

CITY OF ROCHESTER HILLS
CLASS C LIQUOR LICENSE APPLICATION

APPLICANT'S CHECK LIST FOR SUBMISSION

- Completed Application
- Listing of Corporation/Partners
- Building/Site Plans
- Financial Statement
- Menu
- Training Policy
- Fingerprints
- N/A Dance/Entertainment Agreement (if applicable)

GARY KOTLARZ, ATTY 386-484-3000
221 S. MAIN SUITE 201
R.O. 48067
ERIC EGGAN (HONIGSMAN, MILLER) 517-377-0726

CITY OF ROCHESTER HILLS

CLASS C LIQUOR LICENSE APPLICATION

Date: February 20, 2006

- New Class C License
- Transfer Class C License
- Dance Permit
- Entertainment Permit
- Dance Entertainment Permit

Applicant's Name: THOMAS JAMES BRANDER Phone No. (313) 815-6787
 Address: 18 MAPLETON ROAD City GROSSE POINTE ST MI
 Age: 63 Citizenship: USA Date of Birth 7/2/42 Birthplace: SAGINAW
 If naturalized, year and place: _____

If a partnership, please complete the following:

Partner's Name: see attached Phone No. _____
 Address: _____ City _____ ST _____
 Age: _____ Citizenship: _____ Date of Birth _____ Birthplace: _____
 If naturalized, year and place: _____

Manager's Name: THOMAS BRANDEL Phone No. (313) 815-6787
 Address: 18 MAPLETON ROAD City GROSSE POINTE ST MI
 Age: 63 Date of Birth: 7/2/42

If a corporation, the names, addresses of the officers and directors, date of birth and age of each:

see attached

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Liquor License Application

Location of Proposed License: 6870 N. Rochester Road

Does applicant presently own the premises? No
If not, name of owner of premise: CURTIS Properties Group

Legal Description of Property (Sidwell #) 70-15-03-477-035

Length of time business has been in operation: new

Has applicant ever been convicted of a felony? Yes (No)

If convicted of felony, explain: _____

Has applicant previously applied for liquor license? Year requested: see attached

Location of business: 3

Was liquor license granted: yes

Have any of the applicants or persons listed above been convicted of a violation of federal or state law concerning the manufacture, possession or sale of alcoholic beverages? Yes No

Name of person _____

What is the applicant's current business? TOM'S OYSTER BAR - GROSSE POINTE, ROYAL OAK and DETROIT

Length of time in named business? 21 years

List all uses in addition to sale of alcoholic beverages: full service seafood & steak house

Does applicant presently operate a restaurant? Yes No
Name and address of restaurant: TOM'S OYSTER BAR - GROSSE POINTE

Does applicant presently hold a Class C liquor license? Yes No
Name and address of restaurant: _____

List record and history of any liquor license violations by the applicant for preceding ten (10) years
SERVING MINORS - ROYAL OAK, SERVING VISIBLY IMPAIRED - ROYAL OAK, SERVING MINORS - GROSSE POINTE PARK

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Liquor License Application

Record history of any liquor license violations by the corporation or by a parent of subsidiary corporation of the applicant for the immediate preceding ten (10) years

<u>Proposed Liquor Establishment:</u>	<u>Existing Building</u>	<u>New Construction</u>
Size of Site:	_____	<u>11 ACRES.</u>
Size of Building:	_____	<u>6,316 SQ FT</u>
Size of Kitchen:	_____	<u>1,800 SQ FT</u>
Seating Capacity:	_____	<u>179</u>
Size of Dance Floor, if any:	_____	<u>N/A</u>
Percentage of Floor Area for Dining:	_____	<u>70%</u>
Percentage of Floor Area for Bar:	_____	<u>30%</u>
Present Zoning:	_____	<u>PUD/COMMERCIAL</u>
Required Zoning:	_____	<u>"</u>
Cost of Remodeling:	_____	<u>N/A</u>
Cost of Construction:	_____	<u>1 MILLION</u>
Estimated Dates of Construction	Start: <u>4/1/06</u>	Completion: <u>8/1/06</u>
Total cost to be expended by licensee for the licensed premises:	<u>\$1,250,000</u>	
Building Plans Submitted – 3 Sets Required:	Number of Copies Enclosed:	<u>3</u>
Site Plans Submitted – 6 Sets Required:	Number of Copies Enclosed:	<u>6</u>
Do Site Plans show off-street parking and lighting?	Yes <input checked="" type="checkbox"/>	No _____

Describe the proposed character/type of establishment (e.g. theme, entertainment, food)

STEAK AND SEAFOOD RESTAURANT

Describe the proposed full food menu:

SEE ATTACHED MENU

Proposed menu attached: Yes No

Describe the surrounding neighborhood and explain how the proposed establishment fits this location in Rochester Hills.

