economic development of the surrounding area?

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8. What effect would the issuance of a license have on the health, welfare and safety of the general public?

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9. Has the applicant received responses from the Police Department, Building Department and/or Fire Department with regard to the proposed facility?

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10. What is the public need or convenience for issuance of a liquor license for this facility at the proposed location?

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11. What is the uniqueness of the proposed facility when contrasted against other existing or proposed facilities and the compatibility of the proposed facility to surrounding architecture and land use?

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12. Does the facility to which the proposed liquor license is to be issued comply with the applicable building, plumbing, electrical and fire prevention codes and zoning statutes and ordinances applicable to the City of Novi? Has applicant received information from the appropriate departments?

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13. What effect will the facility to which the proposed liquor license is to be issued have upon vehicular and pedestrian traffic in the area?

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14. What is the proximity of the proposed business facility to other similarly situated licensed liquor facilities?

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15. What is the proximity of the proposed facility to complimentary uses such as office and commercial development?

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16. What effect would the proposed facility have upon the surrounding neighborhood and/or business establishments, including impacts upon residential areas, church and school districts?

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17. What proposed or actual commitments are being made by the applicant to establish permanency in the community?

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18. What utilities are available to serve the facility?

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19. What other factors should the Novi City Council consider?

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# CITY OF NOVI, MICHIGAN

## Liquor License Application

### Questionnaire C

Questionnaire C is to be completed and returned to the Novi Police Department

## Questionnaire C – Background Information for Liquor License

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### General Information

**Applicants have thirty (30) days from the date of receipt to complete and return Questionnaire C to the Novi Police Department.** All questions must be answered and all documents attached as required. If thirty (30) days are not sufficient, the applicant must notify the police investigator with the reason(s) for the delay. If, after thirty (30) days, no contact has been made with the police investigator, the investigation will be **CLOSED** and a report will be submitted by the Novi Chief of Police to the Michigan Liquor Control Commission (M.L.C.C.).

The police investigation process of a new liquor license or transfer request is lengthy and usually takes several weeks to complete. The goal of the Novi Police Department is to ensure that all M.L.C.C. licensed businesses within the City of Novi are managed and operated to protect and serve the citizens of the community.

Once a license is issued, the license location must continue to conform to all local and state statutes, laws and ordinances, as well as the Michigan Liquor Control Act and the Michigan Liquor Control Code Rules. All businesses possessing a liquor license of any type issued by the M.L.C.C. are personally inspected by the Novi Police Department. Occasional police operations will be conducted to ensure that minors are not possessing or receiving the sale of alcoholic beverages.

### Guidelines

1. The applicant must have already filed an application with the M.L.C.C. prior to receiving and completing the Novi Police Department's Liquor License Questionnaire Part C.
2. Applicants requesting on-premise types of liquor licenses must also complete and submit Questionnaires A and B with the required documents to the Novi City Clerk's Office. The applicant must adhere to all City of Novi policies and procedures pertaining to liquor licensing.
3. The police investigator will begin a thorough background investigation of each applicant named in the questionnaire, upon receipt of the Police Inspection Report on Liquor License Request (1800 form) from the M.L.C.C.
4. Each applicant named in the questionnaire must submit to being fingerprinted and photographed by the Novi Police Department as part of the application and investigation process. The investigating officer will coordinate the appointment date and time.
5. After the results of the Michigan State Police criminal background check are received by the Novi Police Department and when the entire investigation is completed, the results will be submitted to the Novi Chief of Police for approval or disapproval.
6. Approval for liquor licensing of an applicant by the Novi Chief of Police does not guarantee that a liquor license will be granted. It represents only one step in the application process that must include recommendations from various City of Novi Departments, the Novi City Council and the M.L.C.C.
7. An investigator from the Novi Police Department may perform a final building inspection prior to final approval or release of a liquor license.

NOTE: All written correspondence to the M.L.C.C. shall be mailed from the office of the Novi Chief of Police. There will be no personal delivering of paperwork to the M.L.C.C. by the applicant or the applicant's representative.

## Questionnaire C – Background Information for Liquor License

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### Questionnaire C – Instructions

The information provided by the applicant in this questionnaire will be used in an investigation to determine whether or not the character and financial ability of each applicant to operate a liquor establishment meets the required standards set forth by the Michigan Liquor Control Act and the Novi Alcoholic Liquor Ordinance, Articles I-II. Please read every question carefully and answer truthfully and accurately. All statements are subject to verification; any deliberate inaccuracies, falsifications or incomplete statements may result in the denial of applicant's request for a liquor license.

All answers on this questionnaire should be typed or printed legibly and neatly in black ink. If the space provided is insufficient for a complete answer, use additional sheets of paper, following the same format used in the questionnaire and attach to that part of the application. If a question is not applicable to the applicant, answer with the symbol N/A (Not Applicable). Otherwise, there must be an answer for each question.

Photo copies of the following documents must be attached to the questionnaire, if applicable:

- Birth Certificate
- Driver's License
- Social Security Card
- Alien Card
- Naturalization/Citizenship Papers
- Concealed Weapons Permit
- Incorporation/Partnership Papers
- Partnership Agreement Papers
- Loan Statements
- Preliminary Site Plan when license involves a new site or a location undergoing site changes

# Questionnaire C – Background Information for Liquor License

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Class C    Quota    Transfer    Hotel A B    Tavern    Resort    Club    Microbrewery/Brewpub

Doing business as (d/b/a): \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: ( \_\_\_\_ ) \_\_\_\_\_

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

I. I, \_\_\_\_\_, do hereby certify that the following statements are correct in connection with an application for a \_\_\_\_\_ Liquor License to be located at \_\_\_\_\_, Novi, Oakland County, Michigan \_\_\_\_\_.

II. Proposed location of establishment if there is no address at this time:

\_\_\_\_\_

III. Are you the sole owner and proprietor? Yes \_\_\_\_\_ No \_\_\_\_\_ or is the business to be operated as a partnership \_\_\_\_\_, company \_\_\_\_\_, corporation \_\_\_\_\_ or limited liability company \_\_\_\_\_?

IV. 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:

NAME	ADDRESS	DATE OF BIRTH

# Questionnaire C – Background Information for Liquor License

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## V. Personal Data To be filled out by each person having an investment in the license.

1. Personal applicant information:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of birth: \_\_\_\_\_  
(City/County/State/Country)

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_ If naturalized, date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Citizenship #: \_\_\_\_\_ Where did naturalization occur? \_\_\_\_\_

Attach a copy of naturalization papers.

If not a United States citizen, list Alien card number: \_\_\_\_\_. Attach a copy of Alien card.

Marital Status: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Attach a copy of Social Security card.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Has the applicant ever had his/her name legally changed or otherwise used a different name, including a maiden name if applicable? If so, list such names:

\_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip)

Home phone number: (\_\_\_\_) \_\_\_\_\_ Cell phone number: (\_\_\_\_) \_\_\_\_\_

2. How long have you lived at your current address? \_\_\_\_\_ Years \_\_\_\_\_ Months

3. How long have you resided in Michigan? \_\_\_\_\_ Years \_\_\_\_\_ Months

4. How long have you resided in the United States? \_\_\_\_\_ Years \_\_\_\_\_ Months

5. List all of your home addresses for the past ten (10) years, excluding current address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Spouse's information – All questions in bold print relate to the applicant's spouse.**

List spouse's full name: \_\_\_\_\_

**Has the spouse ever had his/her name legally changed or otherwise used a different name, including a maiden name, if applicable? If so, list such names:**

\_\_\_\_\_  
(Last) (First) (Middle)

# Questionnaire C – Background Information for Liquor License

Spouse's date of birth: \_\_\_/\_\_\_/\_\_\_ Place of birth: \_\_\_\_\_

Spouse's home address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip)

Years at this address: \_\_\_ Years living in Michigan: \_\_\_ Years living in United States: \_\_\_

Is spouse a citizen of the United States? Yes \_\_\_ No \_\_\_ If naturalized, date: \_\_\_/\_\_\_/\_\_\_

Citizenship # \_\_\_\_\_ Where did naturalization occur? \_\_\_\_\_

Attach a copy of naturalization papers.

