AGENDA

Committee on City Operations
July 17, 2024 at 4:00 PM

Lansing City Hall, City Council Conference Room
124 W. Michigan Avenue, 10th Floor
To provide input or ask questions on any item that is listed on the agenda,
members of the public may contact the City Council at city.council@lansingmi.gov or (517) 483-4177 prior to the meeting.
To view the meeting live and participate in virtual public comment: https://www.lansingmi.gov/1212/Council-Committee-Meetings

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Council Member Jackson, Chairperson
Council Member Hussain, Vice Chairperson
Council Member Kost, Member

1. **Call to Order**
2. **Roll Call**
3. **Minutes**
   A. July 7, 2024
4. **Public Comment on Agenda Items (Up to 3 Minutes)**
5. **Discussion/Action:**
   B. RESOLUTION - Reappointment; Kimberly Whitfield as the 4th Ward member of the Park Board for a term to expire June 30, 2028
   C. RESOLUTION - Liquor Application; Jollof Afro Caribbean Lounge, Developmental District Class C License, Outdoor, Dance, Extended Hours, Catering, Sunday Sales AM/PM 221 S. Washington Square, Lansing, MI 48933
6. **Other**
7. **Adjourn**

Persons with disabilities who need an accommodation to fully participate in these meetings should contact the City Council Office at 517-483-4177 (TTY 711) 24 hour notice may be needed for certain accommodations. An attempt will be made to grant all reasonable accommodation requests.

MINUTES
Committee on City Operations
Wednesday, July 3, 2024 @ 4:00 p.m.
City Council Conference Room

CALL TO ORDER
Council Member Hussain called the meeting to order at 4:00pm

PRESENT
Council Member Jackson, Chair- excused
Council Member Hussain, Vice-Chair
Council Member Kost, Member

OTHERS PRESENT
Sherrie Boak, Council Office Manager
Lisa Hagen-Lawrence, OCA
Charles Paul Calati Jr.
Alyssa Turcsak

MINUTES
MOTION BY COUNCIL MEMBER KOST TO APPROVE THE MINUTES FROM JUNE 5, 2024, AS PRESENTED. MOTION CARRIED 2-0.

PUBLIC COMMENT
No public comment at this time.

Discussion/Action
RESOLUTION – Reappointment; Jon Scott as At Large Member; Board of Public Service; Term Expire June 30, 2028
Council Member Hussain spoke briefly on the application in the packet, noting this member has filled a vacancy on the Board and this would be his first full term. Per the department he has great attendance and they supported the appointment.

MOTION BY COUNCIL MEMBER KOST TO APPROVE THE RESOLUTION FOR THE REAPPOINTMENT OF JON SCOTT AS THE AT LARGE MEMBER ON THE BOARD OF PUBILC SERVICE WITH A TERM TO EXPIRE JUNE 30, 2028. MOTION CARRIED 2-0.

RESOLUTION – Reappointment; Tirstan Walters as At Large Member; Park Board; Term Expire June 30, 2028
Council Member Hussain spoke briefly on the application. Council Member Kost spoke in support of Mr. Walters role it the City.

MOTION BY COUNCIL MEMBER KOST TO APPROVE THE RESOLUTION FOR THE REAPPOINTMENT OF TIRSTAN WALTERS AS THE AT LARGE MEMBER ON THE PARK BOARD WITH A TERM TO EXPIRE JUNE 30, 2028. MOTION CARRIED 2-0.

RESOLUTION – Appointment; Charles Paul Calati Jr. as At Large Member; Arts & Culture Commission; Term Expire June 30, 2028

Mr. Calati spoke briefly on his residency in the City, active role in the arts activities in Grand Rapids, and noted his interest in this Commission and address some of the existing art work in the City and on LCC campus, with the hopes to promoting the art.

Council Member Kost asked if he had any timing restraints to attend the Commission meetings, and Mr. Calati stated he does not have an issue.

Council Member Hussain noted the City website needs to be updated for their meeting schedule at this time.

Council Member Hussain referenced the application and experience with historical structures and economic development, and Mr. Calati confirmed to bring the City where it needs to be also includes art.

Council Member Kost asked the OCA if his work with the City Clerk on elections as paid election work is a conflict. Council Member Hussain asked OCA to look into that before the meeting on Monday.

MOTION BY COUNCIL MEMBER KOST TO APPROVE THE RESOLUTION FOR THE APPOINTMENT OF CHARLES PAUL CALATI JR. AS THE AT LARGE MEMBER ON THE ARTS AND CULTURE COMMISSION WITH A TERM TO EXPIRE JUNE 30, 2028. MOTION CARRIED 2-0.

RESOLUTION – Appointment; Alyssa Turcsak as At Large Member; Arts & Culture Commission; Term Expire June 30, 2028

Ms. Turcsak spoke briefly on her residency in Michigan since 2016, her involvement with East Lansing, participation in the Citizens Academy with the City, and after reviewing the list of vacancies this position was a point of interest for her. With her background in non-profit, she thought this would fall in line with her past experience in the arts and overseeing grants.

Council Member Kost spoke in support of the appointment.

MOTION BY COUNCIL MEMBER KOST TO APPROVE THE RESOLUTION FOR THE APPOINTMENT OF ALYSSA TURCSAK. AS THE AT LARGE MEMBER ON THE ARTS AND CULTURE COMMISSION WITH A TERM TO EXPIRE JUNE 30, 2028. MOTION CARRIED 2-0.

RESOLUTION – Special Assessment; Snow and Ice Removal Winter 2023-2024

Council Member Hussain noted that the hearing was held on June 24, 2024 and there were no public comments. He noted that there were only 14 address and from January for 5 days, and majority in Colonial Village, voicing his concern that it does not appear the City is doing a good job in enforcing the ordinance. He encouraged Council Member Kost to noted at Council for the Administration to come up with a new approach to address the concerns of sidewalks not getting shoveled.

MOTION BY COUNCIL MEMBER KOST TO APPROVE THE RESOLUTION FOR THE 2023-2024 WINTER SNOW AND ICE REMOVAL SPECIAL ASSESSMENT. MOTION CARRIED 2-0.

Other

Adjourn

Adjourned at 4:21pm
Submitted by Sherrie Boak
Recording Secretary, Lansing City Council
Approved by the Committee on

Application for Appointment to Board or Commission

Thank you for your interest in serving on a Lansing Board, Commission or Committee.

Certain boards, commissions or committees require appointees to be a registered elector in the City of Lansing (Charter Section 2-102) and be a resident of Lansing for one year prior to taking office (Charter Section 2-102).

Appointees to every board, commission or committee must not be in default to the City at the time of taking office (Charter Section 2-103.2) and not have been convicted, within 20 years of taking office, of a violation of the election laws of the City of Lansing, State of Michigan, or the United States; a violation of public trust; or any felony (Charter Section 2-103.1).

Lansing City Charter, Section 5-104, Ineligibility For Boards, restricts certain City employee activities on some boards: "No person holding another City office or activity employed by the City shall be eligible to be a voting member on any board."

(Section Break)

Date	4/1/2020 (Updated 6/18/2024)
First Name	Kimberly
Middle	*Field not completed.*
Last Name	Whitfield
Other name(s) by which you have been known, including maiden names	Kimberly Robinson
Date of Birth	
Address	435 McPherson Ave
City	Lansing
State	MI
Zip Code	48915

Email	kimberly@kwinspires.com
Gender	
Find my ward:	Lansing Neighborhoods Ward Map
Ward	4
Precinct	*Field not completed.*
Best phone number to contact you	5174885471
Last 4 digits of social security number	
In what year did you move to Lansing?	
Additional information regarding experience and credentials	*Field not completed.*
Occupational Background	Banking Entrepreneur Education
Educational Background	B.A. - Business Management
Previous Appointments	Parks Board & Board of Zoning & Appeals
Current Appointments	Parks Board
Please attach a resume if available	*Field not completed.*
First choice for board to serve on	Parks Board
Second choice of a board to serve on	*Field not completed.*
Third choice of a board to serve on	*Field not completed.*

Fourth choice of a board to serve on	*Field not completed.*
Please comment briefly on why you wish to serve on a particular board or commission. Please be specific as to your goals and ideas about how you wish to contribute to the work of the board or commission	I currently serve on the Parks Board, however, I recently moved and would like to remain on the board. It's a very rewarding experience and I enjoy taking time out to serve. #LoveLansing
Qualifications and Eligibility – At this time, if you do not meet one or more of the qualifications or eligibility requirements listed at the top, please state here the requirement to be met and explain how you will be qualified or eligible before you would be sworn in to an appointed office	*Field not completed.*
Background Check Authorization	I agree
Please type your name in this box to signify that you can serve on a board or commission and the information in this application is accurate to the best of your knowledge	Kimberly Whitfield
Date & Time	4/1/2020 10:15 PM

Email not displaying correctly? View it in your browser.

BY THE COMMITTEE ON CITY OPERATIONS
RESOLVED BY THE CITY COUNCIL OF THE CITY OF LANSING

WHEREAS, the Mayor has recommended the reappointment of Kimberly Whitfield as the 4th Ward member of the Park Board for a term to expire June 30, 2028; and

WHEREAS, the Mayor's office has confirmed with this resolution, that they have vetted the applicant based on the original application and believes that the applicant meets the qualifications as required by the City Charter; and

WHEREAS, the Committee on City Operations met on July 17, 2024, and took affirmative action.

NOW, THEREFORE, BE IT RESOLVED that the Lansing City Council, hereby, confirms the reappointment of Kimberly Whitfield as the 4th Ward member of the Park Board for a term to expire June 30, 2028.

Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
Toll-Free: 866-813-0011 - www.michigan.gov/lcc

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

New On-Premises Redevelopment or Development District License Questionnaire

Complete and submit this questionnaire along with a fully completed Retailer License & Permit Application (LCC-100) with the documents required to be submitted with that form and any other documents required as listed below.

Part 1 - Applicant Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it is filed with the State of Michigan Corporation Division.

Applicant name(s): MATILDA SIPEOLU		
Address to be licensed: 221 S WASHINTRON SQUARE		
City: LANSING	Zip Code: 49833	
City/township/village where license will be issued: Lansing	County: INGHAM	
Contact Name: OLUWASEUN SIPEOLU	Phone: 5178035226	Email: MBALANSING@GMAIL.COM
Mailing address *(if different from above)*: 1312 W MOUNT HOPE AVE		
City: LANSING	Zip Code: 48910	

I am applying for the following on-premises redevelopment or development district license:

☐ **MCL 436.1521a(1)(a) - Redevelopment (RDA) License - Complete Parts 2a, 3, 4, & 5**

Select one: ○ Class C ○ B-Hotel ○ Tavern ○ A-Hotel

- The proposed licensed premises must be located in a redevelopment project area defined by the local governmental unit and the investment in the redevelopment project area must meet one (1) of following requirements:
  - Investment of not less than $50 million in cities, townships, or villages having a population of 50,000 or more
  - Investment of not less than $1 million per 1,000 people in cities, townships, or villages having a population of less than 50,000
- The licensed business must be engaged in activities related to dining, entertainment, or recreation and provide that activity not less than five (5) days per week
- The licensed business must be open to the public not less than ten (10) hours per day, five (5) days per week
- The initial enhanced license fee for a license issued under this section is $20,000.00

☐ **MCL 436.1521a(1)(b) - Development District (DDA) License - Complete Parts 2b, 3, 4, & 5**

Select one: ◉ Class C ○ B-Hotel ○ Tavern ○ A-Hotel

- The proposed licensed premises must be located in one of the development districts or areas listed in MCL 436.1521a(1)(b):
  - Tax Increment Finance Authority District Under Part 3 of Public Act 57 of 2018 (Formerly Public Act 450 of 1980)
  - Corridor Improvement Authority Act Development Area under Part 6 of Public Act 57 of 2018 (Formerly Public Act 280 of 2005)
  - Downtown Development Authority (DDA) District under Part 2 of Public Act 57 of 2018 (Formerly Public Act 197 of 1975)
  - Principal Shopping District under Public Act 120 of 1961
- The total investment in real and personal property within the development district or area shall not be less than $200,000.00 over a period of the preceding five (5) years
- The building shall be a restoration or rehabilitation of an existing building and **cannot be a brand new building**
- The building that will house the proposed licensed premises must have at least $75,000.00 expended for the rehabilitation or restoration of the building over the preceding five (5) years or a commitment for a capital investment of at least $75,000.00 in the building that must be expended before the license is issued
- The licensed business must be engaged in activities related to dining, entertainment, or recreation
- The licensed business must be open to the general public and have a seating capacity of not less than 25 persons
- The initial enhanced license fee for a license issued under this section is $20,000.00

Please Note: Pursuant to MCL 436.1521a(8) a license issued under MCL 436.1521a cannot be transferred to another location and if the licensee goes out of business the license issued under MCL 436.1521a shall be surrendered by the licensee to the Commission and the Commission will terminate the license.

Part 2a - MCL 436.1521a(1)(a) - Redevelopment (RDA) License Required Documents

- ☐ Resolution from local governmental unit establishing the redevelopment project area
- ☐ Affidavit from the assessor, certified by the city, township, or village clerk, which states the following:
  - The amount of investment money expended for manufacturing, industrial, residential, and commercial development within the redevelopment project area during the preceding three (3) years (must specifically state start and end dates for the investment, i.e. January 1, 2013, to December 31, 2015).
  - Statement that the amount of commercial investment in the redevelopment project area constitutes not less than 25% of the total investment in real and personal property in the area.
- ☐ Legible map of the redevelopment project area which clearly labels all street names

Part 2b - MCL 436.1521a(1)(b) - Development District (DDA) License Required Documents

- ☐ Resolution from local governmental unit establishing the development district or area which specifically references the statute under which the area was established:
  - Part 3 of Public Act 57 of 2018 (Formerly Public Act 450 of 1980) for Tax Increment Finance Authorities
  - Part 6 of Public Act 57 of 2018 (Formerly Public Act 280 of 2005) for Corridor Improvement Authorities
  - Part 2 of Public Act 57 of 2018 (Formerly Public Act 197 of 1975) for Downtown Development Authorities
  - Public Act 120 of 1961 for Principal Shopping Districts
- ☐ Affidavit from the assessor, certified by the city, township, or village clerk, which states the following:
  - The total amount of public and private investment in real and personal property within the development district or area over a period of the preceding five (5) years (must specifically state start and end dates for the investment, i.e. January 1, 2011, to December 31, 2015).
- ☐ Legible map of the development district or area which clearly labels all street names

Part 3 - Available License Search

MCL 436.1521a(9) requires any person signing an application for an on-premises Redevelopment or Development District license to verify that he or she attempted to purchase any of the on-premises licenses that are in escrow that do not have a pending transfer on file with the MLCC within the county in which the applicant for the on-premises Redevelopment or Development District license proposes to operate.

You should not apply for an on-premises Redevelopment or Development District license if there is an available quota license in the local governmental unit in which the proposed licensed business will be located. You may verify the availability of quota licenses on the Commission's website using the Local Government Quota search page.

- ☐ I verify that I have attempted to purchase any readily available on-premises escrowed licenses that do not have pending transfers on file with the MLCC in the county where the proposed licensed business will be located.
  - Applicant should provide a notarized affidavit outlining all attempts and responses (or lack thereof) to secure a readily available on-premises license.
  - Applicant should send certified letters of inquiry as to the availability of the license to each licensee at the address listed on the licensee listing report provided by the MLCC.
  - Applicant should submit copies of the letters sent, certified tags, signed certified return receipts, copies of any envelopes returned by the USPS, and copies of any correspondence received from the licensees.
  - Applicant should provide dates, the name of the person contacted, and a synopsis of the conversation if escrowed licensees are contacted by telephone.
  - Applicant should provide documentation regarding the fair market value of the license based on where the applicant will be located, if determinable, the size and scope of the proposed operation, and/or the existence of mandatory contractual restrictions or inclusion attached to the sale of the license when indicating to the MLCC that purchase of a license is not economically feasible or the license is not readily available.
- ☐ There are no readily available on-premises licenses in escrow in the county where the proposed licensed business will be located.
- ☐ There are no unissued, on-premises quota licenses readily available in the local governmental unit where the proposed licensed business will be located.

Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
Toll-Free: 866-813-0011 - www.michigan.gov/lcc

Retailer License & Permit Application

Before you begin filling out the attached application, please review this checklist for the applicable forms and documents you will need to submit with your completed application form.

The attached LCC-100 form will automatically calculate fees when opened using Adobe Acrobat Reader. The form's functionality may not work with third-party PDF readers. You may download a free copy of Adobe Acrobat Reader on the Adobe website: https://get.adobe.com/reader/

- ☐ Completed Retail License & Permit Application (Form LCC-100, attached)
- ☐ Livescan Fingerprint Form* (attached)
- ☐ Inspection, License, and Permit Fees

Are you transferring stock or membership interest? If yes, use the License Interest Transfer Application (LCC-101).

- ☐ Corporate Documents (see list below) - Submit for the applicant company, and if the applicant company has multiple levels of ownership structure in which stockholders or members are also companies, submit the applicable documents listed below for any stockholder or member companies to the third level of ownership - for example: applicant company > stockholder/member (level 1) > stockholder/member (level 2) > stockholder/member (level 3).
- ☐ Multi-Tier Organizational Chart - If the applicant company has more than three levels of ownership structure please provide an organizational chart that shows all the levels of ownership to individual people, including trusts.
- ☐ Local Government Authorization (Form LCC-106) - **For a new on-premises license only**
- ☐ Purchase agreement - **For the transfer of ownership of a license**
- ☐ Property document (lease, deed, land contract, etc.)
- ☐ New Specially Designated Merchant license documents - **For a new Specially Designated Merchant license only** (see page 3)
- ☐ New On-Premises Resort License Questionnaire (LCC-109a) or New On-Premises Redevelopment or Development District License Questionnaire (LCC-109b) - **For a new on-premises Resort, Redevelopment, or Development District license only**

If applicant is a corporation also include (pursuant to R 436.1109):
If any of the stockholders of the applicant are corporations or limited liability companies, also submit a copy of the documents listed below for those companies (except for the Certificate of Authority to Do Business in Michigan, which is required for the applicant only).