The proposed establishment is part of the PAPA JOES retail center. The steak and seafood concept will compliment this busy upscale center.

Revenues: Provide a breakdown of the anticipated revenues from food, alcoholic beverages and other revenues (copy must be attached):

SEE ATTACHED PRO FORM

Evidence of Financial Responsibility:

Amount of Funds supplied by Principals: \$1,750,000

Amount of Funds to be Financed: \$1,500,000

Name of Financer/Phone Number: COMERICA BANK 248-473-4546

From: ROCHESTER HILLS CLERK'S OFFICE 248 656 4744

12/09/2005 15:18 #022 P.010/020

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Liquor License Application

Personal References/Phone Number:

Peter Dawson (313) 642-4700
Hon. BRIAN SULLIVAN (313) 224-2789
Richard Harrison (248) 935-5356

Business References/Phone Number:

Ken Debra (248) 514-4440
John Medina (313) 368-2500
Anthony "Chuy" Delaney (586) 552-1414

Has applicant completed a certified training program? Yes No

Have employees completed a certified training program? Yes No

Names and addresses of those completing program

to complete certification all employees required

Applicant understands that should any of the above information prove to be inaccurate or untruthful, it will be grounds to deny applicant's request or revoke any approvals.

I (We) Thomas James Brandel
affirm I (We) will not violate any of the laws of the State of Michigan or of the United States or any ordinances of the City of Rochester Hills in the conduct of my (our) business, and acknowledge receipt of a copy of Chapter 6, Alcoholic Liquor of the Rochester Hills Code of Ordinances.

I hereby certify the above information to be true and accurate to the best of my (our) knowledge.

Thomas Brandel 2/20/06
Applicant Signature/Date

Applicant Signature/Date

This application is not considered complete until applicant has made contact with the Rochester Hills Contingent of the Oakland County Sheriff's Department and complied with fingerprinting and any other necessary requirements of the Oakland County Sheriff's Department.

DRAFT

CITY OF ROCHESTER HILLS

CLASS C LIQUOR LICENSE APPLICATION

Date: 02-01-06

- New Class C License
- Transfer Class C License
- Dance Permit
- Entertainment Permit
- Dance Entertainment Permit

Applicant's Name: THOMAS E. EVANS Phone No. (586) 336-3794
Address: 6330 INDIAN HILLS DRIVE City WASHINGTON ST MI
Age: 54 Citizenship: U.S. Date of Birth 7-14-51 Birthplace: CHARLESTON, PA USA
If naturalized, year and place: _____

If a partnership, please complete the following:

Partner's Name: SEE ATTACHED Phone No. _____
Address: _____ City _____ ST _____
Age: _____ Citizenship: _____ Date of Birth _____ Birthplace: _____
If naturalized, year and place: _____

Manager's Name: THOMAS BRANDL Phone No. 313-815-6787
Address: 18 MAPLETON City GRAND POINTE ST MI
Age: 63 Date of Birth: 7/2/42

If a corporation, the names, addresses of the officers and directors, date of birth and age of each:

SEE ATTACHED

× Location of Proposed License: 6870 N. Rochester Rd.
Rochester Hills 48307

Does applicant presently own the premises? NO

× If not, name of owner of premise: Curtis Property Group

× Legal Description of Property (Sidwell #) 70-15-03-477-035

Length of time business has been in operation: NEW

Has applicant ever been convicted of a felony? Yes ___ No X

If convicted of felony, explain: _____

Has applicant previously applied for liquor license? NO Year requested: _____

Location of business: _____

Was liquor license granted: _____

Have any of the applicants or persons listed above been convicted of a violation of federal or state law concerning the manufacture, possession or sale of alcoholic beverages? Yes ___ No X

Name of person _____

What is the applicant's current business? RETIRED BUSINESS EXECUTIVE, NOW
MANAGEMENT CONSULTANT - EVANS EXECUTIVE GROUP, LLC

Length of time in named business? 2.5 YRS.

List all uses in addition to sale of alcoholic beverages: _____

Does applicant presently operate a restaurant? Yes ___ No X

Name and address of restaurant: _____

Does applicant presently hold a Class C liquor license? Yes ___ No X

Name and address of restaurant: _____

List record and history of any liquor license violations by the applicant for preceding ten (10) years

NONE

Personal References/Phone Number:
JOHN SPUDICH 586 918 7904
GREG STANALAJCZO 248 584 2080
GARY KOTLARZ 586 484 3000

Business References/Phone Number:
TONY CUNTI 248-249-6301

Has applicant completed a certified training program? Yes No

Have employees completed a certified training program? Yes No

Names and addresses of those completing program

ALL STAFF ARE REQUIRED TO COMPLETE
A TRAINING PROGRAM

Applicant understands that should any of the above information prove to be inaccurate or untruthful, it will be grounds to deny applicant's request or revoke any approvals.

I (We) THOMAS E. EVANS
affirm I (We) will not violate any of the laws of the State of Michigan or of the United States or any ordinances of the City of Rochester Hills in the conduct of my (our) business, and acknowledge receipt of a copy of Chapter 6, Alcoholic Liquor of the Rochester Hills Code of Ordinances.

I hereby certify the above information to be true and accurate to the best of my (our) knowledge.


Applicant Signature/Date

02-11-06
Applicant Signature/Date

This application is not considered complete until applicant has made contact with the Rochester Hills Contingent of the Oakland County Sheriff's Department and complied with fingerprinting and any other necessary requirements of the Oakland County Sheriff's Department.

CITY OF ROCHESTER HILLS

CLASS C LIQUOR LICENSE APPLICATION

Date: 02-01-06

- New Class C License
- Transfer Class C License
- Dance Permit
- Entertainment Permit
- Dance Entertainment Permit

Applicant's Name: CHERYL A KOTLARZ Phone No. 586-775-3448
 Address: 23456 LIBERTY City ST. CLAIR SHORES ST MI
 Age: 39 Citizenship: US Date of Birth 07/15/66 Birthplace: MICHIGAN
 If naturalized, year and place: _____

If a partnership, please complete the following:

Partner's Name: SEE ATTACHED Phone No. _____
 Address: _____ City _____ ST _____
 Age: _____ Citizenship: _____ Date of Birth _____ Birthplace: _____
 If naturalized, year and place: _____

Manager's Name: THOMAS BRANDER Phone No. 313-815-6787
 Address: 18 MAPLETON ROAD City Grosse Pointe ST MI
 Age: 63 Date of Birth: 7/2/42

If a corporation, the names, addresses of the officers and directors, date of birth and age of each:

SEE ATTACHED

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Liquor License Application

Location of Proposed License: 6870 TIGHEWEN ROAD

Does applicant presently own the premises? NO
If not, name of owner of premise: CURTIS PROPERTIES LLC

Legal Description of Property (Sidwell #) 70-15-03-477-035

Length of time business has been in operation: NEW

Has applicant ever been convicted of a felony? Yes NO No X
If convicted of felony, explain: _____

Has applicant previously applied for liquor license? Year requested: 2006

Location of business: DEARBORN MI

Was liquor license granted: PENDING

Have any of the applicants or persons listed above been convicted of a violation of federal or state law concerning the manufacture, possession or sale of alcoholic beverages? Yes NO No X

Name of person _____

What is the applicant's current business? CHIEF COMPLIANCE OFFICER
SIGMA INVESTMENTS

Length of time in named business? 8 YEARS

List all uses in addition to sale of alcoholic beverages: _____

Does applicant presently operate a restaurant? Yes NO No X

Name and address of restaurant: _____

Does applicant presently hold a Class C liquor license? Yes NO No X

Name and address of restaurant: _____

List record and history of any liquor license violations by the applicant for preceding ten (10) years

NONE

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Personal References/Phone Number:
FRANK PALAZZOLO 586.415.1200
FRED GIORDANO 313.220.2007
STEVE GORDON 248.948.0100

Business References/Phone Number:
JAMES Mc Clanaghan 586.774.9897
TONY CUNTI 248-249-6301

Has applicant completed a certified training program? Yes No

Have employees completed a certified training program? Yes No

Names and addresses of those completing program
all employees are required to complete certification

Applicant understands that should any of the above information prove to be inaccurate or untruthful, it will be grounds to deny applicant's request or revoke any approvals.

I (We) Cheryl A. Kotlan
affirm I (We) will not violate any of the laws of the State of Michigan or of the United States or any ordinances of the City of Rochester Hills in the conduct of my (our) business, and acknowledge receipt of a copy of Chapter 6, Alcoholic Liquor of the Rochester Hills Code of Ordinances.

I hereby certify the above information to be true and accurate to the best of my (our) knowledge.

Cheryl A. Kotlan 2/1/06
Applicant Signature/Date

Applicant Signature/Date

This application is not considered complete until applicant has made contact with the Rochester Hills Contingent of the Oakland County Sheriff's Department and complied with fingerprinting and any other necessary requirements of the Oakland County Sheriff's Department.

EXHIBIT A-1

LEGAL DESCRIPTION OF THE CURTIS PROPERTY

PART OF THE SOUTHEAST 1/4 OF SECTION 3, TOWN 3 NORTH, RANGE 11 EAST, CITY OF ROCHESTER HILLS, OAKLAND COUNTY, MICHIGAN, DESCRIBED AS:

COMMENCING AT THE SOUTHEAST CORNER OF SAID SECTION 3,
THENCE, ALONG THE EAST LINE OF SAID SOUTHEAST 1/4 OF SECTION 3, NORTH 00 DEGREES 00 MINUTES 30 SECONDS EAST, A DISTANCE OF 146.57 FEET;
THENCE, LEAVING SAID EAST LINE, NORTH 30 DEGREES 42 MINUTES 30 SECONDS WEST, A DISTANCE OF 109.48 FEET TO THE POINT OF BEGINNING;
THENCE, CONTINUING NORTH 30 DEGREES 42 MINUTES 30 SECONDS WEST, A DISTANCE OF 7.98 FEET TO A POINT ON THE WEST LINE OF ROCHESTER ROAD (120 FOOT RIGHT OF WAY);
THENCE, ALONG THE SAID WEST LINE, NORTH 00 DEGREES 00 MINUTES 30 SECONDS EAST, A DISTANCE OF 276.50 FEET;
THENCE, LEAVING SAID WEST LINE, NORTH 82 DEGREES 33 MINUTES 47 SECONDS WEST, A DISTANCE OF 74.69 FEET;
THENCE, NORTH 30 DEGREES 42 MINUTES 30 SECONDS WEST, A DISTANCE OF 590.71 FEET;
THENCE, SOUTH 76 DEGREES 14 MINUTES 30 SECONDS WEST, A DISTANCE OF 406.29 FEET;
THENCE, SOUTH 10 DEGREES 36 MINUTES 00 SECONDS EAST, A DISTANCE OF 588.78 FEET;
THENCE, SOUTH 10 DEGREES 42 MINUTES 30 SECONDS EAST, A DISTANCE OF 95.65 FEET;
THENCE, SOUTH 89 DEGREES 59 MINUTES 30 SECONDS EAST, A DISTANCE OF 231.79 FEET;
THENCE, SOUTH 34 DEGREES 59 MINUTES 30 SECONDS EAST, A DISTANCE OF 28.10 FEET;
THENCE, SOUTH 00 DEGREES 08 MINUTES 43 SECONDS EAST, A DISTANCE OF 30.71 FEET;
THENCE, NORTH 86 DEGREES 49 MINUTES 35 SECONDS EAST, A DISTANCE OF 60.08 FEET;
THENCE, NORTH 00 DEGREES 08 MINUTES 43 SECONDS WEST, A DISTANCE OF 59.60 FEET;
THENCE, NORTH 89 DEGREES 46 MINUTES 52 SECONDS EAST, A DISTANCE OF 129.59 FEET;
THENCE, SOUTH 00 DEGREES 08 MINUTES 00 SECONDS EAST, A DISTANCE OF 28.60 FEET;
THENCE, SOUTH 89 DEGREES 52 MINUTES 03 SECONDS EAST, A DISTANCE OF 39.05 FEET;
THENCE, SOUTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, A DISTANCE OF 12.05 FEET;
THENCE, SOUTH 89 DEGREES 45 MINUTES 22 SECONDS EAST, A DISTANCE OF 167.68 FEET TO THE WEST LINE OF ROCHESTER ROAD (120 FOOT RIGHT OF WAY);
THENCE, NORTH 86 DEGREES 49 MINUTES 35 SECONDS EAST, A DISTANCE OF 4.08 FEET TO THE POINT OF BEGINNING.

CONTAINING ±424.789 SQUARE FEET OR ±9.752 ACRES. SUBJECT TO ANY EASEMENTS OR RIGHTS OF WAY OF RECORD.

Tax Parcel No:

(70)-15-03-477-035

Licenses:

1. Name: **Tom's Oyster Bar, LTD.**
Type: Class C & SDM
Location: 15402 Mack Ave, (and 15016 Mack) Grosse Pointe Park MI 48230
Date: 1985 - present
2. Name: **Tom's Oyster Bar - Royal Oak, Inc.**
Type: Class C & SDM
Location: 318 S. Main St., Royal Oak MI 48067
Date: 1994 - present
3. Name: **Tom's Oyster Bar - Downtown, Inc.**
Type: Class C & SDM
Location: 519 E. Jefferson, Detroit, MI 48226
Date: 2000 - present

Former Licenses:

1. Name: **Tom's Oyster Bar - Southfield, Inc.**
Type: Class C & SDM
Location: 29106 Franklin Rd., Southfield MI 48034
Date: 1995-2005
2. Name: **Tom's Steamer, Inc.**
Type: Class C & DDM
Location: 15402 Mack Ave, Grosse Pointe Park MI 48230
Date: 1990-1994
3. Name: **Tom's Oyster Bar - Charlevoix, Inc.**
Type: Class C & SDM
Location: Bridge Street, Charlevoix, MI 49720
Date: 1990-1992
4. Name: **Union Street, Inc.**
Type: Class C & SDM
Location: 4145 Woodward Ave., Detroit MI 48202
Date: 1976-1986
5. Name: **Union Street, Inc.**
Type: Class C & SDM
Location: 15016 Mack Ave, Grosse Pointe Park MI 48230
Date: 1972-1977
6. Name: **Arlington House, Inc.**
Type: Class C & SDM
Location: 210 S. Linn, Bay City MI
Date: 1984-1990

Michigan Department of Labor & Economic Growth

Filing Endorsement

This is to Certify that the ARTICLES OF ORGANIZATION (DOMESTIC L.L.C.)

for

6870 TIENKEN LLC

ID NUMBER: D00381

received by facsimile transmission on March 3, 2006 is hereby endorsed

Filed on March 3, 2006 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.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 3RD day of March, 2006.



, Director

Bureau of Commercial Services

BCS/CO-70 (Rev. 12/05)

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES	
Date Received	(FOR BUREAU USE ONLY)
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	
Name	J. Theodore Everingham
Address	14950 East Jefferson Avenue, Suite 270
City	Grosse Pointe Park, MI 48230-2039
EFFECTIVE DATE:	

Document will be returned to the name and address you enter above. If left blank document will be mailed to the registered office.

ARTICLES OF ORGANIZATION

For use by Domestic Limited Liability Companies

(Please read information and instructions on last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Articles:

B

ARTICLE I

The name of the limited liability company is: 6870 Tienken LLC

ARTICLE II

The purpose or purposes for which the limited liability company is formed is to engage in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan.

ARTICLE III

The duration of the limited liability company if other than perpetual is:

ARTICLE IV

1. The street address of the location of the registered office is:
15402 Mack Avenue, Grosse Pointe Park, Michigan 48230
(Street Address) (City) (Zip Code)

2. The mailing address of the registered office if different than above:
_____, Michigan _____
(Street Address or P.O. Box) (City) (Zip Code)

3. The name of the resident agent at the registered office is: Thomas J. Brandel

ARTICLE V (Insert any desired additional provision authorized by the Act; attach additional pages if needed.)

The business of the limited liability company will be managed by one or more managers.

Signed this 3rd day of March, 2006

By J. Theodore Everingham
(Signature of Organizer(s))
J. Theodore Everingham, Authorized Agent
(Type or Print Name(s) of Organizer(s))