

AGENDA

Regular Meeting of the

**CITY COUNCIL
OF THE CITY OF TROY
LIQUOR VIOLATION HEARINGS**

FEBRUARY 16, 2005

CONVENING AT 7:30 P.M.

**Submitted By
The City Manager**

TO: The Honorable Mayor and City Council
Troy, Michigan

FROM: John Szerlag, City Manager

SUBJECT: Background Information and Reports

Ladies and Gentlemen:

This booklet provides a summary of the many reports, communications and recommendations that accompany your Agenda. Also included are suggested or requested resolutions and/or ordinances for your consideration and possible amendment and adoption.

Supporting materials transmitted with this Agenda have been prepared by department directors and staff members. I am indebted to them for their efforts to provide insight and professional advice for your consideration.

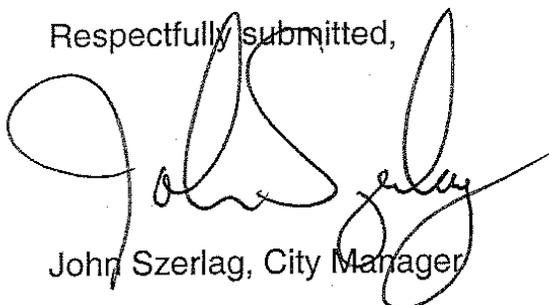
Identified below are goals for the City, which have been advanced by the governing body; and Agenda items submitted for your consideration are on course with these goals.

Goals

1. Minimize cost and increase efficiency of City government.
2. Retain and attract investment while encouraging redevelopment.
3. Effectively and professionally communicate internally and externally.
4. Creatively maintain and improve public infrastructure.
5. Protect life and property.

As always, we are happy to provide such added information as your deliberations may require.

Respectfully submitted,



John Szerlag, City Manager



CITY COUNCIL

AGENDA

February 16, 2005 – 7:30 PM
Council Chambers
City Hall - 500 West Big Beaver
Troy, Michigan 48084
(248) 524-3317

CALL TO ORDER: 1

INVOCATION & PLEDGE OF ALLEGIANCE: ROLL CALL: Mayor Pro Tem Beltrami 1

OUTLINE OF PUBLIC HEARING PROCEDURE 1

PUBLIC COMMENT: 2

A. Items on the Current Agenda 2

PUBLIC HEARINGS 2

- 1.0 Liquor Violations (Class C): (a) Thunderbird Lanes, Inc. (dba: Thunderbird Lanes); (b) Ichibang (dba: Ichibang); (c) GBD, Inc. (dba: Franco's Cafe) 2
- (a) Thunderbird Lanes, Inc. (dba: Thunderbird Lanes) 2
- (b) Ichibang (dba: Ichibang) 3
- (c) GBD, Inc. (dba: Franco's Cafe) 4
- 2.0 Liquor Violations (Class SDD/SDM): (a) Rite Aid of Michigan, Inc. (dba: Rite Aid Discount Pharmacy #4268); (b) K-Mart Corporation (dba: K-Mart #4082); (c) Troy Paradise, Inc. (dba: Troy Paradise Party Store) 5
- (a) Rite Aid of Michigan, Inc. (dba: Rite Aid Discount Pharmacy #4268) 5
- (b) K-Mart Corporation (dba: K-Mart #4082) 6
- (c) Troy Paradise, Inc. (dba: Troy Paradise Party Store) 7

RECESSED **8**

RECONVENED **8**

ADJOURNMENT **8**

SCHEDULED CITY COUNCIL MEETINGS: **8**

Monday, February 21, 2005	Regular City Council.....	8
Monday, February 23, 2005	CANCELLED Liquor Violation Hearings.....	8
Monday, February 28, 2005	Regular City Council.....	8
Monday, March 07, 2005	Regular City Council.....	8
Monday, March 21, 2005	Regular City Council.....	8
Monday, March 28, 2005	Regular City Council.....	8
Monday, April 04, 2005	Regular City Council.....	8
Monday, April 18, 2005	Regular City Council.....	8
Monday, April 25, 2005	Regular City Council.....	8

