

*Application must be submitted to the City prior to sending to LCC at least 30 days prior to your event.*

**Contact & Event Information:**

Applicant's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Organization's Name: \_\_\_\_\_

Event Location (*must be within the City limits*): \_\_\_\_\_

Event Date(s): \_\_\_\_\_

**Special Liquor License**  
*(Nonprofits)*

**Required items to submit:**

- \_\_\_ City application
- \_\_\_ \$25 non-refundable application fee
- \_\_\_ Liquor Control Commission form  
*(completed, signed and notarized)*  
Make sure you are using the latest application form by visiting [www.michigan.gov/lcc](http://www.michigan.gov/lcc)
- \_\_\_ Diagram *(if event held outdoors)*
- \_\_\_ Resolution or minutes from board approving application for special license *(certified copy)*
- \_\_\_ Bond and Power of Attorney *(completed, signed and notarized)*
- \_\_\_ Proof of nonprofit status

**Temporary Liquor License**  
*(Current Liquor Licensee)*

**Required items to submit:**

- \_\_\_ City application
- \_\_\_ \$25 non-refundable application fee
- \_\_\_ Liquor Control Commission form  
*(completed, signed and notarized)*  
Make sure you are using the latest application form by visiting [www.michigan.gov/lcc](http://www.michigan.gov/lcc)
- \_\_\_ Diagram *(if event held outdoors)*
- \_\_\_ Lease/written permission (private property) or agreement (City property) for outdoor event on property not owned by licensee
- \_\_\_ If on City property, copy of required insurance policy with appropriate liquor liability

**SUBMISSION OF APPLICATION**

1. Submit above items at least **30 days** prior to your event to the Port Huron City Clerk's Office, First Floor, 100 McMorran Blvd., Port Huron, MI 48060. The City cannot guarantee approval will be given in time for your event if not submitted 30 days prior.

**QUESTIONS?**

1. City application - City Clerk's office at (810) 984-9725, Ext. 0.
2. Liquor Control Commission form - (866) 813-0011.
3. Processing -- Police Department will review, sign and contact applicant when packet is ready to be picked up.

**Below for office use only**

Approvals

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_ Inc. Tax. Adm.: \_\_\_\_\_ Date: \_\_\_\_\_