If spouse is not a United States citizen, list Alien card number: \_\_\_\_\_

Attach a copy of spouse's Alien card.

7. List every child born to applicant:

NAME	DATE OF BIRTH	PLACE OF BIRTH	ADDRESS	RESIDES WITH WHOM

8. If you were previously married, list all of your former spouses' names, dates of birth and addresses:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. If your current spouse has previous marriages, list all of their former spouses' names, dates of birth and present addresses:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Military Record

Branch served: \_\_\_\_\_ Rank at time of discharge: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ Attach copy of your DD-214 (Discharge) forms.

Were you ever Court Martialed, tried on charges, or were you the subject of a Summary Court, Deck Court, Captain's Mast, Company punishment or any other disciplinary action while in the military? If yes, explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever served in a military organization of any foreign government? If yes, give details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Questionnaire C – Background Information for Liquor License

## 11. Business Experience

Are you engaged in any business as an owner or partner, other than the business involved in this application? If yes, list all Company or Corporation names, along with names and addresses of all co-owners or partners.

NAME	ADDRESS	TITLE/RELATIONSHIP

## 12. Employment History

- A. What is your present occupation? \_\_\_\_\_
- B. List names and addresses of applicant's employers for the past ten (10) years, including present employer (account for time unemployed).

NAME	ADDRESS	PHONE	FROM/TO	SUPERVISOR

- C. Were you ever subject to any disciplinary action in connection with any employment, including discharge or asked to resign? If yes, give details: employer, address, date of occurrence and details of the situation.  
 \_\_\_\_\_  
 \_\_\_\_\_
- D. Comment on your prior business experience:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 13. Driving Record

- A. Driver's license number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Type of license \_\_\_\_\_ State \_\_\_\_\_
- B. Do you now or have you ever possessed a driver's license from another state? If yes, list the states and license numbers and attach copies of the licenses. \_\_\_\_\_
- C. Was your driver's license ever suspended or revoked? If yes, give details, including dates and reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Questionnaire C – Background Information for Liquor License

- D. When was your first driver's license issued? \_\_\_\_\_ In which state was it issued? \_\_\_\_\_
- E. Were you ever involved in an accident while driving a vehicle? If yes, give details including dates, places, injuries, and arrests:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- F. Were police reports made on these accidents? If yes, list the police agencies involved:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 14. Arrest/Criminal Record

- A. Were you ever arrested, detained, taken into custody or charged with a crime in this state, in any other state, in any other country, in the military service or elsewhere? If yes, indicate below:

DATE	VIOLATION	LOCATION	COURT DISPOSITION/SENTENCE	POLICE DEPT.

- B. Were you ever investigated or suspected of being involved in a crime by the police? If yes, list all police departments involved and details:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- C. Were you ever summoned or subpoenaed to court in a civil proceeding; or were you ever a party (Plaintiff or Defendant) in a civil action in this state or elsewhere? If yes, indicate below:

DATE	ACTION/PROCEEDING	PLAINTIFF/DEFENDANT/WITNESS	COURT DISPOSITION

- D. Has any member of your family or close relative (including in-laws) ever been arrested for anything other than traffic violations? If yes, give details:

NAME	RELATION	DATE	PLACE	CHARGE	FINAL DISPOSITION

## Questionnaire C – Background Information for Liquor License

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- E. Do you associate with, or have you ever associated with, known persons who have been involved, charged or convicted of illegal gambling, narcotic or vice activities? If yes, explain in detail:

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### 15. References

- A. Give the names, addresses and telephone numbers of three (3) reputable citizens (excluding relatives) who know your reputation.

NAME	ADDRESS/CITY	PHONE

- B. List names, addresses and phone numbers of two (2) current neighbors.