CALL TO ORDER:

INVOCATION & PLEDGE OF ALLEGIANCE: ROLL CALL: Mayor Pro Tem
Beltramini

Mayor Louise E. Schilling
Robin Beltramini
Cristina Broomfield
David Eisenbacher
Martin F. Howrylak
David A. Lambert
Jeanne M. Stine

OUTLINE OF PUBLIC HEARING PROCEDURE

The City Attorney suggests the following outline of procedure for consideration of liquor violations:

1. The Mayor calls the licensee whose case is to be heard.
2. The licensee and/or his attorney should be asked to the front of the Chamber to acknowledge their presence for the record and can be seated.
3. The Assistant City Attorney makes a very short opening statement regarding the violation(s), and presents proofs.
4. When witnesses are called, they should be sworn by the City Clerk to tell the truth.
5. Once the witness is sworn, the Assistant City Attorney will question the witness.
6. The police report and other documents may be offered into evidence as part of the case and should be kept by the City Clerk as part of the records.
7. At the conclusion of the City's case, the licensee or his attorney should be asked to offer an explanation for the violations if they choose, make a statement, offer evidence, or otherwise make their presentation.
8. If the licensee offers evidence from witnesses who have not been previously sworn, the City Clerk should swear those witnesses.
9. Once the licensee has concluded his presentation, the Assistant City Attorney should be given an opportunity for rebuttal, if any is desired.
10. City Council members may ask questions at any time, but it is suggested that this questioning by Council members be conducted after the parties conclude their presentations.
11. When the presentation of evidence is concluded, the matter returns to the City Council for discussion, deliberation, and resolution.

PUBLIC COMMENT:

A. Items on the Current Agenda**PUBLIC HEARINGS**

The following named licensees have been given notice to appear for this series of Public Hearings regarding alleged violations:

1.0 Liquor Violations (Class C):

- a) Name: Thunderbird Lanes, Inc. (dba: Thunderbird Lanes)
Address: 400 West Maple Road, 48084
License No.: Class C - Sunday Sales (1941-2004 SS)
- b) Name: Ichibang (dba: Ichibang)
Address: 1129 East Long Lake Road, 48085
License No.: Class C - Sunday Sales (125216-2004 SS)
- c) Name: GBD, Inc. (dba: Franco's Cafe)
Address: 3614 Rochester Road, 48083
License No.: Class C (6886-2004 SS)

2.0 Liquor Violations (SDD/SDM):

- a) Name: Rite Aid of Michigan, Inc. (dba: Rite Aid Discount Pharmacy #4268)
Address: 3986 John R, 48083
License No.: SDD (11763-2004-SS) / SDM (4339-2004)
- b) Name: K-Mart Corporation (dba: K-Mart #4082)
Address: 100 E. Maple, 48083
License No.: SDM (8174-2004)
- c) Name: Troy Paradise, Inc. (dba: Troy Paradise Party Store)
Address: 5945 John R, 48085
License No.: SDD (115945-2004-SS)

1.0 Liquor Violations (Class C): (a) Thunderbird Lanes, Inc. (dba: Thunderbird Lanes); (b) Ichibang (dba: Ichibang); (c) GBD, Inc. (dba: Franco's Cafe)**(a) Thunderbird Lanes, Inc. (dba: Thunderbird Lanes)****Suggested Resolution**

Resolution #2005-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on Wednesday, February 16, 2005 for the following licensed establishment:

Name: Thunderbird Lanes, Inc. (dba: Thunderbird Lanes)
Address: 400 West Maple Road, 48084
License No.: Class C - Sunday Sales (1941-2004 SS)

and having found violation of the following codes and/or regulations; SALE TO MINOR (Compliance Test), March 23, 2004; and

WHEREAS, This licensee has had no prior violations; and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 16, 2005.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is **RECOMMENDED** to the Michigan Liquor Control Commission that Class C-Sunday Sales License Number (1941-2004 SS) in the name of Thunderbird Lanes, Inc. in the City of Troy, **BE RENEWED** with the **STIPULATION** that all employees be TIPS and TAMS trained and that the Licensee provide proof of training to the Troy Police Department within ninety (90) days; and a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(b) Ichibang (dba: Ichibang)

