

Charter Township of Commerce
Application for Alcoholic Liquors Special Permit
Code of Ordinance: Chapter 6, Section 6-24

Instructions: This application must be completed and returned to the Charter Township of Commerce a minimum of 45 days before the event with a \$250.00 non-refundable fee before you can be considered for a Special Permit License.

APPLICATION IDENTIFICATION

Application (name of individual, partnership, corporation)

Home street address

City, State, Zip Code

Business Phone No.

Home Phone No.

EVENT DETAILS

Location Name: _____

Address: _____

Name of Event: _____

Date(s)/Hours of Event: _____

Outdoor Sales Available: _____ Yes _____ No

PLEASE ANSWER THE FOLLOWING

1. Past record of the license including liquor license violations and police contacts.

2. Describe the use of the neighboring property. Provide plans for dealing with and for avoiding nuisances and neighborhood problems which might arise as a result of this event.

3. Describe the event.

4. List the type of entertainment proposed.

5. The proposed changes in the licensee's operation if granted the permit.

6. Adequate provisions for any increased parking needs.

7. Management operations and compliance with the informational filing required in Section 6-21k of the Commerce Township Code of Ordinances.

8. List any other locations at which this event has been held.

REQUIRED INFORMATION: These documents are required and must be attached to this application. Additional information may be requested after review of this application.

1. Diagram of Service Area - Site map of event and clearly indicate the area for alcohol sales and consumption.
2. Authorization Letter if the event is a fundraiser being held for another organization.

3. Copy of Approved License from the Michigan Liquor Control Commission
4. Proof of non-profit status (if applicable)
5. Non-refundable \$250.00 Fee

**I ACKNOWLEDGE RECEIPT OF THE CHARTER TOWNSHIP OF COMMERCE'S
CODE OF ORDINANCES, CHAPTER 6: ALCOHOLIC LIQUORS.**

Signature

Date

Print Name _____

Address _____

Contact Number _____