



**Cascade Charter Township**  
**Application for Liquor License Support Resolution**

Cascade Township does not issue liquor licenses. This application is for a resolution of support from the Township, which may be required by the State of Michigan Liquor Control Commission before a liquor license is issued.

**APPLICANT INFORMATION**

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

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_

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

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

Business Partners (all individuals with greater than 5% interest in the business):

<b>Name</b>	<b>Address</b>	<b>DOB</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LICENSE INFORMATION:**

Please list the Michigan Liquor License Commission license that is being applied for. If you are applying for transfer of an escrowed license, please list the license number and current owner.

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

Business Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any of the business partners been convicted of a felony in any court?

Yes    No   If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any of the business partners been convicted on any state or federal law concerning the manufacture, possession or sale of alcoholic liquor or a controlled substance:  Yes    No   If yes, explain: \_\_\_\_\_

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

Have you ever had a liquor license revoked for cause, or been convicted of a liquor license violation by the Michigan Liquor Control Commission?    Yes    No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the sale or manufacturing of beer, wine or liquor an accessory use to other permitted uses upon the site?    Yes    No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach to this application a building and site plan showing the entire structure and premises and, in particular, the specific area where the license is to be utilized. Where applicable, the plans shall demonstrate adequate off-street parking, lighting, refuse disposal facilities, screening and noise control measures.

***Please initial the following statements:***

\_\_\_\_ I (the applicant) have never been convicted of a felony and am not disqualified to receive a license by any matter contained in the Cascade Charter Township Liquor Licenses Ordinance or the laws of the State of Michigan.

\_\_\_\_ I (the applicant) have read and understood the Cascade Charter Township Liquor License ordinance and will not violate any of the laws of the State of Michigan or of the United States or any ordinances of Cascade Charter Township in the conduct of business related to the license being applied for.

By executing this application, I authorize Cascade Charter Township and its agents to conduct a full background investigation including, but not limited to, my criminal, financial, personal and business history.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***For Official Use Only***

**Fire Department Approval**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Notes:* \_\_\_\_\_

**Building Department Approval**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Notes:* \_\_\_\_\_

**Clerk Department Approval**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Notes:* \_\_\_\_\_

**Treasurer Department Approval**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Notes:* \_\_\_\_\_

**Zoning Department Approval**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Notes:* \_\_\_\_\_

**Township Board Approval**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Notes:* \_\_\_\_\_

*Resolution Number* \_\_\_\_\_