Suggested Resolution

Resolution #2005-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on Wednesday, February 16, 2005 for the following licensed establishment:

Name: Ichibang (dba: Ichibang)
Address: 1129 East Long Lake Road, 48085
License No.: Class C - Sunday Sales (125216-2004 SS)

and having found violation of the following codes and/or regulations; SALE TO MINOR (Compliance Test), March 23, 2004; and

WHEREAS, This licensee has had no prior violations; and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 16, 2005.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is **RECOMMENDED** to the Michigan Liquor Control Commission that Class C License Number (125216-2004 SS) in the name of Ichibang, in the City of Troy, **BE RENEWED** with the **STIPULATION** that all employees be TIPS and TAMS trained and that the Licensee provide proof of training to the Troy Police Department within ninety (90) days; and a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(c) GBD, Inc. (dba: Franco's Cafe)

Suggested Resolution

Resolution #2005-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 16, 2005, for the following licensed establishment:

Name: GBD, Inc. (dba: Franco's Cafe)
Address: 3614 Rochester Road, 48083
License No.: Class C (6886-2004 SS)

and, having found violation for the following codes and/or regulations: SALE TO MINOR - (Compliance Test) on April 16, 2004; and

WHEREAS, This licensee had prior violations dated November 6, 1998 - Sale to Minor (Compliance Insp.) and on October 18, 1995 - Sale to Minor; and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 16, 2005.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that Class C License Number 6886-2004 SS in the name of GBD, Inc. in the City of Troy, **BE RENEWED/NOT BE RENEWED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

2.0 Liquor Violations (Class SDD/SDM): (a) Rite Aid of Michigan, Inc. (dba: Rite Aid Discount Pharmacy #4268); (b) K-Mart Corporation (dba: K-Mart #4082); (c) Troy Paradise, Inc. (dba: Troy Paradise Party Store)

(a) Rite Aid of Michigan, Inc. (dba: Rite Aid Discount Pharmacy #4268)

Suggested Resolution

Resolution #2005-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 16, 2005, for the following licensed establishment:

Name: Rite Aid of Michigan, Inc. (dba: Rite Aid Discount Pharmacy #4268)
 Address: 3986 John R, 48083
 License No.: SDD (11763-2004-SS) / SDM (4339-2004)

and, having found violation for the following codes and/or regulations: SALE TO MINOR - (Compliance Test) on June 30, 2004; and

WHEREAS, This licensee has had prior violations dated: July 11, 2003 – Sale to Minor (MLCC Compliance Test); February 28, 2002 - Sale to Minor (Compliance Test); April 24, 2001 – Sale to Minor (Compliance Test); October 27, 1999 – Sale to Minor (Compliance Test); October 28, 1998 – Sale to Minor (Compliance Insp.); December 9, 1996 – Sale to Minor (Compliance Insp.); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 16, 2005.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that SDD License Number 11763-2004-SS and SDM License Number 4339-2004 in the name of Rite Aid of Michigan, Inc. in the City of Troy, **BE REVOKED/NOT BE REVOKED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(b) K-Mart Corporation (dba: K-Mart #4082)

Suggested Resolution

Resolution #2005-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 16, 2005, for the following licensed establishment:

Name: K-Mart Corporation (dba: K-Mart #4082)

Address: 100 E. Maple, 48083

License No.: SDM (8174-2004)

and, having found violation for the following codes and/or regulations: SALE TO MINOR - (Compliance Test) on June 30, 2004; and

WHEREAS, This licensee has had prior violations dated: May 17, 2001 – Sale to Minor (Compliance Test); July 25, 2000 – Sale to Minor (Compliance Test); October 28, 1998 – Sale to Minor (Compliance Insp.); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 16, 2005.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that SDM License Number 8174-2004 in the name of K-Mart Corporation in the City of Troy, **BE REVOKED/NOT BE REVOKED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(c) Troy Paradise, Inc. (dba: Troy Paradise Party Store)