- ☐ Report of Stockholders/Member/Partners (Form LCC-301)
- ☐ Copy of Articles of Incorporation filed with the Corporations Division of the Department of Licensing & Regulatory Affairs
- ☐ Current Certificate of Good Standing from the state where incorporated and Certificate of Authority to Do Business in Michigan, if incorporated outside of Michigan.
- ☐ Certified copy of the minutes of a meeting of its board of directors or a statement signed by an officer of the corporation naming the persons authorized by corporate resolution to sign the application and other documents required by the Commission or Part 3 of Form LCC-301.

If applicant is a limited liability company also include (pursuant to R 436.1110):
If any of the members of the applicant are corporations or limited liability companies, also submit a copy of the documents listed below for those companies (except for the Certificate of Authority to Do Business in Michigan, which is required for the applicant only).

- ☐ Report of Stockholders/Member/Partners (Form LCC-301)
- ☐ Copy of Articles of Organization filed with the Corporations Division of the Department of Licensing & Regulatory Affairs
- ☐ Copy of the operating agreement or bylaws of the applicant company
- ☐ Current Certificate of Authority to Do Business in Michigan, if the LLC is a non-Michigan LLC.
- ☐ Statement signed by a manager of the limited liability company or by at least 1 member if management is reserved to the members naming the person authorized to sign the application and other documents required by the Commission or Part 3 of Form LCC-301.

*Fingerprints are required for applicants that are not currently licensed by the MLCC and will hold 10% or more interest in a license or applicant entity.

Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
Toll-Free: 866-813-0011 - www.michigan.gov/lcc

Business ID: _____

Request ID: _____
(For MLCC Use Only)

Retailer License & Permit Application

For information on retail licenses and permits, including a checklist of required documents for a completed application, please visit the Liquor Control Commission's frequently asked questions website by clicking this link.

Part 1 - Applicant Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it is filed with the State of Michigan Corporation Division.

Applicant name(s): MATILDA I SIPEOLU	
Address to be licensed: 221-225 S WASHINTON SQUARE	
City: LANSING	Zip Code: 48933
City/township/village where license will be issued: LANSING	County: INGHAM
Federal Employer Identification Number (FEIN):	

		Leave Blank - MLCC Use Only
1. Are you requesting a new license?	(•) Yes ( ) No	
2. Are you applying ONLY for a new permit or permission?	(•) Yes ( ) No	
3. Are you buying an existing license?	( ) Yes (•) No	
4. Are you transferring the classification of an existing on premises license?	( ) Yes (•) No	
5. Are you modifying the size of the licensed premises?	( ) Yes (•) No	
If Yes, specify: ☐ Adding Space ☐ Dropping Space ☐ Redefining Licensed Premises		
6. Are you transferring the location of an existing license?	( ) Yes (•) No	
7. Is this license being transferred as the result of a default or court action?	( ) Yes (•) No	
8. Do you intend to use this license actively?	(•) Yes ( ) No	

Part 2 - License Transfer Information (If Applicable)

If transferring ownership of a license ONLY and not transferring the location of a license, fill out only the name of the current licensee(s)

Current licensee(s):	
Current licensed address:	
City:	Zip Code:
City/township/village where license is issued:	County:

Part 3 - Licenses, Permits, and Permissions

Off Premises Licenses - Applicants for off premises licenses, permits, and permissions (e.g. convenience, grocery, specialty food stores, etc.) must complete the attached Schedule A and return it with this application. Transfer the fee calculations from the Schedule A to Part 4 below.

On Premises Licenses - Applicants for on premises licenses, permits, and permissions (e.g. restaurants, hotels, bars, etc.) must complete the attached Schedule A and return it with this application. Transfer the fee calculations from the Schedule A to Part 4 below.

Part 4 - Inspection, License, and Permit Fees - Make checks payable to **State of Michigan**

Inspection Fees - Pursuant to MCL 436.1529(4) a nonrefundable inspection fee of $70.00 shall be paid to the Commission by an applicant or licensee at the time of filing of a request for a new license or permit, a request to transfer ownership or location of a license, a request to increase or decrease the size of the licensed premises, or a request to add a bar. Requests for a new permit in conjunction with a request for a new license or transfer of an existing license do not require an additional inspection fee.

License and Permit Fees - Pursuant to MCL 436.1525(1), license and permit fees shall be paid to the Commission for a request for a new license or permit or to transfer ownership or location of an existing license.

Inspection Fees:	License & Permit Fees:	**TOTAL FEES:**

Schedule A - Licenses, Permits, & Permissions

Applicant name:

Off Premises License Type:

New Transfer		Base Fee:	Fee Code MLCC Use Only
☐	☐ SDM License	$100.00	
☐	☐ SDD License	$150.00	
☐	☐ Resort SDD License	Upon Licensure/$150.00	

Resort SDD Licenses may only be issued in governmental units having a population of 50,000 or less

Off Premises Permits:

		Base Fee:
☐	Sunday Sales Permit (AM)*	$160.00
☐	Sunday Sales Permit (PM)** *(Held with SDD License)*	$22.50
☐	Catering Permit	$100.00
☐	Secondary Location Permit - Complete Form LCC-201	
☐	Beer and Wine Tasting Permit	No charge
☐	Living Quarters Permit	No charge

On/Off Premises Permission Type:

		Base Fee:
☐	Off-Premises Storage	No charge
☐	Direct Connection(s)	No charge
☐	Motor Vehicle Fuel Pumps	No charge

*Sunday Sales Permit (AM) allows the sale of liquor, beer, and wine on Sunday mornings between 7:00am and 12:00 noon, if allowed by the local unit of government.

**Sunday Sales Permit (PM) allows the sale of liquor on Sunday afternoons and evenings between 12:00 noon and 2:00am (Monday morning), if allowed by the local unit of government. No Sunday Sales Permit (PM) is required for the sale of beer and wine on Sunday after 12:00 noon. The Sunday Sales Permit (PM) fee is 15% of the fee for the license that allows the sale of liquor. Additional bar fees and B-Hotel room fees are also calculated as part of the permit fee.

Licenses, permits, and permissions selected on this form will be investigated as part of your request. Please verify your information prior to submitting your application, as some licenses, permits, or permissions cannot be added to your request once the application has been sent out for investigation by the Enforcement Division.

Inspection, License, Permit, & Permission Fee Calculation

Number of Licenses: _____ x $70.00 Inspection Fee

Total Inspection Fee(s): _____

Total License Fee(s): _____

Total Permit Fee(s): _____

TOTAL FEES DUE: _____

Please note that requests to transfer SDD licenses will require the payment of additional fees based on the seller's previous calendar year's sales. These fees will be determined prior to issuance of the license to the applicant.

Make checks payable to **State of Michigan**

On Premises License Type:

New Transfer		Base Fee:	Fee Code MLCC Use Only
☐	☐ B-Hotel License	$600.00	
	Number of guest rooms: _____		
☐	☐ A-Hotel License	$250.00	
	Number of guest rooms: _____		
☒	☐ Class C License	$600.00	
☐	☐ Tavern License	$250.00	
☐	☐ Resort License	Upon Licensure	
☐	☐ DDA/Redevelopment License	Upon Licensure	
☐	☐ Brewpub License	$100.00	
☐	☐ G-1 License	$1,000.00	
☐	☐ G-2 License	$500.00	
☐	☐ Aircraft License	$600.00	
☐	☐ Watercraft License	$100.00	
☐	☐ Train License	$100.00	
☐	☐ Continuing Care Retirement Center License	$600.00	
	☐ MCL 436.1545(1)(b)(i) ☐ MCL 436.1545(1)(b)(ii)		

B-Hotel or Class C Licenses Only:

☐ ☐ Additional Bar(s)

Number of Additional Bars: _____

B-Hotel or Class C licenses allow licensees to have one (1) bar within the licensed premises. A $350.00 licensing fee is required for each additional bar over the one (1) bar initially issued with the license.

On Premises Permits:

		Base Fee:
☒	Sunday Sales Permit (AM)*	$160.00
☒	Sunday Sales Permit (PM)**	
☒	Catering Permit	$100.00
☐	Banquet Facility Permit - Complete Form LCC-200	

A Banquet Facility Permit is an extension of the license at a different location. It may have its own permits and permissions. It is not a banquet room on the licensed premises.