NAME	ADDRESS/CITY	PHONE

### 16. Family Member's Past/Present Liquor Licenses

Does any member of your family now hold or has any member of your family in the past held a license or any interest in a license for the sale of alcoholic beverages in the state of Michigan or in any other state? Yes \_\_\_\_ No \_\_\_\_ If yes, state the type of license, the name in which license was issued, the relationship to you and the location:

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Questionnaire C – Background Information for Liquor License

17. Do you presently have a permit to carry a concealed weapon? If yes, state the following:  
Permit number: \_\_\_\_\_ County of issuance: \_\_\_\_\_  
Date of original issuance: \_\_\_\_\_ Current expiration date: \_\_\_\_\_  
Permit restrictions: \_\_\_\_\_

18. Alcohol/Drug Usage

A. Do you drink intoxicating liquor? If yes, state the amount of your consumption:  
\_\_\_\_\_

B. Have you ever been treated for alcohol abuse? If yes, give details, including location of treatment, doctor's name, length of treatment, dates of treatment and your current status:  
\_\_\_\_\_  
\_\_\_\_\_

C. Have you ever been treated for abuse of any type of drug? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list the drug: \_\_\_\_\_  
Are you an unlawful user of, or addicted to: marijuana, cocaine, a depressant, a stimulant or a narcotic drug? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list the drugs:  
\_\_\_\_\_

**VI. Financial Data** To be submitted by all who have a financial interest in the requested license.

1. Submit detailed financial statement.

List all assets in column format, including, but not limited to, the following:

As of this date: \_\_\_\_\_ Type of License \_\_\_\_\_

Name \_\_\_\_\_

Cash in banks, on hand, etc.: \_\_\_\_\_

Automobiles: \_\_\_\_\_

Real Estate: \_\_\_\_\_

Investments: \_\_\_\_\_

Personal Property: \_\_\_\_\_

Total Assets \_\_\_\_\_

## Questionnaire C – Background Information for Liquor License

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List all liabilities in column format, including, but not limited to, the following:

Mortgages: \_\_\_\_\_

Other Property Loans: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Total Liabilities \_\_\_\_\_

Approximate NET WORTH \_\_\_\_\_

2. Bank/Financial Institutions Accounts:

Name of institution: \_\_\_\_\_

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

Telephone number (\_\_\_\_) \_\_\_\_\_ Account number: \_\_\_\_\_

Type of account: \_\_\_\_\_ Current balance of account: \_\_\_\_\_

A. Joint owner's name: \_\_\_\_\_

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

B. Joint owner' name: \_\_\_\_\_

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

Submit copies of account records for the past twelve (12) months if funds from these accounts are/were used for the investment in the business involved in your liquor license application. If you have additional bank or investment company accounts, use separate sheets of paper for each account and please follow the above format.

3. List all outstanding loans:

Name of institution or person: \_\_\_\_\_

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

Telephone number (\_\_\_\_) \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of loan: \_\_\_\_\_ Date loan was given: \_\_\_\_\_

Original amount of loan: \_\_\_\_\_ Date of projected pay-off: \_\_\_\_\_

Present balance due: \_\_\_\_\_ Monthly payment amount: \_\_\_\_\_

A. Co-Signer's Name: \_\_\_\_\_

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

Telephone number (\_\_\_\_) \_\_\_\_\_

## Questionnaire C – Background Information for Liquor License

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B. Second Co-Signer's Name: \_\_\_\_\_

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

Telephone number (\_\_\_\_) \_\_\_\_\_

Submit documentation verifying loan balance and co-signer's identification.

If you have additional loans, use a separate sheet of paper for each loan and follow the same format as above.

4. List all other debts, including charge accounts and credit cards.

Type of debt: \_\_\_\_\_

Name of company or person: \_\_\_\_\_

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

Telephone number (\_\_\_\_) \_\_\_\_\_ Account number: \_\_\_\_\_

Present balance: \_\_\_\_\_ Monthly payment amount: \_\_\_\_\_

If you have additional debts or charge accounts, list them on separate sheets of paper and follow the above format.

5. Have you any garnishee, wage assignment or judgment pending against you? If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever filed bankruptcy? If yes, give all details:

\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever had any personal property repossessed? If yes, give all details:

\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been refused credit? If yes, give dates, names of business firms which refused credit and reasons for refusal:

\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been delinquent on income tax payments or any other tax payments? If yes, give all details:

\_\_\_\_\_  
\_\_\_\_\_

10. Submit copies of your ENTIRE Federal Income Tax Returns as filed with the I.R.S. for the past three (3) years.

11. Submit copies of your ENTIRE State Income Tax Returns as filed with the State Treasury Department for the past three (3) years.

## Questionnaire C – Background Information for Liquor License

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### VII. Business Experience

1. Do you now or have you ever in the past, held a liquor license or any interest in a liquor license (on-premises or off-premises) in Michigan or any other state? If yes, answer the following questions:  
Name of licensee(s): \_\_\_\_\_  
Company or corporation name: \_\_\_\_\_  
Doing business as (d/b/a) name: \_\_\_\_\_  
Type of license: \_\_\_\_\_  
Dates of license (start to finish): \_\_\_\_\_  
Full address: \_\_\_\_\_  
List all violations of liquor laws:  
Date: \_\_\_\_\_ Type of violation: \_\_\_\_\_  
Disposition of violation \_\_\_\_\_
2. Was liquor license ever suspended or revoked? \_\_\_\_\_ If yes, explain the circumstances:  
\_\_\_\_\_  
\_\_\_\_\_
3. If you have now or have in the past held more than one previous liquor license, use a separate sheet of paper for each license and follow the above format to answer the same questions.
4. Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_
5. List all Stockholders:  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever been refused a liquor license in Michigan or in any other State? If yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_
7. Explain what qualifies you as being experienced in the management of an alcoholic liquor business and management in general. List all pertinent information regarding your experience.  
\_\_\_\_\_  
\_\_\_\_\_
8. Check the type of entity applying for license:  
Individual \_\_\_\_\_ Partnership \_\_\_\_\_  
Limited Partnership \_\_\_\_\_ Public Corporation \_\_\_\_\_  
Private Corporation \_\_\_\_\_ Limited Liability Corporation \_\_\_\_\_  
Other (explain) \_\_\_\_\_

## Questionnaire C – Background Information for Liquor License

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How long have you been doing business at your current business address? \_\_\_\_\_

How long have you been doing business in Michigan? \_\_\_\_\_

List all business addresses for the last ten (10) years:

\_\_\_\_\_  
\_\_\_\_\_

### 9. Business Information and Financial Statement

A. Land Owned by:  
Deed \_\_\_\_\_ Mortgage \_\_\_\_\_ Land Contract \_\_\_\_\_ Lease \_\_\_\_\_ Option \_\_\_\_\_

Name: \_\_\_\_\_

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

B. Building owned by:

Name: \_\_\_\_\_

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

C. If your license is approved, do you understand that you must have approval from the Chief of Police of the Novi Police Department, or his designee, of any stock change of 1% or more, prior to the change, during the time you possess a valid liquor license and when requesting approval of any such stock change, you must submit with your request the name, address and date of birth of the prospective stock purchaser?

Yes \_\_\_\_\_ No \_\_\_\_\_

D. What is the total purchase price of the business? \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

E. What is the total down payment? \$ \_\_\_\_\_

Amount Invested? \$ \_\_\_\_\_

F. Is your company buying the business only? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your share of the down payment? \$ \_\_\_\_\_

G. What is the purchase price of the:  
1. Bar equipment, fixtures & furniture: \$ \_\_\_\_\_

2. Liquor license: \$ \_\_\_\_\_

3. Real estate: \$ \_\_\_\_\_

4. Leasehold improvements: \$ \_\_\_\_\_

## Questionnaire C – Background Information for Liquor License

H. Balance to be paid off? \$ \_\_\_\_\_  
 Amount paid per month including interest? \$ \_\_\_\_\_  
 Annual interest rate \_\_\_\_\_%