Suggested Resolution

Resolution #2005-02-

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WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

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Name: Troy Paradise, Inc. (dba: Troy Paradise Party Store)
Address: 5945 John R, 48085
License No.: SDD (115945-2004 SS)

and, having found violation for the following codes and/or regulations: SALE TO MINOR - (Compliance Test) on November 21, 2004; and

WHEREAS, This licensee has had a prior violation dated: March 24, 2003; and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 16, 2005.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that SDD License Number 115945-2004 SS in the name of Troy Paradise, Inc. in the City of Troy, **BE REVOKED/NOT BE REVOKED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

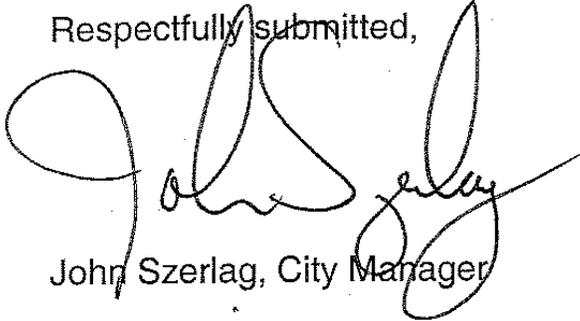
No:

RECESSED

RECONVENED

ADJOURNMENT

Respectfully submitted,



John Szerlag, City Manager

SCHEDULED CITY COUNCIL MEETINGS:

- Monday, February 21, 2005..... Regular City Council
- ~~Monday, February 23, 2005- **CANCELLED**..... Liquor Violation Hearings~~
- Monday, February 28, 2005..... Regular City Council
- Monday, March 07, 2005..... Regular City Council
- Monday, March 21, 2005..... Regular City Council
- Monday, March 28, 2005..... Regular City Council
- Monday, April 04, 2005..... Regular City Council
- Monday, April 18, 2005..... Regular City Council
- Monday, April 25, 2005..... Regular City Council

Thunderbird Lanes
Thunderbird Lanes, Inc.
400 E. Maple
Troy MI 48084
Class C (1941-2004-SS)
Sale to Minor (Compliance Test)

Name: Thunderbird Lanes (400 W. Maple)

Date: 03/23/04

Nature: Sale to Minor

- ✓ History file
- ✓ Incident report
- ✓ MLCC violation report
- ✓ MLCC hearing disposition
- ✓ City summons disposition

LCC Liquor Licensee History

Business name: **Thunderbird Lanes**
 Address: 400 E. Maple (248) 362-1660
 Licensee: Thunderbird Lanes, Inc.
 License type: **Class C (1941-2004)**
 Permits: Sunday Sales, Bowling, Concourse, 2 Bars
 Comments:

Date	Troy Incident #	Type	Disposition	Date
02/23/99	99-07300	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/99	99-23645	Compliance Test	PASSED	
11/16/99	none	Compliance Test	PASSED	
06/25/00	00-22539	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
08/17/00	00-30409	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/19/00	00-38784	Compliance Test	PASSED	
10/20/00	00-38914	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/14/00	00-42171	Compliance Test	PASSED	
02/06/01	01-04427	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/16/01	01-13013	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01		Compliance Test	PASSED	
06/26/01	01-22638	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/15/01	01-29307	Compliance Test	PASSED	
09/27/01	01-34741	Compliance Test	PASSED	
10/11/01	01-36668	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
12/13/01	01-44538	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/22/02	02-05693	Compliance Test	PASSED	
03/03/02	02-06660	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