☒	Outdoor Service	No charge
☒	Dance Permit	No charge
☒	Entertainment Permit	No charge
☒	Extended Hours Permit:	No charge
	◉ Dance ○ Entertainment Days/Hours: M/S 11 AM /2PM	
☐	Specific Purpose Permit:	No charge
	Activity requested: _____	
	Days/Hours requested: MON /SUNDAY 11 AM- 2AM	
☐	Living Quarters Permit	No charge
☐	Topless Activity Permit	No charge

Schedule B - New Specially Designated Merchant (SDM) License Supplemental Application - New SDM License Applications ONLY

Applicant name:

Effective January 4, 2017 pursuant to MCL 436.1533(5), Specially Designated Merchant (SDM) licenses are quota licenses based on one (1) SDM license for every 1,000 of population in a local governmental unit. MCL 436.1533 provides for several exemptions from the quota for qualified applicants. Please carefully read the requirements in the boxes below, selecting the applicable approved type of business option(s) from Section 1 and an applicable new SDM license quota option from Section 2.

Section 1 - Requirements to Qualify as Approved Type of Business for New SDM License Applicants

Applicant must meet one (1) or more of the following conditions (check those that apply to your business):

- ☐ a. Applicant holds and maintains retail food establishment license or extended retail food establishment license under the Food Law of 2000, MCL 289.1101 to MCL 289.8111.
- ☐ b. Applicant holds or has been approved for Specially Designated Distributor (SDD) license.
- ☐ c. Applicant holds or has been approved for an on-premises license, such as a Class C, A-Hotel, B-Hotel, Tavern, Club, G-1, or G-2 license.

Section 2 - Quota Requirements for New SDM License Applicants

Applicant must qualify under one of the following sections of the Liquor Control Code regarding the SDM quota:

- ☒ a. Applicant is an applicant for or holds a Class C, A-Hotel, B-Hotel, Tavern, Club, G-1, or G-2 license.
  MCL 436.1533(5)(a) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ b. Applicant's establishment is at least 20,000 square feet and at least 20% of gross receipts are derived from the sale of food.
  MCL 436.1533(5)(b)(i) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ c. Applicant's establishment is a pharmacy as defined in the Public Health Code, MCL 333.17707.
  MCL 436.1533(5)(b)(ii) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ d. Applicant's establishment qualifies as a marina under MCL 436.1539.
  MCL 436.1533(5)(e) - SDM license is exempt from SDM quota and license may be transferred to another location if the applicant complies with MCL 436.1539 at the new location.
- ☐ e. Applicant does not qualify under any of the quota exemptions or waiver listed above.
  MCL 436.1533(5) - Commission shall issue one (1) SDM for every 1,000 population in a local governmental unit and an unissued SDM must be available in the local governmental unit for the applicant to qualify. SDM license may be transferred to another location.

Documents Required To Be Submitted with New SDM License Application

In addition to the documents listed on the application checklist, the new SDM license applicant must submit the documents listed below, as applicable, with its application to comply with the requirements described above. Select one or more of the following:

- ☐ Copy of retail food establishment license or extended retail food establishment license for a SDM license. The name on the food establishment license must match the applicant name in Part 1 of this application form. *A food establishment license is not required for a SDM license to be issued in conjunction with a SDD license or an on-premises license.*
- ☐ If applying under Section 2b above, documentary proof that applicant's establishment is at least 20,000 square feet and at least 20% of gross receipts are derived from the sale of food.
- ☐ If applying under Section 2c above, a copy of the pharmacy license issued under the Public Health Code.

Part 6 - Contact Information

Provide information on the contact person for this application. Please note that corporations and limited liability companies must provide documentation (e.g. meeting minutes, corporate resolution) authorizing anyone other than the applicant or an attorney of record to be the contact person. If an authorization is not provided, your contact person will not be acknowledged if they are anyone other than the applicant or attorney.

What is your preferred method of contact?			○ Phone ○ Mail ◉ Email ○ Fax
What is your preferred method for receiving a Commission Order?			◉ Mail ○ Email ○ Fax
Contact name: oluwaseun sipeolu		Relationship: SON	
Mailing address: 1312 W MOUNT HOPE AVE			
City: LANSING	State: MI	Zip Code: 48910	
Phone: 5178035226	Fax number:	Email: mbalansing@gmail.com	

Part 7 - Attorney Information (If You Have An Attorney Representing You For This Application)

Attorney name:		Member Number: P-	
Attorney address:			
Phone:	Fax number:	Email:	
Would you prefer that we contact your attorney for all licensing matters related to this application?			○ Yes ○ No
Would you prefer any notices or closing packages be sent directly to your attorney?			○ Yes ○ No

Part 8 - Signature of Applicant

Be advised that the information contained in this application will only be used for this request. This section will need to be completed for each subsequent request you make with this office.

Notice: When purchasing a license, a buyer can be held liable for tax debts incurred by the previous owner. Prior to committing to the purchase of any license or establishment, the buyer should request a tax clearance certificate from the seller that indicates that all taxes have been paid up to the date of issuance. Obtaining sound professional assistance from an attorney or accountant can be helpful to identify and avoid any pitfalls and hidden liabilities when buying even a portion of a business. Sellers can make a request for the tax clearance certificate through the Michigan Department of Treasury.

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 Michigan Liquor Control Commission 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 license for the sale of alcoholic liquor on the licensed premises.

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 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.

MATILDA SIPEOLU	sipeolum	06/01/2024
Print Name of Applicant & Title	Signature of Applicant	Date

Please return this completed form along with corresponding documents and fees to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Hand deliveries: Constitution Hall - 525 W. Allegan Street, Lansing, MI 48933
Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906
Fax to: 517-284-8557

Part 5a - Information on Individual Applicant, Stockholder, Member, or Limited Partner
Each individual, stockholder, member, or partner must complete Part 5a, 5b, and 5c. If a stockholder or member of an applicant company is a corporation or limited liability company, complete Part 5a and 5c and submit a completed Form LCC-301.

For applications with multiple individuals, stockholders, members, or partners - each person or entity must complete a separate copy of this page.

Name: MATILDA SIPEOLU			
Home address: 106 FALLS CT			
City: LANSING		State: MI	Zip Code: 48917
Business Phone: 5178035226	Cell Phone:	Email: mbalansing@gmail.com	

Have you ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you currently hold an interest in any other licenses issued by the MLCC? If **Yes**, please list business ID numbers below. If you hold interest in 2 or more locations under the same name, please also write "chain" below. *Pursuant to MCL 436.1603, a retailer licensee may not hold interest in a manufacturer or wholesaler licensee.* ○ Yes ◉ No

Do you hold 10% or more interest in the applicant entity? ◉ Yes ○ No

If you answered "no" to the first question and "yes" to the second question, you must submit fingerprints and undergo an investigation by the MLCC. Please see the attached instructions for submitting fingerprints to the MLCC. You must submit a copy of the completed and endorsed "Livescan Fingerprint Background Request" with your application.

Part 5b - Personal Information (Individuals) - *Must be at least 21 years of age, pursuant to administrative rule R 436.1105(1)(a).*

Date of Birth:	Social Security Number:	Driver's License Number:

Are you a citizen of the United States of America? ◉ Yes ○ No

Have you ever legally changed your name? ○ Yes ◉ No

If you answered "yes", please list your prior name(s) (including maiden):

Spouse's full name (if currently married):

Spouse's date of birth:	Is your spouse a citizen of the United States of America? ○ Yes ◉ No

Do you or your spouse hold any position, either by appointment or election, which involves the duty to enforce any penal law of the United States of America, or the penal laws of the State of Michigan, or any penal ordinance or resolution of any municipal subdivisions of the State of Michigan? ○ Yes ◉ No

Does your spouse hold a retail, manufacturer, or wholesaler license issued by the MLCC? ○ Yes ◉ No

Have you ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If **Yes**, list below (attach additional pages if necessary): ○ Yes ◉ No

Date	City/State	Charge	Disposition

Has your spouse ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If **Yes**, list below (attach additional pages if necessary): ○ Yes ◉ No

Date	City/State	Charge	Disposition

Part 5c - Signature
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 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. (This form must be signed by the person whose information it contains).

MATILDA SIPEOLU	sipeolum		06/01/2024
Print Name		Signature	Date

Application for Development District Liquor License – City of Lansing

To apply for a Development District Liquor license, a business must be located in either a Business District listed below or in a City Redevelopment Area, as defined in Sec. 521a (2)(c)

- Tax Increment Finance Authority (TIFA) PA 450 of 1980
- Corridor Improvement Authority (CIA) PA 280 of 2006
- Downtown Development Authority (DDA) PA 197 of 1975
- Principal Shopping District (PSD) PA 120 of 1961

Per State Law, Development District Liquor Licenses require the following:

1. The amount expended for the rehabilitation or restoration of the building that houses the licensed premises shall be not less than $75,000 over a period of the preceding 5 years, or a commitment for a capital investment of at least that amount in the building that houses the licensed premises, which must be expended before the issuance of the license.
2. That the licensed business is engaged in dining, entertainment, or recreation, that is open to the general public, with a seating capacity of not less than 25 persons.

