



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

## **Application for Certification as Authorized Distribution Agent General Information**

An Authorized Distribution Agent (ADA) is a certification issued by the Commission to a company that acts as a delivery agent for spirit products pursuant to [MCL 436.1205](#) and administrative rule R 436.1802. The Commission is the wholesaler of spirit products in Michigan and the ADAs provide logistical support to the Commission for warehousing and delivering spirits products to retailers throughout the state.

An ADA must have a written agreement with Vendors of Spirits (suppliers) to deliver spirit products to retailer-tier licensees and must have an adequate warehouse facility located in Michigan that can ensure delivery to all retailer licensees in Michigan. The ADA delivers spirit products that are ordered from the Commission and collects payment on behalf of the Commission. An ADA may also be licensed as a Wholesaler, but may not have any interest in a retailer-tier license or a Vendor of Spirits.



**Before beginning the application process, an interested applicant must first read and understand the requirements for Authorized Distribution Agents presented in the Authorized Distribution Agent Information Book**

The Authorized Distribution Agent Information Book is several hundred pages long and contains detailed information on the requirements and expectations that a company that is certified as an Authorized Distribution Agent (ADA) must perform to comply with the requirements in the Liquor Control Code, administrative rules, and Commission administrative orders. Companies that are interested in applying for certification as an ADA must first review and understand the requirements presented in the informational book before submitting an application for certification.

The Authorized Distribution Agent Information Book may be accessed on the Commission's website in PDF format. Due to the size of the book, it has been separated into two parts that you may access through the following links:

[Authorized Distribution Agent Information Book - Part 1](#)

[Authorized Distribution Agent Information Book - Part 2](#)



## Application for Certification as Authorized Distribution Agent

### 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:

Address:

City:	State:	Zip Code:
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Doing business as name (D/B/A):  
(if different from name above)

Applicant is (check one):     Individual     Corporation     Limited Liability Company

*If applicant is a corporation also include:*

- 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

*If applicant is a limited liability company also include:*

- Copy of Articles of Organization filed with the Corporations Division of the Department of Licensing & Regulatory Affairs
- Current Certificate of Authority to Do Business in Michigan, if the LLC is organized outside of Michigan

1. If you have a written contract for warehousing and distribution with a Vendor of Spirits (supplier) or a subcontract with another Authorized Distribution Agent (ADA) please submit a copy of the contract with this application. You must submit a written contract prior to certification if you do not have a written contract when you submit your application.

2. Briefly describe your business experience (attach additional pages if necessary):

3. You must provide your technical plan for importation, transportation, warehousing, and delivery of spirits in the State of Michigan with this application. Listed below are some critical elements to include in your technical plan:

- In your plan provide the addresses of all facilities to be used for warehousing and distribution. Include whether these facilities are owned or leased. If they are leased, provide a copy of the lease agreement for each facility with this application.
- Also provide a physical description of the facilities (e.g. square footage, security measures, etc.). Describe areas of the building you share with other occupants of any direct connections to areas controlled or occupied by other parties.
- For each facility, you should also include such information as: the number of receiving and shipping docks; the number of employees; the number and type of trucks and other equipment; a detailed delivery plan, including territories covered; a separate list of the brands to be distributed for each supplier; and, any other pertinent information.
- As you prepare your plan, please note that you may not charge retailer licensees a delivery fee or split case fee.

**Part 2 - Background Information on Applicant**

List the names of all stockholders (excluding stockholders of publicly traded companies), corporate officers, directors, members, managers, or investors. Each individual or entity listed in sections 1, 2a, or 2b below must complete a separate copy of Parts 3a, 3b, and 3c on page 3. A stockholder or member that is a corporation or limited liability company must complete a separate copy of Part 2 listing all of its stockholders or members and each of those stockholders or members must complete a separate copy of Parts 3a, 3b, and 3c on page 3. These steps must be completed for each tier of ownership in the applicant entity.

1. Applicant, stockholder, member, or investor name:

2a. Corporations - Please complete this section and attach additional pages if more space is needed.

Name and address of all stockholders:	No. of Shares Issued:	Date Issued/Acquired:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and address of Corporate Officers and Directors, pursuant to administrative rule R 436.1109:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2b. Limited Liability Companies - Please complete this section and attach additional pages if more space is needed.

Name and address of all members:	Percent % Issued:	Date Issued/Acquired:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and address of Managers, pursuant to administrative rule R 436.1110:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. If the entity in section 1 above is a corporation or limited liability company, has it 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 3a - Information on Individual Applicant, Stockholder, or Member**

Each individual, stockholder, or member, 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. For applications with multiple individuals, stockholders, or members, each person or entity must complete a separate copy of this page.

Name:			
Home address:			
City:		State:	Zip Code:
Business Phone:	Cell Phone:	Email:	
Do you hold any interest in a supplier of spirits or a licensed retailer? <i>Pursuant to MCL 436.1205(3), an Authorized Distribution Agent <u>may not</u> hold interest in a supplier of spirits or a licensed retailer.</i> <input type="radio"/> Yes <input type="radio"/> No			
I hold interest in the applicant named in Part 1 as a: <input type="radio"/> Individual proprietor <input type="radio"/> Stockholder <input type="radio"/> LLC Member <input type="radio"/> LLC Manager <input type="radio"/> Corporate Officer <input type="radio"/> Investor			
Indicate the percentage of interest, or in the case of an investor, the dollar amount of the investment: _____ % of Interest      Amount of Investment - \$ _____			
State the names of joint owners in your interest, if any:			