04/11/02	02-11069	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/02	02-20020	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/26/02	02-20473	Compliance Test	PASSED	
09/06/02	02-29505	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS	
10/8/02	02-33184	Compliance Test	PASSED	
02/18/03	03-5152	Liquor Inspection (Road Patrol-Dungjen)	NO VIOLATIONS	
03/11/03	03-7295	Liquor Inspection (Road Patrol- Dungjen)	NO VIOLATIONS	
04/23/03	03-12102	Compliance Test	PASSED	
06/20/03	03-18699	Compliance Test	PASSED	
10/28/03	03-33342	Compliance Test	PASSED	
01/08/04	04-00772	Liquor Inspection (Road Patrol- Brazel)	NO VIOLATIONS	
02/08/04	04-04036	Liquor Inspection (Road Patrol- Brazel)	NO VIOLATIONS	
03/13/04	04-07379	Liquor Inspection (Road Patrol- Brazel)	NO VIOLATIONS	
03/23/04	04-08497	Sale to Minor (compliance test)	\$500 fine	05/07/04
05/23/04	04-14957	Liquor Inspection (Road Patrol- Giorgi)	NO VIOLATIONS	
06/30/04	04-19505	Compliance Test	PASSED	
07/26/04	04-22672	Liquor Inspection (Road Patrol- Giorgi)	NO VIOLATIONS	
09/07/04	04-28112	Liquor Inspection (Road Patrol- Giorgi)	NO VIOLATIONS	
11/27/04	04-37670	Liquor Inspection (Road Patrol-Weingart)	NO VIOLATIONS	

Violation History of Business:1236 THUNDERBIRD LANES, INC.			
Violation Date	MLCC Complaint Number	Violation Description	Decision or Event
11/5/01	66146		PASSED MLCC CONTROL BUY 11/05/2001 PASSED CONTROLLED BUY OPERATION ON 11/01/01 (STANDIFER/KLINGBEIL/X-096 & X-099)
3/23/04	80532	SALE TO MINOR-MARK ULLMAN (19): (TROY PD/ULLMAN/CK SCOTT CAWLEY)	ACKNOWLEDGEMENT 04/28/2004 LIC ACK - COMM WEATHERS DECISION 05/07/2004 \$500 OR 25 DAY SUSP. SEC.801(2)



Michigan Department of Consumer & Industry Services
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
 7150 Harris Drive - P.O. Box 30005
 Lansing, Michigan 48909-7505
 Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
 (Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

* Officers please obtain License No., Bus. ID and File # directly from the liquor license *

License No. 1941-2003 SS Business ID 1236 File # _____

1. Name of Licensee THUNDERBIRD LANES INC 2. Doing Business As Thunderbird Lanes

3. Mailing Address (street, city, zip code) 400 West Maple Road, Troy, 48084

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C - Sunday Sales

7. Date of Violation: Tuesday 03/23/04 6:20 AM or PM
 (DAY) (DATE) (HOUR)

8. Violation Type: Minor
 Intoxicated Person After hours sales/consumption
 Gambling Fighting (must be inside licensed premises)
 Controlled Substances Failure to Cooperate
 Prohibited Conduct OTHER: _____

if MINOR: Birth date 03/14/85 Was this a DECOY? Yes No If no, you MUST answer below:
 If above minor violation was NOT a decoy describe enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 04-8497

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature [Signature] Name and Title (print) Russell Bragg, Police Officer
 Officer Signature [Signature] Name and Title (print) Patrick Browne, Police Officer
 Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name Mark Ullman Address 500 W Big Beaver Road; Troy 48084

Will testify to: Decoy

2. Name Scott Michael Cawley Address 3606 Hunter; Royal Oak 48073

Will testify to: Bartender

3. Name Bruce Heichel Address 1397 Irwin Drive; Waterford 48327

Will testify to: General Manager (DOB: 06/09/50) (248-362-1660)

4. Name Officer Russell Bragg Address 500 W Big Beaver Road; Troy 48084

Will testify to:

5. Name Officer Patrick Browne Address 500 W Big Beaver Road; Troy 48084

Will testify to:

EVIDENCE

Location Held (Explain): One Polaroid photograph of Bud Light beer served to decoy.
Property tag No. 126480