You should also be aware of the following:

- The initial enhanced license fee for licenses issued is $20,000.
- The licenses issued under the Development District Liquor License criteria may **not be** transferred to another location.
- If the licensee goes out of business, the licensee shall surrender the license to the Commission. The governing body of the local governmental unit may approve another applicant within the redevelopment project area or development district area to replace a licensee who has surrendered the license to the Commission.
- Do not invest any money in improvements or bind yourself in any agreements until you have been officially notified by the Michigan Liquor Control Commission that your request has been approved.
- The individual signing the application shall state and demonstrate that they attempted to secure an appropriate on-premises escrowed license first or quota license which may be available within the local unit of government in which the applicant proposes to operate.

The Lansing Economic Development Corporation (LEDC) will receive, process, and represent an application for a development liquor license for the initial approval through City Council. Once City Council has approved the application it is the applicant's responsibility to carry out the remaining application process with the State Liquor Control Commission.

There is a local fee of $1,500 per application, due to LEDC at the time of application.

Please return the completed and signed application form along with corresponding documents to:

Lansing Economic Development Corporation (LEDC)
401 S. Washington Sq. Ste 101
Lansing, MI 48933

Applicant and Property Information

Address to be licensed: . 221 S WASHINGTON SQUARE LANSING MICHIGAN 48901

Applicant's Legal Entity Name: M & S 1 LLC

FEIN #:

Doing business as: *(if applicable)*

Contact Name: OLUWASEUN SIPEOLU

Phone #: 517 803 5226

Email Address: mbalansing@gmail.com

Seating Capacity: 46

Usage: RESTAURANT

(circle all that apply) Dining | Entertainment | Recreation

Please write a brief description of your business below and why you would like to apply for a development liquor license:

It is time to showcase West African/ Caribbean food in the capital city of Lansing. We want West African food to be an option when families and friends want to dine out on a Friday night in downtown Lansing, We want to bring culture, Love and vibe to the City of Lansing.

Please fill out the following:

Estimated Private Investment: $70000

Estimated Jobs Created: 10

Estimated Jobs Retained:7

Additional Applicant Information*:

- ❑ Completed New On-Premises Development District License Questionnaire (LCC-109b)
- ❑ Completed Retailer License & Permit Application (LCC-100)
- ❑ Completed City of Lansing Treasury Information Request Form
- ❑ Completed City of Lansing Litigation Affidavit
- ❑ $1,500 Application Fee: Lansing Economic Development Corporation (LEDC)
- ❑ Completed IRS Form W-9 for Applicant Entity
- ❑ Proof of ownership of the property where Development Liquor License is requested (a copy of the deed).
  - ❑ If not the owner of subject address, please provide a valid copy of the signed and executed lease.
- ❑ Proof that at least $75,000 worth of personal and or real property improvements to the subject address has been made within the previous five (5) years.
  *If $75,000 has not been expended on the subject address please sign statement below that you agree to make such expenditures prior to any issuance of a Development Liquor License.

**Additional information may be required of the applicant to process the request.* (Signature page follows.)

I, the undersigned, state that, to the best of my knowledge, am current on all City of Lansing and State of Michigan taxes, personal and real, as they pertain to the property and entity located at the address indicated above, and that, failure to remain current on all taxes, personal and real, may result in the denial of application, or revocation of any issued Development Liquor License.

Signature_____ Date 06/17/24

Print Name_MATILDA SIPEOLU_____

***I, the undersigned, commit to making expenditures equal to or in excess of $75,000 relating to real and personal property at the address indicated above, having not done so in any of the previous five years, prior to the issuance of any Development Liquor License.**

Signature_____ Date 06/17/24

Print Name MATILDA SIPEOLU_____

Andy Schor, Mayor

Date:

Desiree A. Kirkland, MA, MiCPT, CPFIM
City Treasury/Income Tax Administrator
Treasury & Income Tax Department
Approved - Taxpayer Status Confirmed

City of Lansing Department of Treasury & Income Tax
Taxpayer Information Verification Form

This affidavit must be completed by each person that has a 20% or greater ownership interest in the Applicant.

Legal Business Name	Doing Business As (DBA)	FEIN
M&SI LLC	Jollof Afro Caribbean Lounge	—

Corporate Street Address	City	State	Zip Code
221 S Washington Square	Lansing	CHOOSE MI	48933

Applicant First Name	Applicant Last Name
MATILDA	SIPEOLU

Street Address	City	State	Zip Code
106 FALLS CT # D	LANSING	CHOOSE	48917

Last 4 of SSN	Driver's License Number	Date of Birth

- [x] I affirm that I, the Applicant, am not delinquent or late on any property taxes owed to the City of Lansing for properties in which the Applicant has ownership interest of greater than 20%.
- [x] I affirm that I, the Applicant: [ ] am an employer in the City of Lansing and I am in compliance with all required wage withholding and income tax reporting requirements, or, [7] am not an employer in the City of Lansing.
- [x] I affirm that I, the Applicant, am not delinquent or late on any corporate or other business income taxes owed to the City of Lansing, and, have submitted any required forms to the City Treasurer & Income Tax Administrator

CONSENT FOR DISCLOSURE: By my signature below I expressly consent the Income Tax Administrator to disclose to the Lansing Economic Development Corporation (LEDC) whether the Taxpayer is delinquent on income tax payments, or not. Taxpayer is responsible for any necessary subsequent disclosure.

I affirm that the statements above a true to the best of my information, knowledge, and belief.

City of Lansing Treasury & Income Tax Department
City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695

City of Lansing

OFFICE OF THE CITY ATTORNEY

James D. Smiertka, City Attorney

City of Lansing: Universal Development Agreement Litigation Affidavit

This affidavit must be completed by each person that has a 20% or greater ownership interest in the Applicant.

First Name	Middle	Last Name
MATILDA	IYABODE	SIPEOLU

Street Address, City, State Zip			
106 FALLS CT #D	LANSING	CHOOSE MI	48917

[X] I do not currently have any litigation with the City of Lansing.

[ ] I am presently engaged in litigation with the City of Lansing. (Please provide description below)

*Please list any court case numbers and attach copies of the court orders.
Please include a description of the litigation.

I affirm that the statements above a true to the best of my information, knowledge, and belief.

Subscribed and sworn to me this 31 day of May, 2024

_____ Notary Public, Ingham County

Acting in Ingham County, Michigan

My Commission expires on August 15, 2027

LIBERTY Y MCPIKE
Notary Public, County of Ingham, MI
Acting in the County of Ingham
My Commission Expires: 8/15/27

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
M$S1 LLC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
221 S WASHINGTON Square

Requester's name and address (optional)

6 City, state, and ZIP code
LANSING MI 48933

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number
___ - ___ - ____

or

Employer identification number
__-_____

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that: Matilda Iyabode Syzenzla

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date** 06/7/24

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any *foreign partners, owners, or beneficiaries, and you are providing this* form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not *receive the information necessary to file a correct information return with* the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup *withholding. Enter the appropriate code in the space on line 4.*

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• *Broker transactions*	*Exempt payees 1 through 4 and 6* through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. *You will be subject to backup withholding on all such payments until* you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional *Filing Method 1 (see Regulations* section 1.671-4(b)(2)(i)(A))**	The grantor*
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] *Circle the minor's name and furnish the minor's SSN.*

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
Toll-Free: 866-813-0011 - www.michigan.gov/lcc

Livescan Fingerprint Background Request
Instructions for Michigan & Out-of-State Applicants

APPLICANTS THAT LIVE IN MICHIGAN

Applicants for a Michigan liquor license must have their fingerprints a law enforcement agency in Michigan that offers digital fingerprinting or a private Livescan vendor approved by the Michigan State Police. You may access a list of approved vendors on the Michigan State Police website (contains vendors' websites and contact information):
http://www.michigan.gov/msp/0,4643,7-123-1878_8311-237662--,00.html.

On the attached Livescan Fingerprint Background Request form, you must use the correct Code (LL), Agency ID Number (1479J), and Agency Name (MI DEPT OF LICENSING AND REGULATORY AFFAIRS - LIQUOR CONTROL) in order for the fingerprint report to be sent to the Michigan Liquor Control Commission. Payment receipts **should not** be mailed to the office, but kept for your own records.

You must bring the Livescan Fingerprint Background Request form with a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment. A copy of the Livescan Fingerprint Background Request form, which is signed by the Livescan Operator and returned to you, must be submitted with your application in order for your request to be investigated.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.

APPLICANTS THAT LIVE OUTSIDE OF MICHIGAN

Applicants for a Michigan liquor license that live outside of Michigan must submit fingerprints through one of the private Livescan vendors approved by Michigan State Police that offer fingerprinting for residents that live outside of Michigan. You may access a list of approved vendors that process finger print cards for non-Michigan residents on the Michigan State Police website (contains vendors' websites and contact information): http://www.michigan.gov/msp/0,4643,7-123-1878_8311-237662--,00.html.

The applicant must contact a local law enforcement agency, governmental agency, or private fingerprint agency to perform ink fingerprinting on a FBI fingerprint card (FD-258) or fingerprint cards from any other state or local agency (fingerprint cards must be on card stock). These fingerprint cards must be submitted for processing to one of vendors on the Michigan State Police's list of approved vendors. Contact the vendor directly regarding its process and the fee for submitting the fingerprint cards for processing.

