

**MASON DOWNTOWN DEVELOPMENT AUTHORITY  
LIQUOR LICENSE ASSISTANCE PROGRAM (LLAP) APPLICATION**

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

**Instructions to Applicants:** If you are applying for the LLAP within the Development District of Mason, this application must be completed with the required documentation. Sign the completed form in ink and return to Mason DDA, 201 West Ash Street, Mason, MI 49958

<b>1. Applicant Identification</b>	
Name of individual, partnership, corporation, or LLC who will hold the license:	Name of Contact Person:
Business Street Address:	Street Address:
City/State/Zip Code:	City/State/Zip Code:
Business Phone: (    )	Home Phone: (    )
Business Tax ID:	Social Security Number:

<b>2. Proposed License Address</b>
Street Address:
City/State/Zip Code:

<b>3. Briefly Describe the Business</b>

<b>4. Denial of Application or Revocation of License</b>
(A) Have you, prior to this application, made application (s) for a similar or other license on premises other than described in this application? <input type="checkbox"/> Yes If yes, please explain _____ <input type="checkbox"/> No
(B) Have you, prior to this application, been disqualified to receive approval for a license under the laws of the State of Michigan? <input type="checkbox"/> Yes If yes, please explain _____ <input type="checkbox"/> No

(C) Have you ever held a liquor license which has been either revoked or not renewed?

Yes If yes, please explain \_\_\_\_\_

No

**5. Financial Details - Indicate the source of funds to establish business**

Name, address, and amount of all money lenders:

Name	Address	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**6. Operating Statement – Provide a general statement outlining the manner in which the business holding the proposed license will operate. Include a schedule of hours of operation, food services, crowd control, and use of facilities.**

\_\_\_\_\_

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**7. Personal Statement – Please describe how this business will enhance the City of Mason community.**

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- 8. Provide the following with this application:**
- A letter of approval from the Michigan Liquor Control Commission
  - Copies of the original documentation provided to the MLCC
  - A Certificate of Appropriateness from the Historic District Commission

The information I have provided in this application is true and accurate. I understand all of the conditions of the Mason DDA Liquor License Assistance Program and agree to provide all of the additional information requested by the Mason DDA.

\_\_\_\_\_  
Signature of Applicant (if applicant is a corporation, include title of signor)

