

# Michigan Department of Licensing and Regulatory Affairs Liquor Control Commission (MLCC) Constitution Hall - 525 W. Allegan, Lansing, MI 48933

Toll-Free: 866-813-0011 – www.michigan.gov/lcc

### **Spirits Tasting Special License Rebate Form (LCC-113b)**

(Authorized under MCL 436.2029)

The information and documents submitted with this form will be used by the MLCC Financial Management Division to calculate the rebate pursuant to MCL 436.2028(4). If you have questions about this form, please contact the Financial Management Division at 517-284-6260

Part 1	<ul> <li>Spirits Tasting Special License Holder I</li> </ul>	nformation				
Spirit	s Tasting Special Licensee Name:					
Licen	see Address:					
City:		State:		Zip Code:		
Contact Name:		Phone:	Email:		l	
	– <b>Spirits Tasting Event(s) Information</b> dar Year Rebate	e may only be request	ed fo	event(s) in the pro	evious calendar year	. Rebate form must be
of Eve List D	ent(s): submit ate(s) of Events(s):	ted by March 1 of the	e year	following the cale	ndar year when the e	event(s) occurred.
Part 3	– Required Documents					
	<ul> <li>Completed spirits purchase information pages (see attached) that contain all of the following information: <ul> <li>(a) The date(s) of the event(s) for which the rebate is being requested.</li> <li>(b) The name and license number of the Specially Designated Distributor (SDD) licensee(s) from which the spirits were purchased.</li> <li>(c) The brand name listed in the MLCC price book for the spirits purchased.</li> <li>(d) The liquor code listed in the MLCC price book for the spirits purchased.</li> <li>(e) The purchase price of the spirits paid per bottle.</li> <li>(f) The number of bottles of spirits purchased, less any bottles returned pursuant to MCL 436.1609d.</li> </ul> </li> </ul>					
	Copy of the receipt(s) or invoice(s) that shows the date of purchase from the SDD licensee(s) and the price paid for the spirits and any products returned pursuant to MCL 436.1609d.					
l certify and be	Signature of Spirit Tasting Special Licent that the information contained in this formalief. I agree to comply with all requirementing false or fraudulent information is a viol	and the accompanyi ts of the Michigan Li	quor ( n Liqu	Control Code and or Control Code pu	administrative rules. ursuant to MCL 436.2	I also understand that
	Print Name & Title of Licensee		Sig	nature of Licensee	2	Date

Return this completed rebate form with the required documents to: Michigan Liquor Control Commission Mailing Address: P.O. Box 30005, Lansing, MI 48909 Overnight Deliveries: 2047 N. Grand River Ave., Lansing, MI 48906

Email: lara-mlcc-finance-information@michigan.gov

Fax: 517-763-0062

Complete separate spirits purchase information pages for each Specially Designated Distributor (SDD) licensee from which you purchased spirits for your event Spirits Tasting Special Licensee Name: Date of Event: **Specially Designated Distributor Specially Designated Distributor** (SDD) License Number: (SDD) Licensee Name: Enter (1) the brand name and (2) the liquor code listed in the MLCC price book on the MLCC website: www.michigan.gov/lara/bureau-list/lcc/spirits-price-book-info, (3) the purchase price paid per bottle, and (4) the number of bottles purchased less any bottles you returned to the Specially Designated Distributor licensee. (3) Purchase Price Per (4) Number of Bottles (2) Liquor Code (1) Brand Name **Purchased** Bottle 2 3 4 5 6 7 8 9 10 11

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