Make a copy of the completed and signed Livescan Fingerprint Background Request form and submit that copy with the license application.

WHAT HAPPENS AFTER FINGERPRINTS ARE SUBMITTED

The law enforcement agency or private vendor will submit your fingerprints to the Michigan State Police for analysis.

If no criminal history is found, the Michigan Liquor Control Commission will be notified.

If criminal history is found, the Michigan State Police will send the record directly to the Michigan Liquor Control Commission for review.

QUESTIONS AND ADDITIONAL INFORMATION

For questions about the Livescan fingerprinting process, call the Michigan State Police at 517-241-0606.

An applicant may request a copy of his or her Criminal History Record Information (CHRI) response and may challenge the accuracy or completeness of any entry on the CHRI. The CHRI Appeal Information & Request Form (LCC-105a) contains information on how to request a copy of a CHRI and for the appeal process for challenging or correcting a CHRI response entry.

Please note: Fingerprints taken for any other agency will not fulfill fingerprint requirements for a liquor license in Michigan.

RI-030 (01/2019)
Michigan State Police

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273
COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.
Instructions: See page two.

I. Authorizing Information

1. Fingerprint Reason Code	2. Requestor/Agency ID	3. Agency Name	4. Individual ID (MNU-OA)
LL	1479J	MI Dept of Licensing & Regulatory Affairs - Liquor Control	

II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.

1a. Last Name	1b. First Name	1c. Middle Initial	1d. Suffix
SIPEOLU	MATILDA	IYABODE	MRS

2. Any Alternative Names, Last Names, or Aliases	3. Social Security Number (Optional)
N/A	

4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number	7. Driver's License / State ID Number	8. Issuing State
NIGERIA	[redacted]	5175748823		10/16/2020

9. Home Address	10. City	11. State	12. ZIP Code
	LANSING	MI	48917

13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color

III. Live Scan Information

1. Date Printed	2. Picture ID Type Presented	3. Transaction Control Number (TCN)	4. Live Scan Operator*

*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.

IV. Privacy Act Statement

Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

V. Procedure to Obtain a Change, Correction, or Update of Identification Records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

VI. Consent

I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature:	Date:
	06/01/2024

Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
Toll-Free: 866-813-0011 - www.michigan.gov/lcc

Retailer License & Permit Application

Before you begin filling out the attached application, please review this checklist for the applicable forms and documents you will need to submit with your completed application form.

The attached LCC-100 form will automatically calculate fees when opened using Adobe Acrobat Reader. The form's functionality may not work with third-party PDF readers. You may download a free copy of Adobe Acrobat Reader on the Adobe website: https://get.adobe.com/reader/

Are you transferring stock or membership interest? If yes, use the License Interest Transfer Application (LCC-101).

- ☐ Completed Retail License & Permit Application (Form LCC-100, attached)
- ☐ Livescan Fingerprint Form* (attached)
- ☐ Inspection, License, and Permit Fees
- ☐ Corporate Documents (see list below) - Submit for the applicant company, and if the applicant company has multiple levels of ownership structure in which stockholders or members are also companies, submit the applicable documents listed below for any stockholder or member companies to the third level of ownership - for example: applicant company > stockholder/member (level 1) > stockholder/member (level 2) > stockholder/member (level 3).
- ☐ Multi-Tier Organizational Chart - If the applicant company has more than three levels of ownership structure please provide an organizational chart that shows all the levels of ownership to individual people, including trusts.
- ☐ Local Government Authorization (Form LCC-106) - **For a new on-premises license only**
- ☐ Purchase agreement - **For the transfer of ownership of a license**
- ☐ Property document (lease, deed, land contract, etc.)
- ☐ New Specially Designated Merchant license documents - **For a new Specially Designated Merchant license only** (see page 3)
- ☐ New On-Premises Resort License Questionnaire (LCC-109a) or New On-Premises Redevelopment or Development District License Questionnaire (LCC-109b) - **For a new on-premises Resort, Redevelopment, or Development District license only**

If applicant is a corporation also include (pursuant to R 436.1109):
If any of the stockholders of the applicant are corporations or limited liability companies, also submit a copy of the documents listed below for those companies (except for the Certificate of Authority to Do Business in Michigan, which is required for the applicant only).

- ☐ Report of Stockholders/Member/Partners (Form LCC-301)
- ☐ Copy of Articles of Incorporation filed with the Corporations Division of the Department of Licensing & Regulatory Affairs
- ☐ Current Certificate of Good Standing from the state where incorporated and Certificate of Authority to Do Business in Michigan, if incorporated outside of Michigan.
- ☐ Certified copy of the minutes of a meeting of its board of directors or a statement signed by an officer of the corporation naming the persons authorized by corporate resolution to sign the application and other documents required by the Commission or Part 3 of Form LCC-301.

If applicant is a limited liability company also include (pursuant to R 436.1110):
If any of the members of the applicant are corporations or limited liability companies, also submit a copy of the documents listed below for those companies (except for the Certificate of Authority to Do Business in Michigan, which is required for the applicant only).

- ☐ Report of Stockholders/Member/Partners (Form LCC-301)
- ☐ Copy of Articles of Organization filed with the Corporations Division of the Department of Licensing & Regulatory Affairs
- ☐ Copy of the operating agreement or bylaws of the applicant company
- ☐ Current Certificate of Authority to Do Business in Michigan, if the LLC is a non-Michigan LLC.
- ☐ Statement signed by a manager of the limited liability company or by at least 1 member if management is reserved to the members naming the person authorized to sign the application and other documents required by the Commission or Part 3 of Form LCC-301.

*Fingerprints are required for applicants that are not currently licensed by the MLCC and will hold 10% or more interest in a license or applicant entity.

Schedule A - Licenses, Permits, & Permissions

Applicant name:

Off Premises License Type:

New	Transfer		Base Fee:	Fee Code MLCC Use Only
☐	☐	SDM License	$100.00	
☐	☐	SDD License	$150.00	
☐	☐	Resort SDD License	Upon Licensure/$150.00	

Resort SDD Licenses may only be issued in governmental units having a population of 50,000 or less

Off Premises Permits:

		Base Fee:
☐	Sunday Sales Permit (AM)*	$160.00
☐	Sunday Sales Permit (PM)** *(Held with SDD License)*	$22.50
☐	Catering Permit	$100.00
☐	Secondary Location Permit - Complete Form LCC-201	
☐	Beer and Wine Tasting Permit	No charge
☐	Living Quarters Permit	No charge

On/Off Premises Permission Type:

		Base Fee:
☐	Off-Premises Storage	No charge
☐	Direct Connection(s)	No charge
☐	Motor Vehicle Fuel Pumps	No charge

*Sunday Sales Permit (AM) allows the sale of liquor, beer, and wine on Sunday mornings between 7:00am and 12:00 noon, if allowed by the local unit of government.

**Sunday Sales Permit (PM) allows the sale of liquor on Sunday afternoons and evenings between 12:00 noon and 2:00am (Monday morning), if allowed by the local unit of government. No Sunday Sales Permit (PM) is required for the sale of beer and wine on Sunday after 12:00 noon. The Sunday Sales Permit (PM) fee is 15% of the fee for the license that allows the sale of liquor. Additional bar fees and B-Hotel room fees are also calculated as part of the permit fee.

Licenses, permits, and permissions selected on this form will be investigated as part of your request. Please verify your information prior to submitting your application, as some licenses, permits, or permissions cannot be added to your request once the application has been sent out for investigation by the Enforcement Division.

Inspection, License, Permit, & Permission Fee Calculation

Number of Licenses: _____ x $70.00 Inspection Fee

Total Inspection Fee(s): _____

Total License Fee(s): _____

Total Permit Fee(s): _____

TOTAL FEES DUE: _____

Please note that requests to transfer SDD licenses will require the payment of additional fees based on the seller's previous calendar year's sales. These fees will be determined prior to issuance of the license to the applicant.

Make checks payable to **State of Michigan**

On Premises License Type:

New	Transfer		Base Fee:	Fee Code MLCC Use Only
☐	☐	B-Hotel License	$600.00	
		Number of guest rooms: _____		
☐	☐	A-Hotel License	$250.00	
		Number of guest rooms: _____		
☒	☐	Class C License	$600.00	
☐	☐	Tavern License	$250.00	
☐	☐	Resort License	Upon Licensure	
☐	☐	DDA/Redevelopment License	Upon Licensure	
☐	☐	Brewpub License	$100.00	
☐	☐	G-1 License	$1,000.00	
☐	☐	G-2 License	$500.00	
☐	☐	Aircraft License	$600.00	
☐	☐	Watercraft License	$100.00	
☐	☐	Train License	$100.00	
☐	☐	Continuing Care Retirement Center License	$600.00	
		☐ MCL 436.1545(1)(b)(i) ☐ MCL 436.1545(1)(b)(ii)		

B-Hotel or Class C Licenses Only:

☐ ☐ Additional Bar(s)

Number of Additional Bars: _____

B-Hotel or Class C licenses allow licensees to have one (1) bar within the licensed premises. A $350.00 licensing fee is required for each additional bar over the one (1) bar initially issued with the license.

On Premises Permits:

		Base Fee:
☒	Sunday Sales Permit (AM)*	$160.00
☒	Sunday Sales Permit (PM)**	
☒	Catering Permit	$100.00
☐	Banquet Facility Permit - Complete Form LCC-200	

A Banquet Facility Permit is an extension of the license at a different location. It may have its own permits and permissions. It is not a banquet room on the licensed premises.

☒	Outdoor Service	No charge
☒	Dance Permit	No charge
☒	Entertainment Permit	No charge
☒	Extended Hours Permit:	No charge

◉ Dance ○ Entertainment Days/Hours: M/S 11 AM /2PM

☐ Specific Purpose Permit: No charge

Activity requested: _____

Days/Hours requested: MON /SUNDAY 11 AM- 2AM

☐	Living Quarters Permit	No charge
☐	Topless Activity Permit	No charge

Schedule B - New Specially Designated Merchant (SDM) License Supplemental Application - New SDM License Applications ONLY

Applicant name:

Effective January 4, 2017 pursuant to MCL 436.1533(5), Specially Designated Merchant (SDM) licenses are quota licenses based on one (1) SDM license for every 1,000 of population in a local governmental unit. MCL 436.1533 provides for several exemptions from the quota for qualified applicants. Please carefully read the requirements in the boxes below, selecting the applicable approved type of business option(s) from Section 1 and an applicable new SDM license quota option from Section 2.

Section 1 - Requirements to Qualify as Approved Type of Business for New SDM License Applicants

Applicant must meet one (1) or more of the following conditions (check those that apply to your business):

- ☐ a. Applicant holds and maintains retail food establishment license or extended retail food establishment license under the Food Law of 2000, MCL 289.1101 to MCL 289.8111.
- ☐ b. Applicant holds or has been approved for Specially Designated Distributor (SDD) license.
- ☐ c. Applicant holds or has been approved for an on-premises license, such as a Class C, A-Hotel, B-Hotel, Tavern, Club, G-1, or G-2 license.

Section 2 - Quota Requirements for New SDM License Applicants

Applicant must qualify under one of the following sections of the Liquor Control Code regarding the SDM quota:

- ☒ a. Applicant is an applicant for or holds a Class C, A-Hotel, B-Hotel, Tavern, Club, G-1, or G-2 license.
  MCL 436.1533(5)(a) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ b. Applicant's establishment is at least 20,000 square feet and at least 20% of gross receipts are derived from the sale of food.
  MCL 436.1533(5)(b)(i) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ c. Applicant's establishment is a pharmacy as defined in the Public Health Code, MCL 333.17707.
  MCL 436.1533(5)(b)(ii) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ d. Applicant's establishment qualifies as a marina under MCL 436.1539.
  MCL 436.1533(5)(e) - SDM license is exempt from SDM quota and license may be transferred to another location if the applicant complies with MCL 436.1539 at the new location.
- ☐ e. Applicant does not qualify under any of the quota exemptions or waiver listed above.
  MCL 436.1533(5) - Commission shall issue one (1) SDM for every 1,000 population in a local governmental unit and an unissued SDM must be available in the local governmental unit for the applicant to qualify. SDM license may be transferred to another location.

Documents Required To Be Submitted with New SDM License Application

In addition to the documents listed on the application checklist, the new SDM license applicant must submit the documents listed below, as applicable, with its application to comply with the requirements described above. Select one or more of the following:

- ☐ Copy of retail food establishment license or extended retail food establishment license for a SDM license. The name on the food establishment license must match the applicant name in Part 1 of this application form. *A food establishment license is not required for a SDM license to be issued in conjunction with a SDD license or an on-premises license.*
- ☐ If applying under Section 2b above, documentary proof that applicant's establishment is at least 20,000 square feet and at least 20% of gross receipts are derived from the sale of food.
- ☐ If applying under Section 2c above, a copy of the pharmacy license issued under the Public Health Code.

Part 6 - Contact Information

Provide information on the contact person for this application. Please note that corporations and limited liability companies must provide documentation (e.g. meeting minutes, corporate resolution) authorizing anyone other than the applicant or an attorney of record to be the contact person. If an authorization is not provided, your contact person will not be acknowledged if they are anyone other than the applicant or attorney.

What is your preferred method of contact?			○ Phone ○ Mail ◉ Email ○ Fax
What is your preferred method for receiving a Commission Order?			◉ Mail ○ Email ○ Fax
Contact name: oluwaseun sipeolu		Relationship: SON	
Mailing address: [redacted]			
City: LANSING	State: MI	Zip Code: 48910	
Phone: [redacted]	Fax number:	Email: [redacted]	

Part 7 - Attorney Information (If You Have An Attorney Representing You For This Application)

Attorney name:		Member Number: P-	
Attorney address:			
Phone:	Fax number:	Email:	
Would you prefer that we contact your attorney for all licensing matters related to this application?			○ Yes ○ No
Would you prefer any notices or closing packages be sent directly to your attorney?			○ Yes ○ No

Part 8 - Signature of Applicant

Be advised that the information contained in this application will only be used for this request. This section will need to be completed for each subsequent request you make with this office.

Notice: When purchasing a license, a buyer can be held liable for tax debts incurred by the previous owner. Prior to committing to the purchase of any license or establishment, the buyer should request a tax clearance certificate from the seller that indicates that all taxes have been paid up to the date of issuance. Obtaining sound professional assistance from an attorney or accountant can be helpful to identify and avoid any pitfalls and hidden liabilities when buying even a portion of a business. Sellers can make a request for the tax clearance certificate through the Michigan Department of Treasury.

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 Michigan Liquor Control Commission 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 license for the sale of alcoholic liquor on the licensed premises.

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 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.

MATILDA SIPEOLU	sipeolum [redacted]	06/01/2024
Print Name of Applicant & Title	Signature of Applicant	Date

Please return this completed form along with corresponding documents and fees to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Hand deliveries: Constitution Hall - 525 W. Allegan Street, Lansing, MI 48933
Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906
Fax to: 517-284-8557

Part 5a - Information on Individual Applicant, Stockholder, Member, or Limited Partner
Each individual, stockholder, member, or partner must complete Part 5a, 5b, and 5c. If a stockholder or member of an applicant company is a corporation or limited liability company, complete Part 5a and 5c and submit a completed Form LCC-301.

For applications with multiple individuals, stockholders, members, or partners - each person or entity must complete a separate copy of this page.

Name: MATILDA SIPEOLU			
Home address: [redacted]			
City: LANSING		State: MI	Zip Code: 48917
Business Phone: 5178035226	Cell Phone: [redacted]	Email: [redacted]	

Have you ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you currently hold an interest in any other licenses issued by the MLCC? If **Yes**, please list business ID numbers below. If you hold interest in 2 or more locations under the same name, please also write "chain" below. *Pursuant to MCL 436.1603, a retailer licensee may not hold interest in a manufacturer or wholesaler licensee.* ○ Yes ◉ No

Do you hold 10% or more interest in the applicant entity? ◉ Yes ○ No

If you answered "no" to the first question and "yes" to the second question, you must submit fingerprints and undergo an investigation by the MLCC. Please see the attached instructions for submitting fingerprints to the MLCC. You must submit a copy of the completed and endorsed "Livescan Fingerprint Background Request" with your application.

Part 5b - Personal Information (Individuals) - *Must be at least 21 years of age, pursuant to administrative rule R 436.1105(1)(a).*

Date of Birth: [redacted]	Social Security Number: [redacted]	Driver's License Number: [redacted]

Are you a citizen of the United States of America? ◉ Yes ○ No

Have you ever legally changed your name? ○ Yes ◉ No

If you answered "yes", please list your prior name(s) (including maiden):

Spouse's full name (if currently married):

Spouse's date of birth:	Is your spouse a citizen of the United States of America? ○ Yes ◉ No

Do you or your spouse hold any position, either by appointment or election, which involves the duty to enforce any penal law of the United States of America, or the penal laws of the State of Michigan, or any penal ordinance or resolution of any municipal subdivisions of the State of Michigan? ○ Yes ◉ No

Does your spouse hold a retail, manufacturer, or wholesaler license issued by the MLCC? ○ Yes ◉ No

Have you ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If **Yes**, list below (attach additional pages if necessary): ○ Yes ◉ No

Date	City/State	Charge	Disposition

Has your spouse ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If **Yes**, list below (attach additional pages if necessary): ○ Yes ◉ No

Date	City/State	Charge	Disposition

Part 5c - Signature
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 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. (This form must be signed by the person whose information it contains).

