



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)

Class C License (transfer)

Tavern (transfer)

Microbrewery/Distiller

Other:

Relocation of Class C

GENERAL INFORMATION:

Applicant's Name: AMY M. LEUNG Date: 8/21/22

Business Name: OCEANIA INN INC

* Address: 2700 TIENKENS RD ROCHESTER HILLS

Phone: 248 375 9200 Email: _____

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: since 1975

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

KING GARDEN CARRY OUT

SUBJECT PROPERTY:

Location of Proposed License: 37 S LIVERNOISE ROCHESTER HILLS 48307

Does applicant presently own the premises? Yes No

If no, name of owner of premises: CLARIDGE PARTNERS LLC

Legal description of property: SIDWELL # 70-15-13-101-026

APPLICANT INFORMATION:

Applicant's Name: AMY M LEUNG Phone No.: 248 651 1708

Address: 2700 W TIENKEN RD City: ROCHESTER HILLS MI

Age: 72 Citizenship: U.S. Date of Birth: 11-8-1950

Birthplace: (City/ST): KWONG TUNG CHINA

If naturalized, year and place: 1970 DETROIT MICH.

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: JODIE TRUESDELL Phone No.: 248 651 1708

Address: 2700 W. TIENKEN RD City: ROCHESTER HILLS MI ST: 48306

Age: 42 Citizenship: U.S. Date of Birth: 8-30-1979

Birthplace: (City/ST): ROCHESTER HILLS MI

If naturalized, year and place: _____

Manager's Name: WAI PO LEUNG Phone No.: 248 651 1708

Address: 2700 W TIENKEN RD City: RICHMOND H, ST: MI

Age: 75 Citizenship: US Date of Birth: 2-17-47

Birthplace: (City/ST): KWONG TUNA CHINA

If naturalized, year and place: DETROIT 1980

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

NAME	ADDRESS	DATE OF BIRTH
<u>AMY M LEUNG</u>	<u>2700 W. TIENKEN RD</u>	<u>11-8-1950</u>
<u>WAI PO LEUNG</u>	<u>2700 W. TIENKEN RD</u>	<u>2-17-1947</u>
<u>Jodie THUESDELL</u>	<u>..</u>	<u>8-30-1979</u>

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.

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

X 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:

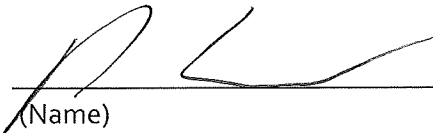
Describe the proposed character/type/theme of establishment: CHINESE RESTAURANT
DINE IN & CARRY OUT

What proposed or actual commitments are being made by the applicant to establish permanency in the community?
OCEANIA INN has a 20 years lease at
37 S. LIVERMORE TWILIGHT HILLS MI. 48307

What other factors should the Rochester Hills City Council consider?
We operate the Oceania INN in ROCHESTER HILLS
OVER 50 years. We have liquor licence SINCE 1975.
We never has any problems.

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:  8-24-22
(Name) (Date)

Signature of Applicant:  8.31.2022
(Name) (Date)

Signature of Contact Person:  8/31/22
(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).