**Part 3b - Personal Information (Individuals only) - 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:	<input type="radio"/> Male <input type="radio"/> Female
Are you a citizen of the United States of America?			<input type="radio"/> Yes <input type="radio"/> No
Have you ever legally changed your name?			<input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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?			<input type="radio"/> Yes <input type="radio"/> No
Does your spouse hold any interest in a supplier of spirits or a licensed retailer?			<input type="radio"/> Yes <input type="radio"/> No
Have you ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If <b>Yes</b> , list below (attach additional pages if necessary):			<input type="radio"/> Yes <input type="radio"/> 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 <b>Yes</b> , list below (attach additional pages if necessary):			<input type="radio"/> Yes <input type="radio"/> No
Date	City/State	Charge	Disposition
_____	_____	_____	_____

**Part 3c - 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).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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?				<input type="radio"/> Phone	<input type="radio"/> Mail	<input type="radio"/> Email	<input type="radio"/> Fax
What is your preferred method for receiving a Commission Order?				<input type="radio"/> Mail	<input type="radio"/> Email	<input type="radio"/> Fax	
Contact name:			Relationship:				
Mailing address:							
City:			State:		Zip Code:		
Phone:		Fax number:			Email:		

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

Attorney name:			Member Number: P-				
Attorney address:							
City:			State:		Zip Code:		
Phone:		Fax number:			Email:		
Would you prefer that we contact your attorney for all licensing matters related to this application?						<input type="radio"/> Yes	<input type="radio"/> No
Would you prefer any notices or closing packages be sent directly to your attorney?						<input type="radio"/> Yes	<input type="radio"/> 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.**

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.

\_\_\_\_\_  
Print Name of Applicant & Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return this completed form along with corresponding documents to:  
Michigan Liquor Control Commission  
Mailing address: P.O. Box 30005, Lansing, MI 48909  
Hand deliveries: Constitution Hall - 525 W. Allegan, Lansing, MI 48933  
Overnight packages: 2407 N Grand River, Lansing, MI 48906  
Fax to: 517-763-0053



## Minimum Insurance and Bond Requirements for Authorized Distribution Agents

### Insurance Coverages

The following types of insurance will be necessary to protect the State against claims resulting from your business and operations as a potential authorized distribution agent. It will be necessary that the State be an additional insured or a loss payee for these insurance coverages.

- **Property Insurance** to protect State owned assets which includes insurance on alcoholic beverages in storage or in transit.
- **Theft, Disappearance and Destruction Insurance** coverage to protect the State monies and securities both at and away from the designated warehouse(s).
- **Employee Dishonesty Coverage** to protect the State against employee theft.
- **General Commercial Liability** with a minimum amount of \$1,000,000.00 for each occurrence.
- **Vehicle Liability Insurance** to protect the State from litigation and liability due to vehicular accidents involving the Authorized Distribution Agent delivery vehicles transporting and delivering State products.

Specific amounts are not indicated on the coverage listed above, with the exception of the General Commercial Liability, as the necessary coverage to protect the State should be sufficient to cover the State's maximum potential loss at any given time. This will be dependent on the amount of State product and monies you will be handling based upon your contractual arrangements with suppliers of spirits. Therefore, please submit your proposals for minimum coverages and the names of the insurance companies to the address listed above for review.

It will also be necessary to provide verification that you carry **workers' compensation insurance** for your employees to protect the State from employee injury claims based upon the handling of State products.

### Bond Coverages

A bond must be maintained payable to the State of Michigan in an amount equal to the risk of loss to the State.

The risk of loss is determined on an individual basis which is formulated by a combination of the amount of lost sales that could accrue to the State over 10 business days due to the inability of the authorized distribution agent to fulfill its obligations under the certification. A copy of the bond form is enclosed for your reference. Please submit your proposal for the minimum amount of the bond and the name of the insurance company to the Michigan Liquor Control Commission for review.



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 Liquor Control Commission (MLCC)  
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 Mailing address: P.O. Box 30005, Lansing, MI 48909  
 Hand deliveries: Constitution Hall - 525 W. Allegan, Lansing, MI 48933  
 Overnight packages: 2407 N Grand River, Lansing, MI 48906

**Blanket Bond**

*Authorized by R 436.1802(9)*

**Continuous Bond No.** \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, that we \_\_\_\_\_  
 as Principal, and \_\_\_\_\_ as Surety, are held and firmly bound unto the People of the State of Michigan in the sum of \_\_\_\_\_ DOLLARS ( \_\_\_\_\_ ) to the payment of which sum, well and truly to be made, we bind ourselves, our executors, administrators, successors, and assigns jointly and severally, firmly by these presents.

Whereas, the Principal has been certified as an Authorized Distribution Agent of the Liquor Control Commission, Department of Licensing and Regulatory Affairs, State of Michigan, and has thereby agreed to warehouse and deliver certain alcoholic spirit products as specified under a contractual agreement with a supplier(s) or manufacturer(s).

Whereas the Principal will be responsible for the storage, handling, transport and delivery of spirit products, in its capacity as an Authorized Distribution Agent of the Liquor Control Commission, that are owned by the State of Michigan.

Now, therefore, the condition of this obligation is such that if the Principal shall faithfully perform the duties imposed upon him or her as a Authorized Distribution Agent of the Liquor Control Commission and comply with the administrative rules of the Liquor Control Commission regarding Authorized Distribution Agents, then this obligation shall be null and void; otherwise to remain in full force and effect. In no event shall the aggregate liability of the Surety exceed the penal sum of this bond.

The Surety may cancel the bond by sending thirty (30) days written notice to the Liquor Control Commission, Department of Licensing and Regulatory Affairs, State of Michigan.

SIGNED, SEALED, AND DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Attorney-In-Fact