MATILDA SIPEOLU	sipeolum [redacted]	06/01/2024
Print Name		Date

Additional Applicant Information*:

- ❑ Completed New On-Premises Development District License Questionnaire (LCC-109b)
- ❑ Completed Retailer License & Permit Application (LCC-100)
- ❑ Completed City of Lansing Treasury Information Request Form
- ❑ Completed City of Lansing Litigation Affidavit
- ❑ $1,500 Application Fee: Lansing Economic Development Corporation (LEDC)
- ❑ Completed IRS Form W-9 for Applicant Entity
- ❑ Proof of ownership of the property where Development Liquor License is requested (a copy of the deed).
  - ❑ If not the owner of subject address, please provide a valid copy of the signed and executed lease.
- ❑ Proof that at least $75,000 worth of personal and or real property improvements to the subject address has been made within the previous five (5) years.
  *If $75,000 has not been expended on the subject address please sign statement below that you agree to make such expenditures prior to any issuance of a Development Liquor License.

**Additional information may be required of the applicant to process the request.* (Signature page follows.)

I, the undersigned, state that, to the best of my knowledge, am current on all City of Lansing and State of Michigan taxes, personal and real, as they pertain to the property and entity located at the address indicated above, and that, failure to remain current on all taxes, personal and real, may result in the denial of application, or revocation of any issued Development Liquor License.

Signature [redacted] Date 06/17/24

Print Name_MATILDA SIPEOLU_____

***I, the undersigned, commit to making expenditures equal to or in excess of $75,000 relating to real and personal property at the address indicated above, having not done so in any of the previous five years, prior to the issuance of any Development Liquor License.**

Signature [redacted] Date 06/17/24

Print Name MATILDA SIPEOLU_____

Application for Development District Liquor License – City of Lansing

To apply for a Development District Liquor license, a business must be located in either a Business District listed below or in a City Redevelopment Area, as defined in Sec. 521a (2)(c)

- Tax Increment Finance Authority (TIFA) PA 450 of 1980
- Corridor Improvement Authority (CIA) PA 280 of 2006
- Downtown Development Authority (DDA) PA 197 of 1975
- Principal Shopping District (PSD) PA 120 of 1961

Per State Law, Development District Liquor Licenses require the following:

1. The amount expended for the rehabilitation or restoration of the building that houses the licensed premises shall be not less than $75,000 over a period of the preceding 5 years, or a commitment for a capital investment of at least that amount in the building that houses the licensed premises, which must be expended before the issuance of the license.
2. That the licensed business is engaged in dining, entertainment, or recreation, that is open to the general public, with a seating capacity of not less than 25 persons.

You should also be aware of the following:

- The initial enhanced license fee for licenses issued is $20,000.
- The licenses issued under the Development District Liquor License criteria may **not be** transferred to another location.
- If the licensee goes out of business, the licensee shall surrender the license to the Commission. The governing body of the local governmental unit may approve another applicant within the redevelopment project area or development district area to replace a licensee who has surrendered the license to the Commission.
- Do not invest any money in improvements or bind yourself in any agreements until you have been officially notified by the Michigan Liquor Control Commission that your request has been approved.
- The individual signing the application shall state and demonstrate that they attempted to secure an appropriate on-premises escrowed license first or quota license which may be available within the local unit of government in which the applicant proposes to operate.

The Lansing Economic Development Corporation (LEDC) will receive, process, and represent an application for a development liquor license for the initial approval through City Council. Once City Council has approved the application it is the applicant's responsibility to carry out the remaining application process with the State Liquor Control Commission.

There is a local fee of $1,500 per application, due to LEDC at the time of application.

Please return the completed and signed application form along with corresponding documents to:

Lansing Economic Development Corporation (LEDC)
401 S. Washington Sq. Ste 101
Lansing, MI 48933

Applicant and Property Information

Address to be licensed: . 221 S WASHINGTON SQUARE LANSING MICHIGAN 48901

Applicant's Legal Entity Name: M & S 1 LLC

FEIN #: [redacted]

Doing business as: *(if applicable)*

Contact Name: OLUWASEUN SIPEOLU

Phone #: 517 803 5226

Email Address: mbalansing@gmail.com

Seating Capacity: 46

Usage: RESTAURANT

(circle all that apply) Dining | Entertainment | Recreation

Please write a brief description of your business below and why you would like to apply for a development liquor license:

It is time to showcase West African/ Caribbean food in the capital city of Lansing. We want West African food to be an option when families and friends want to dine out on a Friday night in downtown Lansing, We want to bring culture, Love and vibe to the City of Lansing.

Please fill out the following:

Estimated Private Investment: $70000

Estimated Jobs Created: 10

Estimated Jobs Retained: 7

CITY OF LANSING
DEVELOPMENT DISTRICT LIQUOR LICENSE
221 S. WASHINGTON SQ. REDEVELOPMENT PROJECT (JOLLOF AFRO CARIBBEAN LOUNGE)
PROPOSED APPROVAL PROCESS SCHEDULE

DATE	BOARD/ COMMITTEE	ACTION	ATTENDANCE BY APPLICANT
By July 2nd, 2024	City/LEDC	Submitted by Applicant: DDA Application and Attachments	
July 8, 2024 7:00PM	Lansing City Council	Council Receives Resolution for DDA Liquor License and refers to the Committee on City Operations	
July 17, 2024*	Committee on City Operations	Applicant presents to Committee on request/project. Committee recommends approval of DDA Liquor License to City Council	YES
July 22, 2024 7:00PM	City Council Meeting	City Council Approves DDA Liquor License	YES
Following Council Approval		City Assessor completes Investment Affidavit, Clerk completes Local Govt. Approval Form (LCC-106), and DDA approval package is provided to Applicant and MLCC.	

Resolution #2024-###

By the Committee on City Operations

Resolved by the City Council of the City of Lansing

WHEREAS, in 2006 in an effort to promote economic development in qualifying communities, the Michigan Legislature passed Act 501 of the Public Acts of 2006, being Section 521a of the Michigan Liquor Control Code of 1998, being MCL 436.1521a, which established the criteria for Development District or Area Liquor Licenses; and

WHEREAS, through the provisions of Public Act 501 of 2006, as amended ("Act") the Michigan Liquor Control Commission (LCC) may issue new public on-premises liquor licenses in order to allow cities to enhance the quality of life for their residents and visitors to their communities; and

WHEREAS, the issuance of a Development District Liquor License under Section 521a(1)(b) of the Act requires a proposed licensed premises to be located in one of the development districts or areas listed in MCL 436.1521a(1)(b); and

WHEREAS, pursuant to Public Act 120 of 1961 for Principal Shopping Districts, the Lansing City Council created the Lansing Principal Shopping District by Resolution in 1996 which is listed as a qualifying development district or area under MCL 436.1521a(1)(b); and

WHEREAS, the City of Lansing received a request from M&S1, LLC. DBA, JOLLOF AFRO CARIBBEAN LOUNGE ("Applicant") regarding its intention to apply to the Michigan Liquor Control Commission for a new Class C Development District or Area Liquor License for its business located at 221 S. Washington Square, Lansing, MI 48933 ("Proposed Licensed Premises") which is located within the Lansing Principal Shopping District; and

WHEREAS, the Applicant has affirmed that the Proposed Licensed Premises meets the statutory requirements for a Development District or Area Liquor License under the Act including 1) that its business must be engaged in activities of dining, entertainment, or recreation, and 2) the licensed business must be open to the general public and have a seating capacity of not less than 25 persons; and

WHEREAS, the Applicant will provide evidence with its application that it can document the expenditure to the Michigan Liquor Control Commission, of not less than $75,000.00 in the rehabilitation or restoration of the building that will house the licensed premises over a period of the preceding five (5) years or a commitment for a capital investment of at least that amount in the building that houses the licensed premises, which must be expended before the issuance of the license, as required by the Act; and

WHEREAS, the Committee on City Operations met on **[INSERT DATE]**, to review the request with affirmative action taken;

WHEREAS, the Applicant has been informed that licensure of the Proposed Licensed Premises will be subject to approval by the Michigan Liquor Control Commission.

NOW, THEREFORE, BE IT RESOLVED, that City Council recommend for the reasons stated above that the Michigan Liquor Control Commission consider the request from M&S1, LLC. DBA, JOLLOF AFRO CARIBBEAN LOUNGE, for a new Class C License issued under the provisions of MCL 436.1521a(1)(b) for its business located at 221 S. Washington Square, Lansing, MI 48933.

BE IT FURTHER RESOLVED, the City Council affirms that the Proposed Licensed Premises, 221 S. Washington Square, Lansing, MI 48933 is within the established boundaries of the Lansing Principal Shopping District; and

BE IT FURTHER RESOLVED, the City Council directs the City Assessor to verify via an Affidavit the total amount of public and private investment in real and personal property within the Lansing Principal Shopping District amounts to $200,000.00 or more over the preceding 5 years.

BE IT FURTHER RESOLVED, the Applicant meets the qualifications of Lansing's City Liquor Ordinances, and those required under MCL 436.1521a(1)(b) and that the license is approved "Above all others."

BE IT FINNALLY RESOLVED, the City Council directs the City Clerk to complete the Local Governmental Unit Approval Form (LCC-106) for the specific license approval of a New Class C license issued under MCL 436.1521a(1)(b) and to forward a copy of the certified form and this resolution to M&S1, LLC. DBA, JOLLOF AFRO CARIBBEAN LOUNGE, and the Michigan Liquor Control Commission.