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STATE OF MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES LIOUOR CONTROL COMMISSION

7150 Harris Drive P.O. Box 30005 Lansing, MI 48909-7505

APR 1 2 2004

LOCAL APPROVAL NOTICE

(Authorized by MCL 436.1501(2) and MAC 1105(2)(d))

Req ID: 257739

Date: March 17, 2004

To: ROCHESTER HILLS CITY COUNCIL 1000 ROCHESTER HILLS DRIVE

ROCHESTER HILLS, MI 48309-3033

Applicant: HR RESTAURANTS, L.L.C.

Home Address And Phone No: MARK BOJAJ, 51129 WOODSIDE, MACOMB TOWNSHIP, MI 48042 H(586)786-7534 KOLJA IVEZAJ, 13300 FLORENTINE, SHELBY TOWNSHIP, MI 48315 H(586)731-2227/B(248)840-3799

Local Legislative approval is required for new and transferring On-Premises licenses by MCL 436. 1501 of the Michigan Liquor Control Code of 1998. Local approval is also required for DANCE, ENTERTAINMENT, DANCE-ENTERTAINMENT OR TOPLESS ACTIVITY permits by authority of MCL 436.1916.

For your convenience a resolution form is enclosed that includes a description of the licensing transaction requiring approval. The clerk should complete the resolution certifying that your decision of approval or disapproval of the application was made at an official meeting. Please return the completed resolution to the Liquor Control Commission as soon as possible.

If you have any questions, please contact the On-Premise Section of the Licensing Division as (517) -322-1400.

PLEASE COMPLETE ENCLOSED RESOLUTION AND RETURN TO THE LIQUOR CONTROL COMMISSION AT ABOVE ADDRESS

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STATE OF MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES LIQUOR CONTROL COMMISSION

RESOLUTION

At a (Regular or Special)	m	eeting of the			
(Regular or Special)			(Township Board, City or Village Council)	(Township Board, City or Village Council)	
called to order by		on	at	P.M.	
The following resolution w	as offered:				
Moved by	a	and supported by			
That the request from HR LICENSED BUSINESS WITH ROCHESTER HILLS, MI 4830	DANCE-ENTERTAI	NMENT PERMIT, LOC	DWNERSHIP OF 2003 CLASS C CATED AT 2086 & 2210 CROOK , L.L.C.	S,	
be considered for					
APF	PROVAL	Approval or Disapproval)	DISAPPROVAL		
Yeas:	***************************************	_ Yeas:			
Nays:		Nays:			
Absent:		_ Absent: _			
It is the consensus of this le	egislative body that	t the application be:			
			for iss	uance	
	(Recommended or not Recomme	ended)			
State of Michigan)) §				
County of)				
I hereby certify that the for	egoing is a true an	d complete copy of	a resolution offered and		
adopted by the		at a			
(Township	Board, City or Village Council)		(Regular or Special)		
meeting held on	ate)				
SEAL		(Signed	d)		
			(Township, City of	Village Clerk)	
			(Mailing address of Township, C	City of Village)	