INCIDENT REPORT

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E10 <input type="checkbox"/> DEATH OF OFFENDER	E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE	E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR	INCIDENT NUMBER
	03.23.04	TUE	09	99	006	062							0418497	
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED			TIMES(S) OCCURRED			ASSIGNED HOUR / DAY			
	1830	1830	1820	1850	03.23.04			1820			18 TUE			
03	LOCATION 1 / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						LOCATION 2 (INTERSECTING STREET)							
	400 W. MAPLE													
04	CITY	STATE	ZIP	CODE	BUSINESS NAME			BUSINESS PHONE						
	TROY	MI	48084	2	HUNTERBIRD LANES			(248) 262-XXXX						
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED			PATROL	GEOGRAPHIC			
	BOWLING ALLEY				BLKS	FOP	FOP			07				
06	NATURE OF OFFENSE #1			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	DRUGS <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY		ACTIVITY TYPES (Maximum 3 Per Offense)	
	L.C.C. VIOLATION												B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING	
07	NATURE OF OFFENSE #2			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	DRUGS <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY			
08	NATURE OF OFFENSE #3			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	DRUGS <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY			
09	NATURE OF OFFENSE #4			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	DRUGS <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY		OFFENSE COMMENTS	

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIB

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE	
	B		ULMAN, MARK						W/M			16	
I 11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY		STATE	ZIP			
	500 W. BIG BEAVER						TROY		MI	48084			
G 12	HOME PHONE (248)	BUSINESS PHONE	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.							
	524-3477					STUDENT DECOR							
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 01 <input type="checkbox"/> 02	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER	<input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FELONIOUS ASSAULT CIRCUMSTANCES
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES				
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/					
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/					
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/					
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/					

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
	S	01	CRAWLEY, SCOTT, MICHAEL						W/M		11.04.58	41
A 17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY		STATE	ZIP		
	3604 HUNTER						ROYAL OAK		MI	48071		
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
	(248) 549-1192											
R 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #							
	MI	C400740603840										
E 20	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)					
							650520					

S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER								
	Accused To DECOR		03.23.04	99	006	062											
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER								
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH	01 UNARMED	11 FIREARM	12 HANDGUN	13 RIFLE	14 SHOTGUN	15 OTHER FIREARM	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	30 CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> DIS <input type="checkbox"/> PE <input type="checkbox"/> TEI

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL	
	E	PHOTO		01				
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.	
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #		
				126480	DEPOSITORY			
7	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED

28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	SEIZED DRUGS	TYPE	AMOUNT	MEAS
	PHOTO OF BEER SERVED TO DECOR				
29	INVESTIGATING OFFICER(S)	REVIEWED BY:	ATTENTION TO:		
	BRACE / BROWNIE	DCH/07			

PERSON REPORT

01	DATE 03/23/04	DAY TUE	SHIFT 09	PLATOON 99	BADGE 1 606	BADGE 2 202	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 04	INCIDENT NUMBER 18497		
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERVY (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIB												
02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) HETSHEL, BRUCE						RAC	SEX	DOB	AGE
03	ADDRESS 1397 LAWREN DR		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY WATERFORD		STATE	ZIP ME 48321		
04	HOME PHONE 362-1660	BUSINESS PHONE	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. GENERAL MANAGER						
05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> A INDIVIDUAL <input type="checkbox"/> B BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCE			
07	01 SPOUSE 02 CL SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN	REL / OFF #				
08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
09	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP		
10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.						
11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> A INDIVIDUAL <input type="checkbox"/> B BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCE			
13	01 SPOUSE 02 CL SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN	REL / OFF #				
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
15	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP		
16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE			
17	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #						
18	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)						
19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL			
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
23	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP		
24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE			
25	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #						
26	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)						
27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL			
30	INVESTIGATING OFFICER(S): BRAGO / BLOWNE					REVIEWED BY:		ATTENTION TO:				

NARRATIVE REPORT

SUPP CORR DELETE

01	DATE 3/23/04	Day Tue	SHIFT 09	Platoon 99	BADGE 1 006	BADGE 2 062	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 04	INCIDENT # 8497

On the listed date and time I, Ofc Bragg, along with Directed Patrol Officers Browne and Satterfield, were conducting LCC compliance checks at the Thunderbird Lanes bowling alley at 400 W. Maple Rd. in the City of Troy. We were assisted in this check by 19 year old Student Enforcement Aide Mark Ullmann.

