



City of Battle Creek
Clerk's Office
10 Division St N
BattleCreek, MI 49014
269-966-3348 - www.battlecreekmi.gov

Business ID: _____
Request ID: _____
(For CoBC Use Only)

Social District - Commons Area Permit Application

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name:		
Address:		
City:	State:	Zip Code:
Contact Name:	Phone:	Email:
Hours of Operation:		

Part 2 - Required Documents & Fees

<input type="checkbox"/> A copy of your Liquor License.		
<input type="checkbox"/> A copy of any certificates, licenses, and/or permits issued by the County Health Department to sell food for human consumption.		
<input type="checkbox"/> Proof of ownership of property or written authorization from the owner of the property to submit the application if the applicant is not the owner of the property.		
<input type="checkbox"/> Proof of general liability insurance in the amount of two million dollars (\$2,000,000) naming the City as an additional insured.		
<input type="checkbox"/> Copy of completed MLCC Social District Permit Application		
<input type="checkbox"/> Authorization of signing authority for person signing this form (proof of ownership, corporate resolution, bylaws, affidavit verifying corporate signing authority, letter of authorization from a company officer, etc.)		
\$0.00 State Street Commons Permit Fee	TOTAL DUE: \$0.00	Leave Blank - CoBC Use Only

Part 3 – Signature of Licensee

Under administrative rule R 436.1003, the licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcements officials who have jurisdiction over the licensee. Approval of this application by the City of Battle Creek does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this permit for the sale of alcoholic liquor on the licensed premises.

Applicants may be denied if they are in default to the City of Battle Creek.

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code, City of Battle Creek, and Administrative Rules. I also understand that providing **false** or **fraudulent** information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

The person signing this form has demonstrated that they have authorization to do so and have attached appropriate documentation as proof.

Print Name of Licensee & Title

Signature of Licensee

Date

Please return this completed form and fees to:
City Clerk's Office
Mailing address: 10 Division St N, Battle Creek, MI 49014
Hand deliveries: Clerk's Office - 10 Division St N Rm 111, Battle
Creek, MI 49014