

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)	:			
New Class C License	Resort (transfer)			
X Class C License (transfer)	Tavern (transfer)			
Microbrewery/Distiller	Other:			
GENERAL INFORMATION:				
Applicant's Name:	01-09-2024 Date:			
Business Name: Canvas Hospitality Group LLC				
Address: 213 Low Meadow Ct, Oakland MI 48363				
2483450356 Phone: Email:	jvalciunas@canvashg.com			
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: 2 Months				
List any other businesses you are affiliated with in and outside of the City of Rochester Hills:				

SUBJECT PROPERTY:				
Location of Proposed License:184 N. Adams	Rd, Roches	ter Hills MI 4	8309	
Does applicant presently own the premises? If no, name of owner of premises:	es 🙀/No			
Legal description of property:				
APPLICANT INFORMATION:				
pplicant's Name:Justin Vaiciunas		2483450356 Phone No.:		
Address:213 Low Meadow Ct				ST: _MI
Age: 36 Citizenship:		Dat	te of Birth:	09-16-1987
Birthplace: (City/ST):Royal Oak, MI				
If naturalized, year and place:				- Listing - List
If the applicant is a partnership, company, corporates, addresses and dates of birth of all person licensed business or who will share in the profits	ons who will I	nave any fina	ancial investr	give the ment in the
If a partnership, please complete the following:				
Michael Mauro Partner's Name:	Phone	78 No :	7864797906	
Address:213 Low Meadow Ct.			ıkland	ST:
	US		te of Birth:	02-10-1989
Birthplace: (City/ST):Lansing, MI				
If naturalized, year and place:				
Manager's Name:				

Address:		City:		ST:	
Age:	Citizenship:				
Birthplace: (City/ST):					
f naturalized, year and f a corporation, provid	place:e the names, addresses a	nd date of birth of ea	ch of the officers and direc	tors:	
NAME		ADDRESS	DATE OF BI	RTH	
		•			
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		A CONTRACTOR OF THE PARTY OF TH			
⊒Yes ⊠ Ño	ther individuals listed abo				
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ADDITIONAL INFOR	RMATION REQUIRED:	(Please provide the	e following)		
1					
Evidence o 5 years).	f financial responsibilit	y (submit detailed f	inancial statements for	oast	
Floor plan,	including seating and b	oar layout and total	occupant capacity.		

Menu (food and drink). Provide the percentage of gross revenue from the sale of food.
Authorization to Obtain Information & Release for Purposes of Licensure (form included in application packet)
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Has the applicant ever applied for a liquor license previously? The Yes
Has this applicant ever been denied a liquor license? Yes
Have there been any recent liquor licenses at this location?
Was a liquor license ever suspended or revoked? ☐ Yes ☐ If yes, explain the circumstances:
Describe the proposed character/type/theme of establishment: Modern upscale restaurant opened for Lunch and dinner. Craft Cockatils, Beer and Wine
What proposed or actual commitments are being made by the applicant to establish permanency in the community?
Justin Vaiciunas grew up in Rochester Hills and is currently moved back to the area along
with Michael Mauro.
What other factors should the Rochester Hills City Council consider?
The combine tenure of business and culinary knowledge between Justin and Michael
Wanting to bring a upscale chef forward trendy restaurant to the city of Rochester Hills

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:

(Name) (Date)

Signature of Applicant:

1-09-2024

(Date)

Signature of Contact Person:

1-09-2024

(Date)

<u>APPLICATION FEE:</u>

\$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).