

SMOKING LOUNGE LICENSE APPLICATION

I. APPLICANT INFORMATION

Applicant full legal name: _____ DOB: __/__/____
Phone: _____ Fax: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Drivers' License or Alt. ID#: _____ Exp. Date: __/__/____
Manager/Local Agent's full legal name: _____ DOB: __/__/____
Phone: _____ Fax: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Drivers' License or Alt. ID#: _____ Exp. Date: __/__/____

II. BUSINESS INFORMATION*

Business name: _____ Type: _____
Address: _____ City: _____ State: _____ Zip: _____
Parcel ID #: K-11- _____ Zoning District: _____
Lot Number: _____ Subdivision: _____

*If the business is a corporation, limited liability company or partnership, attach additional pages for each person with an influential interest in the business.

III. FEES

Total: \$ _____	Breakdown of fee:	License application fee:	\$200
		Annual inspection:	\$150
		Re-inspection:	\$50

IV. RELEVANT HISTORY

Provide any Smoking Lounge operating experience (list name of lounge, address and number of years of experience): _____

Have you ever been convicted or pled no contest (nolo contendere) to any of the disqualifying criminal acts listed in our Code of Ordinances, Chapter 22, Article VII?

- YES
 NO

If yes, state when and where: _____

Have you ever had a license revoked under the penalty provision of the Michigan Liquor Control Code, PA 58 of 1998?

- YES
 NO

If yes, state when and where: _____

In the past seven (7) years, has any business in which you have had an influential interest, as defined in Code of Ordinances, Chapter 22, Article VII, ever been:

1. Declared by a court of law to be a nuisance, as defined under the Revised Judicature Act, MCL 600.3801.

- YES
 NO

2. Subject to a court order of closure or padlocking.

- YES
 NO

**Charter Township of Ypsilanti
Office of Community Standards**

7200 S. Huron Drive, Ypsilanti, MI 48197

Phone: (734) 485-3943

Website: <https://ytown.org>

**SMOKING LOUNGE
LICENSE APPLICATION**

I, _____ hereby consent to Ypsilanti Township running a criminal background check.

Applicant signature

Date

I certify that the above statements are true and correct, and that I have provided a statement of the proposed operation on the following page.

Applicant signature

Date

OFFICE USE ONLY

STATE OF MICHIGAN

)ss

COUNTY OF WASHTENAW

The foregoing instrument was acknowledged before me this day of _____, by _____
_____ the _____ of _____,
a Michigan _____.

_____, Notary Public

_____, Washtenaw County

Acting in _____ County

My commission expires: _____

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PARTNERSHIP/CORPORATION APPLICATION INSTRUCTIONS:

If the applicant is a partnership, each active partner shall join in the application for the license, and shall furnish all the necessary information and recommendations required of an individual applicant, attach additional pages if necessary.

If the applicant is a corporation authorized to do business in this State, the agent of the corporation who will have principal charge of the premises established shall make the application, and the application shall contain all of the facts and recommendations required in the case of an individual. The license issued to a corporation is revocable upon a change in the agent managing the premise, and a new license may be required by the Township Board of the Charter Township of Ypsilanti before a new agent may take charge of the premise.

If the applicant is a limited liability company, the name and address of each member, manager and assignee of a membership interest shall be listed, and the articles of organization shall be attached to the application.

DATE ROUTED TO DEPARTMENTS FOR INVESTIGATIONS: _____

Department	Approved	Disapproved	Signature	Date
OCS Director				
Building Official				
Planning Director				

DATE LICENSE ISSUED BY TOWNSHIP CLERK’S OFFICE: _____

STATEMENT OF PROPOSED OPERATION

Please use this template as a specific guide to explaining the scope of your project. This required information will assist all individuals, departments, and agencies in their review and drafting of their comments, conditions and suggestions. Our goal is to facilitate an accurate and complete description of your project in order to avoid unnecessary delays in gathering additional information. This form must be completed and submitted with your application

Project description:

Is being submitted by _____ of _____
pertaining to property located at _____.

The proposed hours of operation are from _____ to _____ on _____

Other facts pertinent to this project are as follows: (Please describe your operation in as much detail as possible including anticipated traffic- customers, deliveries, special events, number of employees, required equipment, on-site storage, noise generation, any hazardous materials or adequate parking available onsite, etc.)

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All Smoking Lounge License Applications	
<input type="checkbox"/> The application is filled out in its entirety and includes all necessary signatures	<input type="checkbox"/> Copy of State Exemption Certificate (NOD)
<input type="checkbox"/> Two (2) copies (front and back) of applicant's drivers' license or alternative identification	<input type="checkbox"/> Copy of Lease
<input type="checkbox"/> Statement of Proposed Operation	<input type="checkbox"/> Copy of Sales Tax License
<input type="checkbox"/> Fees	<input type="checkbox"/> Copy of Washtenaw County Health Department approval for food service, if applicable
If applicant is a partnership:	
<input type="checkbox"/> Each active partner shall join in the application for the license and furnish all necessary information and recommendations required of each individual applicant	
<input type="checkbox"/> Additional pages for each person with an influential interest in the business are attached	
If applicant is a corporation:	
<input type="checkbox"/> The agent who will have principal charge of the premises established shall make the application	
<input type="checkbox"/> The application shall contain all of the facts and recommendations required in the case of an individual	
<input type="checkbox"/> Additional pages for each person with an influential interest in the business are attached	
If the applicant is a limited liability company:	
<input type="checkbox"/> Name and address of each member, manager and assignee of a membership interest shall be listed	
<input type="checkbox"/> Articles of organization shall be attached	
<input type="checkbox"/> Additional pages for each person with an influential interest in the business are attached	