I. Are you borrowing money to finance this business? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, from whom? \_\_\_\_\_  
 Under what terms and conditions: \_\_\_\_\_  
 \_\_\_\_\_

J. Terms of lease: \_\_\_\_\_

K. If you are not borrowing money, state specifically the source from which the purchase money was obtained:

SOURCE	MEANS	AMOUNT

L. Describe the building interior/exterior and its approximate dimensions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Is there a basement? \_\_\_\_\_  
 How many parking spaces are approved for this location? \_\_\_\_\_

M. What type of business is to be conducted at the above location?  
 \_\_\_\_\_  
 \_\_\_\_\_

N. Is the establishment connected to sleeping or living quarters?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Can the living/sleeping quarters be accessed from inside the establishment without going outside? If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Questionnaire C – Background Information for Liquor License

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- O. Has your location been approved by:
1. Novi Zoning Board? Yes \_\_\_\_\_ No \_\_\_\_\_  
List date of approval: \_\_\_\_\_
  2. Novi Planning Board? Yes \_\_\_\_\_ No \_\_\_\_\_  
List date of approval: \_\_\_\_\_
  3. Novi Building Department? Yes \_\_\_\_\_ No \_\_\_\_\_  
List date of approval: \_\_\_\_\_
  4. Local Health Department if on-premises license is being sought? Yes \_\_\_\_ No \_\_\_\_  
List date of approval: \_\_\_\_\_  
List agency issued by: \_\_\_\_\_  
Attach a copy of the certificate.
  5. Approved for occupancy? Yes \_\_\_\_ No \_\_\_\_ If yes, list date occupancy permit was issued: \_\_\_\_\_ What is the approved capacity? \_\_\_\_\_  
If not approved, give approximate capacity \_\_\_\_\_

P. Dancing/Entertainment

1. Do you intend to have dancing or entertainment at your business?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If yes, describe the size of the dance floor and type of entertainment to be provided:  
\_\_\_\_\_  
\_\_\_\_\_
2. If entertainment permit is being sought, answer the following questions:
  - a. Type of entertainment? \_\_\_\_\_
  - b. Are dressing rooms required for the type of entertainment that is being requested? \_\_\_\_\_
  - c. Are adequate dressing rooms provided for each sex, other than restrooms, public rooms, kitchens or other similar areas for the changing of clothes by the entertainers? \_\_\_\_\_
  - d. Are acts secured through a booking agent? \_\_\_\_\_  
List name, address and telephone number of the booking agent.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number (\_\_\_\_) \_\_\_\_\_
  - e. Give the size and location of the stage (if any)?  
\_\_\_\_\_  
\_\_\_\_\_
  - f. Do you plan to have coin operated amusement devices on the premises, such as video games, pool tables, juke boxes, etc.?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Chapter 4 of the Novi City Ordinance must be conformed to regarding the operation of amusement devices. An amusement device license must be obtained prior to displaying any type of amusement device for operation. Information and license application are available at the City Clerk's Office.
  - g. Are gas pumps located on the premises or directly adjacent to your proposed business? If yes, explain  
\_\_\_\_\_  
\_\_\_\_\_

Questionnaire C – Background Information for Liquor License

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IMPORTANT: ANY QUESTIONS IN THIS QUESTIONNAIRE ANSWERED FALSELY WILL RESULT IN THE IMMEDIATE REJECTION OF YOUR LIQUOR LICENSE APPLICATION OR REVOCATION OF YOUR LIQUOR LICENSE.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Number and street address of applicant

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone number

STATE OF MICHIGAN     )  
                                  ) ss  
COUNTY OF OAKLAND    )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, who being first duly sworn, deposes and states that he/she signed the above questionnaire consisting of \_\_\_\_\_ pages and that the statements contained herein are true to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
\_\_\_\_\_, Notary Public  
\_\_\_\_\_ County, Michigan  
My Commission Expires \_\_\_\_\_