CITY OF SOUTH HAVEN
Liquor License Application

Business Name and Address:	
Request for:	
Applicant Information	
Applicant's Name:	Applicant's age: (Date of Birth)
Applicant's Home Address	Applicant's Area Code/Phone Number:
Social Security #	Drivers License #
If a partnership, list persons in partnership:	If a corporation, association or other legal entity, give names and address of the officers, directors, shareholders, or other principal individuals. (Use additional sheet if necessary)
Address and property description of the premises or place of business:	
Has applicant applied for a similar or other license on premises other than described in this application? ☐ Yes ☐ No What is the dispostion of such application: ☐ Approved ☐ Disapproved ☐ Pending	
Information Required	
Any application for approval of a new license or for approval of the transfer of any currently valid or renewal license to a new location shall be accompanied by an eight and one-half (8½) inch by eleven (11) inch building and grounds layout diagram showing the entire structure, premises, and grounds, and in particular the specific areas where the license is to be utilized. The plans shall demonstrate adequate off-street parking, lighting, refuse disposal facilities, and, where appropriate, adequate plans for screening and noise control.	
I hereby state that as the applicant I will not violate any of the laws of the State of Michigan or of the United States or any rules or regulations of the Michigan Liquor Control Commission, or any Ordinances of the City of South Haven in the conduct of the business. _____ Signature of Applicant Date	
Staff Use Only	
Application Received:	Processing Fee Paid:
Date of Public Hearing:	
Approved: ☐ Yes ☐ No	Date of Approval:
Disapproved: ☐ Yes ☐ No	Date of Disapproval: