



CITY OF ROCHESTER HILLS LIQUOR LICENSE APPLICATION

The Rochester Hills City Council will consider whether an applicant's proposal for a liquor license is reasonable when measured against the information contained within this completed application. Please answer each question thoroughly. Failure to provide all required information or attachments could result in a delay or denial of a liquor license.

City Council reserves the right to exercise reasonable discretion to determine who, if anyone, shall be entitled to the issuance of a license. As a general matter of policy, applicants for a license will need to demonstrate an identifiable benefit to the City and its inhabitants resulting from the granting of the license.

Type of license applying for (check all those that apply):

<input checked="" type="checkbox"/>	New Class C License	<input type="checkbox"/>	Resort (transfer)
<input checked="" type="checkbox"/>	Class C License (transfer)	<input checked="" type="checkbox"/>	Tavern (transfer)
<input type="checkbox"/>	Microbrewery/Distiller	<input type="checkbox"/>	Other: _____

GENERAL INFORMATION:

Applicant's Name: Mercy Services for the Aging NonProfit Housing Corp. DBA Bellbrook Date: 2/17/2023

Business Name: Mercy Services for the Aging NonProfit Housing Corp. DBA Bellbrook

Address: 873 W Avon

Phone: 2486566300 Email: leeann.pennington@trinity-health.org

Are you the sole owner and proprietor? Yes No

Is the business to be operated as a partnership, company, corporation, or limited liability company?

Length of time business has been in operation: 35

List any other businesses you are affiliated with in and outside of the City of Rochester Hills:

Trinity Health, Trinity Health Senior Communities and its subsidiaries

SUBJECT PROPERTY:

Location of Proposed License: 873 W Avon Road, Rochester Hills, MI 48307

Does applicant presently own the premises? Yes No

If no, name of owner of premises: _____

Legal description of property: See attached master deed

APPLICANT INFORMATION:

Applicant's Name: Mercy Services for the Aging NonProfit Housing Corp. DBA Belbrook _____

Phone No.: 2486566300

Address: 873 W Avon Road

City: Rochester Hills ST: _____

Age: _____

Citizenship: _____

Date of Birth: _____

Birthplace: (City/ST): _____

If naturalized, year and place: _____

If the applicant is a partnership, company, corporation or limited liability company, give the names, addresses and dates of birth of all persons who will have any financial investment in the licensed business or who will share in the profits of the licensed business:

If a partnership, please complete the following:

Partner's Name: _____ Phone No.: _____

Address: _____ City: _____ ST: _____

Age: _____ Citizenship: _____ Date of Birth: _____

Birthplace: (City/ST): _____

If naturalized, year and place: _____

Manager's Name: LeeAnn Pennington Phone No.: 2486566300

Address: 33728 Beechnut

City: Westland ST: _____

Age: 55

Citizenship: USA

Date of Birth: 082367

Birthplace: (City/ST): Southfield, MI

If naturalized, year and place: _____

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

NAME	ADDRESS	DATE OF BIRTH
See attached		

Has applicant (or any other individuals listed above) ever been convicted of a felony?

Yes No

If convicted of felony, please explain: _____

ADDITIONAL INFORMATION REQUIRED: (Please provide the following)



Evidence of financial responsibility (submit detailed financial statements for past 5 years).



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



Menu (food and drink). Provide the percentage of gross revenue from the sale of food. 10%



Authorization to Obtain Information & Release for Purposes of Licensure (form included in application packet)

Has the applicant ever applied for a liquor license previously? Yes No

Has this applicant ever been denied a liquor license? Yes No

Have there been any recent liquor licenses at this location? Yes No

Was a liquor license ever suspended or revoked? Yes No If yes, explain the circumstances:

Describe the proposed character/type/theme of establishment: Adding a pub / restaraunt

to Bellbrook Sr Community & requesting license for Pub inside community, for use by independent apt seniors & guest

What proposed or actual commitments are being made by the applicant to establish permanency in the community?

We are senior community that has been here for 35 years and we'd like to add a pub for use by our independent living residents and guests

What other factors should the Rochester Hills City Council consider?

This serves as an additional for of meals and entertainment for our

seniors residing on the campus

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: LeeAnn M Pennington 2/17/23
(Name) (Date)

Signature of Applicant: LeeAnn M Pennington 2/17/23
(Name) (Date)

Signature of Contact Person: LeeAnn M Pennington 2/17/23
(Name) (Date)

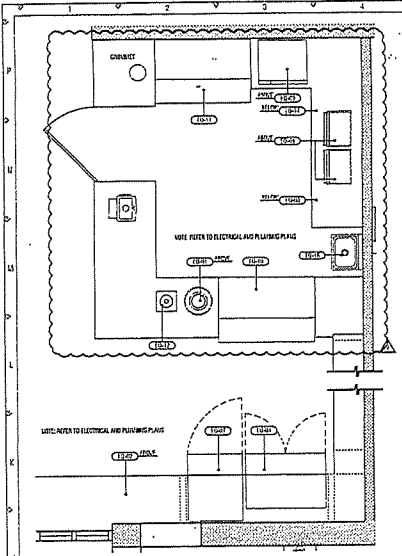
APPLICATION FEE:

\$1,000.00 made payable to the *City of Rochester Hills*

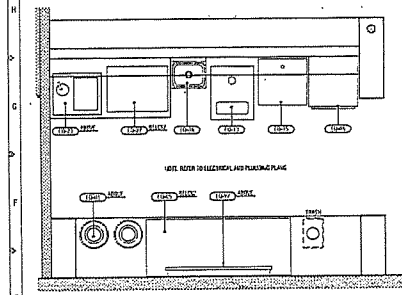
NOTE:

Applicant must meet with the Liquor License Technical Review Committee prior to appearing before City Council.

In addition to completing the Liquor License application, any new establishment serving alcoholic beverages will also need to complete the Planning Department's Development Application to apply for a Conditional Land Use (as indicated in Section 138-4.300 of the City's Zoning Ordinance).



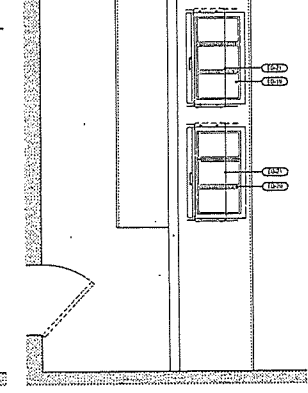
12 EQUIPMENT PLAN - CAFE
RAB10 12' x 14'



16 EQUIPMENT PLAN - BAR
RAB10 12' x 14'

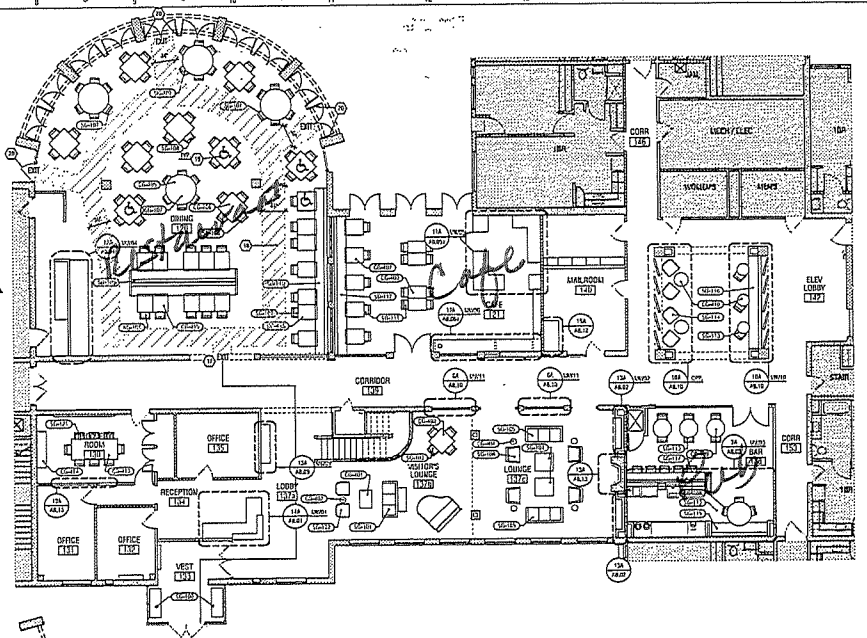
NO.	DESCRIPTION	MANUFACTURER	MODEL #	QUANTITY	REMARKS
1001	COFFEE MAKER	DELONGHI	CM500	1	SEE SCHEDULE
1002	TOASTER	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1003	TOASTER OVEN	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1004	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1005	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1006	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1007	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1008	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1009	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1010	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1011	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1012	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1013	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1014	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1015	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1016	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1017	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1018	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1019	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1020	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1021	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1022	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1023	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1024	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1025	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1026	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1027	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1028	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1029	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1030	MICROWAVE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING

14 ENLARGED FURNITURE PLAN: LEVEL 01
RAB10 12' x 14'

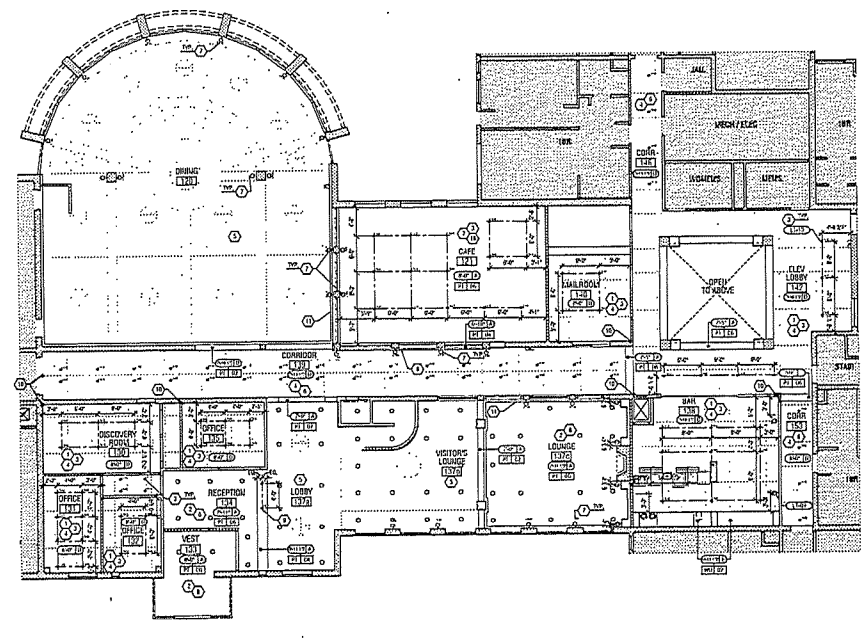


16 ENLARGED CEILING PLAN: LEVEL 01
RAB10 12' x 14'

NO.	DESCRIPTION	MANUFACTURER	MODEL #	QUANTITY	REMARKS
1041	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1042	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1043	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1044	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1045	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1046	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1047	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1048	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1049	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1050	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1051	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1052	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1053	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1054	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1055	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1056	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1057	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1058	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1059	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING
1060	TABLE	GEARED BY GEAR	ENGL	1	PROVIDE CORDS FOR LIGHTING



14 ENLARGED FURNITURE PLAN: LEVEL 01
RAB10 12' x 14'



16 ENLARGED CEILING PLAN: LEVEL 01
RAB10 12' x 14'

- GENERAL NOTES:**
- REFER TO ALL GENERAL NOTES AND SPECIFICATIONS FOR THE PROJECT.
 - THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.
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- KEYNOTES:**
- REFER TO ALL GENERAL NOTES AND SPECIFICATIONS FOR THE PROJECT.
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CEILING TYPE LEGEND:

- ACoustic Tile
- Grid
- Drop
- ...

LIGHTING LAYOUT:

- Recessed
- Surface
- ...

POWER & SIGNAL LEGEND:

- Power
- Signal
- ...

WALL LEGEND:

- Paint
- ...

KEY PLAN:

LUMINAUT

1188 Sherman Street, Suite 100
Channahon, IL 61015
Phone: 815.398.1111
Fax: 815.398.1112

Trinity Health
Senior Communities

Bellroom

Interior Renovation for Trinity Health: BELLROOM

873 West Park Rd
Channahon, IL 61015

MATTHEW A. GROGAN
LICENSED INTERIOR DESIGNER
DESIGNED BY

DATE: September 29, 2021

Project: Bellroom
Address: 873 West Park Rd
Subcontract: 21-1072
Contract: 62323
CAD: 62323

Drawn By: MS
Checked By: MS
Scale: As Shown
Sheet No: A4.01b

BELLBROOK PUB

— BELLBROOK PUB MENU —

-CHARCUTERIE BOARD-

A selection of various deli meats & cheeses
including Salami, Prosciutto, Smoked Gouda,
Swiss Cheese, Pepper jack cheese
9.00

-PRETZEL BITES W/ BEER CHEESE DIP-

Warm pretzel bites served with a homemade
beer cheese dip
6.00

-BELLBROOKS HOUSE- FRENCH ONION SOUP

Homemade French onion soup with
homemade croutons and topped with
Provolone cheese
3.00

BEVERAGES

BOTTLED BEER

BEER ON TAP

WINE

"Ask your server about menu items that are cooked to order or served raw. Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness".



Continuing Care Board of Directors

TERM	CONTACT INFORMATION
1/1/21-12/31/23	Arthur Henkel (CHAIR) Independent Consultant and Strategic Advisor 166 Bank Street, Apt. 1-E New York, NY 10014 Mobile: 917-716-7405 Email: Arthur.henkel@gmail.com
1/1/21-12/31/23	Anna Marie Tag, RSM (VICE CHAIR) Independent Eldercare Consultant 517 E. Lancaster Avenue, Apt. 316 Wayne, PA 19087 Mobile: 508-769-4500 Home: 610-688-6886 Email: atag@sistersofmercy.org
President – TH PACE Ex-Officio – as to TH PACE only	Dan Drake President and Chief Executive Officer Trinity Health PACE 20555 Victor Parkway Livonia, MI 48152 Work 610-690-2526 Cell: 484-983-4277 Email: Dan.Drake@trinity-health.org Admin: Sally Murphy Email: murphysa@trinity-health.org
President and CEO – THAH Ex-Officio – as to THAH only	Mark McPherson President & CEO, THAH Chief Financial Officer, Continuing Care Trinity Health 20555 Victor Parkway, Livonia, MI 48152 Phone: 248-224-7033 Email: mark.mcpherson@trinity-health.org Admin: Deb Sawman Email: Deborah.sawman@trinity-health.org
1/1/23 - 12/31/24	Joanne Handy 70 Taraval Street San Francisco, CA 94116 Phone: 916-384-7510 Email: J_handy977@msn.com



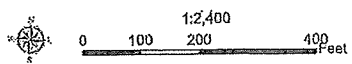
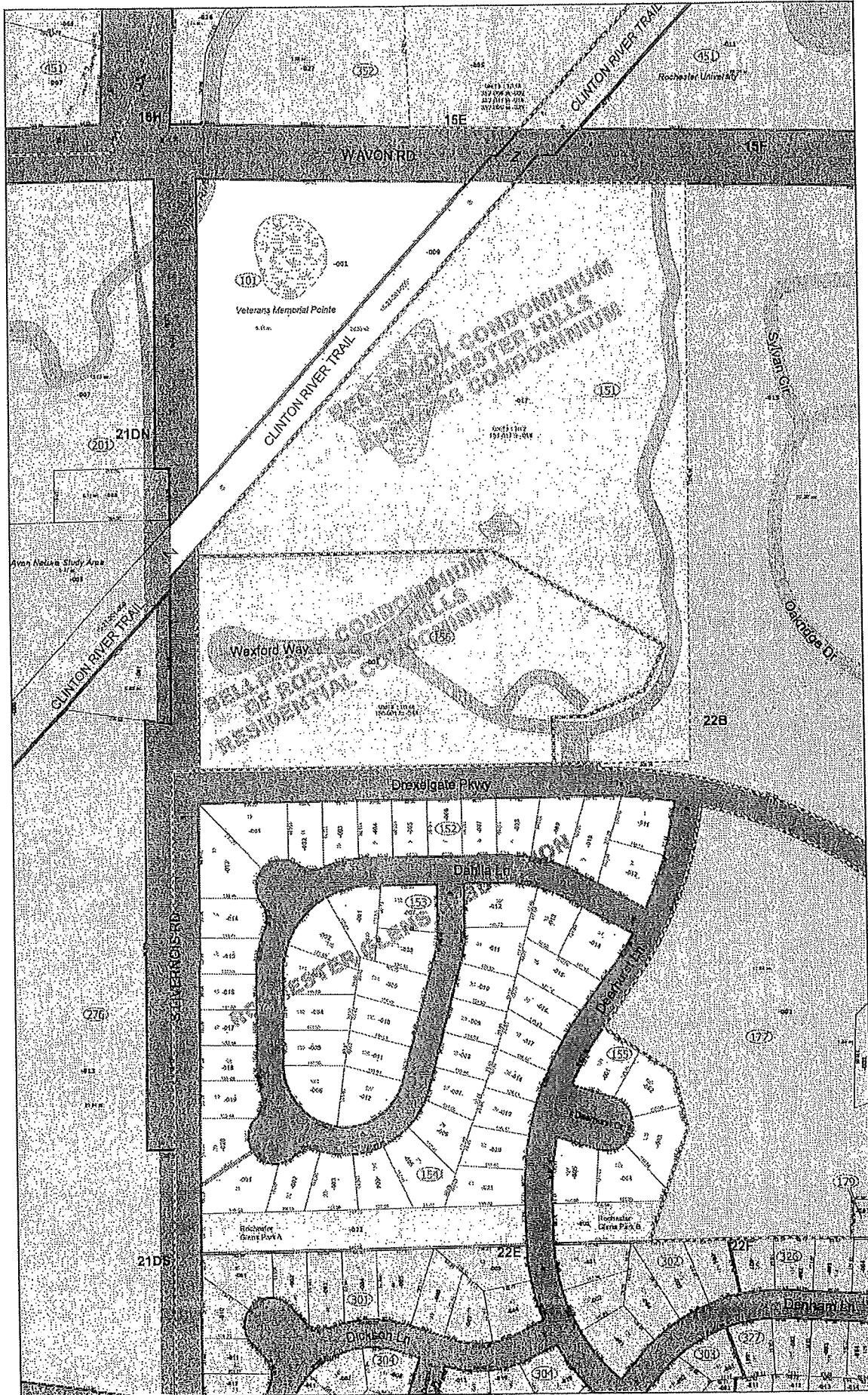
Continuing Care Board of Directors

TERM	CONTACT INFORMATION
1/1/22-12/31/24	<p>Beverly Jones, PhD, RN, FAAN 4036 Cranbrook Court Bloomfield Hills, MI 48301 Email: bj4227@sbcglobal.net Phone: 313-801-9162</p>
1/1/21-12/31/23	<p>William (Larry) Minnix 99 Berkeley Road Avondale Estates, GA 30002 Mobile: 202-236-1355 Email: larryminnix@gmail.com</p>
1/1/22-12/31/24	<p>LeJon Poole, PhD Associate Professor of Healthcare Management Campbell University 143 Main Street Buies Creek, NC 27506 Office: 910-893-1393 Email: pooler@campbell.edu</p> <p><i>Home Address:</i> 634 Kintyre Drive Clayton, NC 27520 Mobile: 910-893-1307 Email: llpoole911@gmail.com</p>
1/1/22-12/31/24	<p>Marjorie E. Tapia, RSM, MS, APN-C, GNP-BC Director of Health and Aging Services The Religious Teachers Filippini 455 Western Ave Morristown, NJ 07960</p> <p><i>Home Address:</i> 1031 Madison Avenue Plainfield, NJ 07060 Mobile: 908-229-8390 Email: margietapia@gmail.com</p>



Continuing Care Board of Directors

TERM	CONTACT INFORMATION
<p>1/1/22-12/31/24</p>	<p>Antonia M. Villarruel, PhD, RN, FAAN Professor and Margaret Bond Simon Dean of Nursing University of Pennsylvania School of Nursing 418 Curie Boulevard, Room 430 Philadelphia, PA 19104-4217 Phone: 215-898-8283 Mobile: 248-872-8751 Email: amvillar@nursing.upenn.edu Admin: Diana Brown Phone: 215-573-4999 Email: dianabro@nursing.upenn.edu</p> <p><i>Home Address:</i> Antonia M. Villarruel 830 Lafayette Road Bryn Mawr, PA 19010</p>
<p>1/1/20-12/31/24</p>	<p>DèWayne Wells 28080 Ranchwood Drive Southfield, MI 48076 Mobile: 248-224-0816 Email: wells@ameritech.net</p>
<p>Treasurer (Non-voting)</p>	<p>Marcus Bowens Chief Financial Officer, Continuing Care Trinity Health 20555 Victor Parkway, Livonia, MI 48152 Email: marus.bowens@trinity-health.org Admin: Sally Murphy Email: murphysa@trinity-health.org</p>
<p>Legal Counsel and Secretary (Non-voting)</p>	<p>Mandi Murray Managing Counsel – Provider Operations Trinity Health 20555 Victor Parkway Livonia, MI 48152 Phone: 734-343-1376 Email: murraym@trinity-health.org Admin: Sue Stechsulte Phone: 734-343-1380 Email: Suzanne.Stechsulte@trinity-health.org</p>



W Part of NW 1/4 of Sec. 22 - 22A



1/11/2022

May

12

1987

①

57924

UNDER 9902 PAGE 900

WARRANTY DEED

Marcy Services for Aging, Inc. ("Grantor"), a Michigan corporation, whose address is 28660 Eleven Mile Road, Farmington Hills, Michigan 48018 conveys and warrants to Marcy Services for Aging Non-profit Housing Corporation ("Grantee"), a Michigan nonprofit housing corporation, whose address is 28660 Eleven Mile Road, Farmington Hills, Michigan 48018 the following premises situated in the City of Rochester Hills, County of Oakland and State of Michigan:

Unit numbers 1 and 2, being all of the condominium units in Bellbrook Condominium of Rochester Hills -- Business Condominium, Oakland County Condominium Subdivision Plan No. 466, and all general common elements and limited common elements in said condominium as described in the Master Deed and exhibits recorded in Liber 9539, Pages 541-565, Oakland County Records, as amended by the First Amendment of Master Deed and Replat No. 1 of Oakland County Condominium Subdivision Plan No. 466, as recorded May 8, 1987 in Liber 9898, Page 545 through 554, Oakland County Records,

said condominium being situated on the land described as follows:

A PARCEL OF LAND LYING IN THE N.W. 1/4 OF SECTION 22, T. 3 N., R. 11 E., AVON TOWNSHIP, OAKLAND COUNTY, MICHIGAN, NOW CITY OF ROCHESTER HILLS, DESCRIBED AS FOLLOWS; BEGINNING AT A POINT ON THE S'LY. LINE OF THE GRAND TRUNK WESTERN RAIL ROAD COMPANY EASEMENT, DISTANT S. 01° 07' 26" W. 954.72 FEET AND N. 43° 27' 53" E. 28.08 FEET FROM THE N.W. CORNER OF SAID SECTION 22; THENCE ALONG THE S'LY. LINE OF SAID G.T.W. R.R. COMPANY EASEMENT, N. 43° 27' 53" E. 1095.93 FEET; THENCE S. 87° 30' 53" E. 391.94 FEET; THENCE S. 01° 08' 09" W. 1280.00 FEET; THENCE N. 89° 55' 46" W. 313.00 FEET ALONG THE W. LINE OF DEXEL GATE PARKWAY (73 FT. WD.) RECORDED AS N. 96° 29' 24" E. IN "ROCHESTER GLENN SUBDIVISION", LIBER 145, PAGE 23 OF OAKLAND COUNTY RECORDS; THENCE N. 00° 04' 14" E. 105.00 FEET; THENCE S. 89° 55' 46" E. 72.00 FEET; THENCE N. 67° 45' 17" E. 151.36 FEET; THENCE N. 26° 26' 40" E. 109.92 FEET; THENCE N. 60° 36' 42" W. 396.13 FEET; THENCE N. 69° 55' 46" W. 724.01 FEET; THENCE N. 01° 07' 29" E. 45.02 FEET TO THE POINT OF BEGINNING CONTAINING 17.2038 ACRES AND SUBJECT TO THE EASEMENTS, RESTRICTIONS AND RIGHT-OF-WAY RECORDS PAID 8004 NOV 12 '87 01:35PM 1634 FEES 2.00

Grantor by this instrument conveys to Grantee all of Grantor's right, title, interest and obligations as Developer of said condominium as described in said Master Deed and in the Condominium Act of Michigan.

This conveyance is exempt as provided by MCL 207.503(a)

Dated this 12th day of May, 1987.

Signed in the presence of:

MARCY SERVICES FOR AGING, INC., a Michigan corporation

Joan M. Bednarski
 JOAN M. BEDNARSKI
 Karen J. Goodman

By: Mary Kelly
 MARY KELLY
 President

OAKLAND COUNTY TREASURERS CERTIFICATE
 I HEREBY CERTIFY THAT THIS INSTRUMENT IS
 TITLED AS SHOWN AND THAT THE SAME IS
 THE ORIGINAL INSTRUMENT FILED FOR
 RECORD AND THAT THE DATE IS AS SHOWN
 AND THAT THE INSTRUMENT IS NOT
 SUBJECT TO ANY RECORDS IN THIS OFFICE
 5/21/87
 J. J. [Signature]

900041010
 Unit 2
 Unit 1

7.00
 [Signature]

May

12

1987

STATE OF MICHIGAN)
) ss.
COUNTY OF OAKLAND)

LSER 9902 PAGE 901

The foregoing instrument was acknowledged before me this 8th day of May, 1987, by Mary Kelly, RSM, the President of Mercy Services for Aging, Inc., a Michigan corporation, on behalf of the corporation.

Karlson Kriebel
Notary Public
OAKLAND County, Michigan

My Commission Expires: December 11, 1989

~~Drafted by and When Recorded Return To:~~

HONIGMAN MILLER SCHWARTZ AND COHN
Thomas J. Beale, Esq.
2290 First National Building
Detroit, Michigan 48226

ret
WHEN RECORDED RETURN TO
TIGOR TITLE INSURANCE COMPANY
1500 NORTH WOODWARD AVE.
SUITE 209
BIRMINGHAM, MICH. 48011