



Michigan Department of Licensing and Regulatory Affairs
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)

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Lansing, MI 48909-7505
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www.michigan.gov/lcc

VIOLATION REPORT

(Authorized by P.A. 58 of 1998)

* Please obtain the **License No., and Business ID No.**, directly from the liquor license*

License No. _____ Business ID No. _____

1. Name of Licensee _____ 2. Doing Business As _____

3. Mailing Address (street, city, zip code) _____

4. Township/Village _____ 5. County _____

6. Type of License(s) & Permit(s)

7. Date of Violation _____ Hour _____ AM PM

8. Violation Type
- | | |
|------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Minor | <input type="checkbox"/> After Hour's sales/consumption |
| <input type="checkbox"/> Intoxicated Person | <input type="checkbox"/> Fighting, (Must be inside licensed premises) |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Failure to Cooperate |
| <input type="checkbox"/> Controlled Substances | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> Prohibited Conduct | |

If MINOR: Birth Date _____ Was this a DECOY? Yes No if no, you MUST answer below:

If above minor violation was NOT a decoy describe enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report #

Officer Signature _____ Name and Title (print) _____

Officer Signature _____ Name and Title (print) _____

Department Name _____ Phone No. _____

WITNESSES

1. Name _____ Address _____

Will testify to:

2. Name _____ Address _____

Will testify to:

3. Name _____ Address _____

Will testify to:

4. Name _____ Address _____

Will testify to:

5. Name _____ Address _____

Will testify to:

Location Evidence Held (Explain):

Provide List of Evidence: