



Liquor License Application Form

Check One: Class C \_\_\_\_\_ Tavern \_\_\_\_\_ Transfer X

Class C - Allows the sale of beer, wine and liquor for on site consumption by customers
Tavern - Allows the sale of beer and wine only for on site consumption by customers

FEES: Class C\Tavern\Transfers - \$1,000.00

GENERAL INFORMATION:

Applicant's Name: BANANA LEAF, INC Title: Rajeeesh Vengilatt, President

Business Name: d/b/a ANCHOR BAR MICHIGAN

Address: 2945 S. ROCHESTER RD, ROCHESTER HILLS, MI 48307

Phone: (248) 787-5270 Fax: (313) 885-6801 Attorney's fax Email: david@thedrapersfirm.com attorney's email

SUBJECT PROPERTY:

Location for License: 2945 S. ROCHESTER RD, ROCHESTER HILLS, MI

Parcel(s) Tax ID Number (s): 81-4449734 48307

Legal Description: BANANA LEAF, INC.

CONTACT PERSON:
DAVID R. DRAPER, ATTORNEY
(313) 885-6800
david@thedrapersfirm.com

**Request for Transfer of Ownership of an Existing License:**

Please provide a copy of the following material at time of application for a transfer of ownership of an existing license:

Evidence of financial responsibility

Floor plan, including seating layout/bar and total occupant capacity

**Request for Class C or Tavern Licenses:**

In conformance with the attached Procedure For Review of All Liquor License Requests, please provide a signed and completed Site Plan Application Form and a copy of the following material at time of application for a Class C or Tavern license:

Evidence of financial responsibility

Floor plan, including seating and bar layout and total occupant capacity

Has the applicant ever applied for a liquor license previously?

NO

Has this applicant ever been denied a liquor license?

NO

Have there been any recent liquor licenses at this location?

YES, FAMOUS DAVE'S

**Signatures:**

By signing this application, the property owner is granting approval for the applicant to seek a liquor license at this location. By signing this application, the applicant and contact person are indicating that all information contained in this application, all accompanying plans, and all attachments are complete and accurate to the best of his or her knowledge. **This application is not valid unless signed by the property owner.** A review fee is required at the time of application in accordance with the fee schedule as adopted by the City Council.

Signature(s) of Property Owner Cara Overholt, Agent 6-4-18  
Name Date

Signature of Applicant: [Signature] 06/04/2018  
Name Date

Signature of Contact Person: [Signature] 5-31-18  
Name Date

**LARA** Corporations  
Online Filing System  
Department of Licensing and Regulatory Affairs

Form Revision Date 07/2016

**CERTIFICATE OF ASSUMED NAME**  
For use by **DOMESTIC PROFIT CORPORATION**

*Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned execute the following Certificate:*

1. The identification number assigned by the Bureau is:

801986747

2. The name of the profit corporation is:

BANANA LEAF, INC.

3. The assumed name under which business is to be transacted is:

ANCHOR BAR MICHIGAN

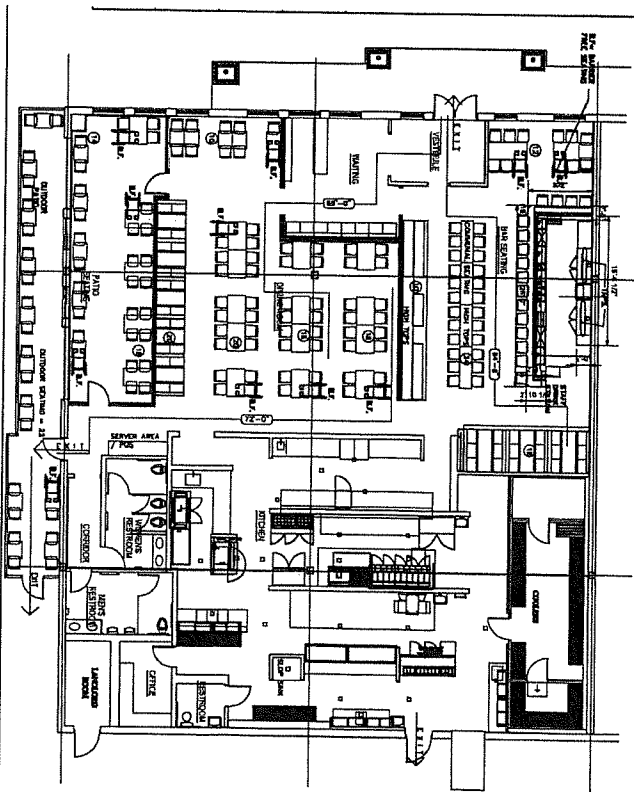
This document must be signed by an authorized officer or agent (corporations); a member, manager, or an authorized agent (limited liability companies); or general partner (limited partnerships):

Signed this 3rd Day of June, 2018 by:

Signature	Title	Title if "Other" was selected
Rajeesh Vengilatt	President	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline  Accept



FLOOR PLAN  
NORTH  
1/8" = 1'-0"

**ANCHOR BAR**  
2945 S. ROCHESTER ROAD  
ROCHESTER HILLS, MICHIGAN

ISSUED FOR:  
28 MAR 18  
OWNER REVIEW &  
BUILDING PERMITS  
4 MAY 18  
ADDENDUM # 1  
30 MAY 18  
POWER HT. LOCATIC

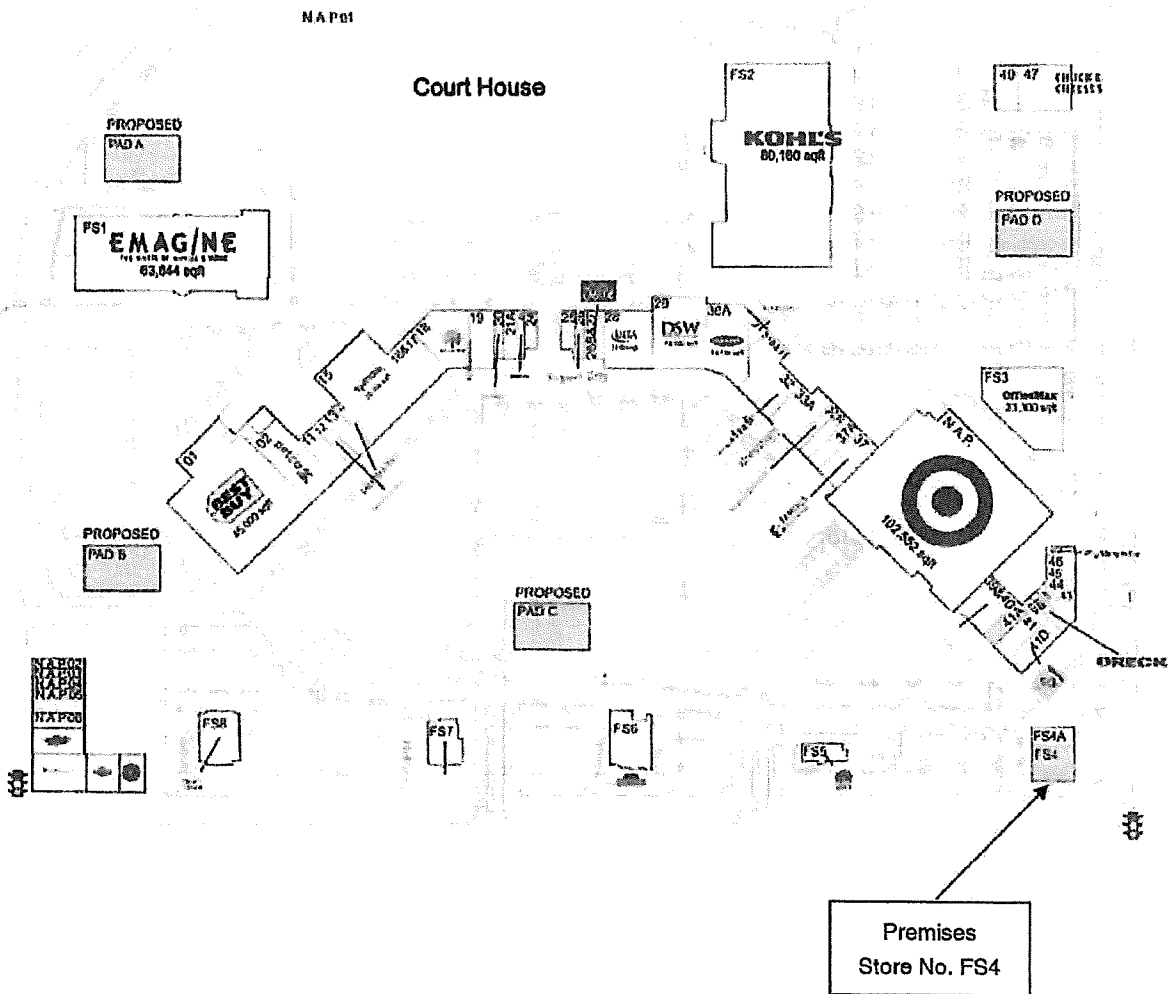
SHEET# G1.01  
DATE: 28 MAR 18  
JOB# 18013

SCOTT JONCHNIK  
ASSOCIATES, INC.  
1702 SUTHER DRIVE  
SUITE 104-E  
TROY, MICHIGAN 48064  
TEL: 248-834-1010  
FAX: 248-834-1022  
SCOTTJONCHNIK.COM

ARCHITECTS  
PLANNERS  
INTERIOR DESIGN

GENERAL CONTRACTOR  
ROCHESTER HILLS, MICHIGAN  
2945 S. ROCHESTER ROAD  
ROCHESTER HILLS, MICHIGAN 48064  
TEL: 248-834-1010  
FAX: 248-834-1022  
SCOTTJONCHNIK.COM

**EXHIBIT A: SITE PLAN**



NOT TO SCALE

The foregoing site plan is attached to show the approximate location of the Premises and general layout of the Shopping Center. Unless otherwise expressly set forth in the Lease, Landlord makes no representation or warranty that the Shopping Center will be exactly as depicted herein or that the tenants shown will remain in occupancy during the Term. The Shopping Center excludes the parcel(s) of land shown as "N.A.P", which are owned and/or controlled by a party (or parties) other than Landlord.

Michigan Department of Energy, Labor & Economic Growth  
**MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)**  
7150 Harris Drive  
P.O. Box 30005  
Lansing, MI 48909-7505  
Facsimile 1-517-322-1164  
Email: [mlccinsurance@michigan.gov](mailto:mlccinsurance@michigan.gov)

## Proof of Financial Responsibility

(Authorized by MCL 436.1803)

An applicant for retail license or a retail licensee renewing a license, shall file with the Commission and maintain Proof of Financial Responsibility under MCL 436.1803(1) of at least \$50,000. The Proof of Financial Responsibility may be in the form of cash, unencumbered securities, a policy or policies of liquor liability insurance, a constant value bond executed by a surety company authorized to do business in this state, or membership in a group self-insurance pool authorized by law that provides security for liquor liability. Failure to provide and maintain Proof of Financial Responsibility may result in revocation, suspension or non-issuance of a retail license.

1) Licensee Mailing Address: 1661 Carpenter Dr., Troy, 48098

2) Business ID: 261045

Licensee Name: BANANA LEAF, INC.

Licensee Business Address: 2945 S Rochester Rd, Rochester Hills, 48307-4552

3) LIQUOR LIABILITY INSURANCE. The Undersigned agent certifies that Liquor Liability insurance is issued in the amount of at least \$50,000.

Effective Date: 05/31/18

Expiration Date: 05/31/19

Insurance Policy Number: PLQ0001601-18

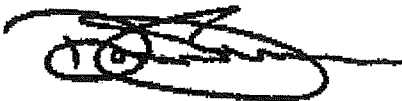
Insurance Company Name and Address:

PrimeOne Insurance Company  
33150 Schoolcraft Road, Suite 209  
Livonia, MI 48154

4) The undersigned certifies this Proof of Financial Responsibility complies with the provisions of Section 436.1801 through 1815.

Date: May 31, 2018

Telephone# (248) 536-0800



Authorized Insurance Agent (signature)

David Thorson, President  
Name and Title

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank <b>BANANA LEAF, INC</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>2945 S. ROCHESTER ROAD</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code <b>ROCHESTER HILLS, MI 48307</b>		
	7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
<b>or</b>	
<b>Employer identification number</b>	
8 1 - 4 4 4 9 7 3 4	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Ranika...</i>	Date ▶ <i>06/04/2018</i>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

**This is to Certify that the** CERTIFICATE OF ASSUMED NAME

**for**

BANANA LEAF, INC.

**ID Number:** 801986747

to transact business under the assumed name of  
ANCHOR BAR MICHIGAN

**received by electronic transmission on** June 03, 2018 **, is hereby endorsed.**

**Filed on** June 04, 2018 **, by the Administrator.**

**The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.**

Expiration Date: December 31, 2023



**In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 4th day of June, 2018.**

**Julia Dale, Director**

**Corporations, Securities & Commercial Licensing Bureau**