While under observation by Ofc. Browne and I, Ullmann entered the bowling alley lounge closest to the south doors of the establishment. Ullmann seated himself at the bar and waited for service. After a few moments the bartender, later identified as Scott Cawley, approached Ullmann and took his order. Ullmann ordered a Bud Light beer, and Cawley served him a glass without making any inquiry as to Ullmann's age.

Ofc Browne and I then secured the beer and sent Ullmann out of the bar. I identified myself to Cawley and informed him of the violation. Cawley stated that it had occurred to him that Ullmann may have been underage, but only after he had served him the beer and had walked away. Cawley offered no other explanation for his actions. I asked Cawley if he had ever been TIPS/TAMS trained and he stated that he had, but added that it had been "a few years." At this point, the building general manager, Bruce Heichel, walked up and introduced himself. I explained the violation to Heichel and inquired as to the policy for training the wait staff in TIPS/TAMS. Heichel stated that all employees were trained in it, but not necessarily prior to the individual beginning work. Heichel added that Thunderbird Lanes Inc. had been the licensee since 1995, and that no prior LCC violations had occurred.

Ofc Satterfield completed the civil infraction citation for Cawley and presented it to him. Cawley was charged with the state law civil infraction violation of Furnishing Alcohol to an Underage Decoy (Cit. No. 650520) Ofc. Browne photographed the beer served to Ullmann, and that photograph was tagged and entered into evidence (Tag No. 126480)

Bragg #006	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

01	DATE 03/23/04	DAY TUE	SHIFT 09	PLAT 99	BADGE 1 06	BADGE 2 C2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 04	INCIDENT # 0497
----	------------------	------------	-------------	------------	---------------	---------------	---	------------	------------	--------------------

02 Statement of: Mark Ullmann 3/14/85 Home Phone: 248-828-7625
(PLEASE PRINT)

03 Address: 5621 Willow Grove DR Business Phone:

04 City: Troy State: MI Zip: 48065

05

06 I walked into T-Bird Lanes and sat down at the bar. I asked the

07 bartender for a Budlight and he did not ask for my ID or my age. The bartender

08 then served me the Budlight and I waited for the officer to come in. I then

09 walked out of the establishment. The bartender was an older gentleman ~~that~~ that

10 only had a half head of hair.

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X: Mark Ullmann
(SIGNATURE)

28 Taken By: P. Brown #62
(SIGNATURE)

29 Place: 500 W. Big Beaver Date: 03/23/04 Time: 2315

INVESTIGATING OFFICER(S) <u>Braeco / Brown</u>	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
---	-------------	---------------------	--------------

State of Michigan
Uniform Law Citation

Ticket No. **650520**

Victim Involved

US DOT # _____ Incident No. **04-8497** Dept. No. **784**

The People of: the State of Michigan
 Township City Village County

Local Use/Arrest No. _____ Detection Device _____

QF: **TROY** BAC _____ of _____

THE UNDERSIGNED SAYS THAT ON: Month **3** Day **23** Year **04** At approximately A.M. P.M. Date of Birth Month **11** Day **04** Year **58**

State **MI** Driver's License Number **E400760** Social Security No. **60384E**

Race **W** Sex **M** Height _____ Weight _____ Hair _____ Eyes _____ Occupation/Employer _____

Name (First, Middle, Last) **SCOTT MICHAEL, CAWLEY**

Street **3606 HUNTER**

City **ROYAL OAK** State **MI** Zip Code **48073**

Vehicle Plate No. _____ Year _____ State _____ Vehicle Description (Year, Make, Color) _____ Type _____

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule UPON **400 W. MAPLE**

AT OR NEAR **THUNDERBIRD LANES**

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING

Type	Ordinance	Description (include any bond amount collected on each charge)	No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend	<input type="checkbox"/> Fug <input type="checkbox"/> Waiv	FURNISH/SERVE ALCOHOL TO UNDERAGE DECAY	1
<input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Authorization pend		2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend	<input type="checkbox"/> Fug <input type="checkbox"/> Waiv		3

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) 1 _____ 2 _____ 3 _____

Key for Type: C/I = Civil infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive Waiv = Violation for Which Fines/Costs May be Waived Authorization pend = Authorization pending

Remarks **04-8497**

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$
 Vehicle Impounded Injury License Posted in Lieu of Bond
 Traffic Crash Death Appearance Certificate
Person in Active Military Service Yes No None

SEE DATE BELOW - SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

Appearance Date on or before **4-7-04**
Hearing Date (if applicable) on _____ Contact Court
 Juvenile Traffic Misd. (Court will Notify) Formal Hearing Required. (Court will Notify)

In the **52-4 DISTRICT** Court of **OAKLAND COUNTY**

Court Address & Phone Number
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
PHONE: (248) 528-0400

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable: **Off. Scott P. Brown / [Signature]** Month **3** Day **23** Year **04**

Officer's Name (printed) **SATTARFIELD / BROWN / BRACE** Officer's ID No. **89/62/06**

Agency ORI **MI-6378400** Agency Name **TROY POLICE DEPARTMENT**

UC-01a (rev. 9/02) Court Copy-1

Ticket No. **650520**

Name

Case No.

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/17/05
XFER TKT# 01 04 650520
SE 04 001501 PS 01 TYPE SI DEF NAME SCOTT, MICHAEL, CAWLEY,
SOC SEC 000000000 SEX M RACE DOB 110458 LIC # MI C400760603848
ATTY BAR # NAME

OFFENSE 2690 000 FURN/SERVE ALC TO UNDERAGE DEC DATE 032304 CONV CODE
CHARGE CODE JUDGE 10
DISP PG B PLEA OF GUILTY AT BENCH TRIAL COND DATE 040704
SENTENCE DATE 040704 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS 60.00 TO BE PAID BY 040704 REST OTHER
JSA 40.00 JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERVED
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 04-8497 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 04 NO 001501 MSP PDC C001 SEQ FUNCTION DS MODE I



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Maintenance
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Services
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

January 26, 2005

Thunderbird Lanes, Inc.
 400 E. Maple
 Troy, Michigan 48084

Re: Liquor License: Thunderbird Lanes
 400 E. Maple
 Troy, Michigan 48084

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 16, 2005 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the non-renewal of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (1941-2004-SS)
Violation Name: Sale to Minor (Compliance Test)
Violation Date(s): 3/23/2004

You agreed to appear at this hearing upon execution of the Agreement Regarding Liquor License Request. You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
 Barbara A. Holmes, CMC
 Deputy City Clerk

7002 1000 0004 9357 0596

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

01-26-05

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

To: THUNDERBIRD LANES, INC.
 400 WEST MAPLE ROAD
 TROY, MICHIGAN 48084

Postmark Here

PS Form 3800, Apr. 2002

Ichibang
Ichibang, Inc.
1129 E. Long Lake
Troy MI 48085
Class C (125216-2004-SS)
Sale to Minor (Compliance Test)

Name: Ichibang (1129 E. Long Lake)

Date: 03/23/04

Nature: Sale to Minor

- ✓ History file
- ✓ Incident report
- ✓ MLCC violation report
- ✓ MLCC hearing disposition
- ✓ City summons disposition

LCC Liquor Licensee History

Business name: **Ichibang**
Address: 1129 E. Long Lake (248) 524-9333
Licensee: Ichibang, Inc.
License type: **Class C (125216-2004-S)**
Permits: Sunday Sales
Comments:

Date	Troy Incident #	Type	Disposition	Date
01/13/99	99-01950	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/12/99	99-09544	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/99	99-24025	Compliance Test	PASSED	
11/23/99	none	Compliance Test	PASSED	
07/26/00	none	Compliance Test	PASSED	
11/01/00	00-40536	Compliance Test	PASSED	
11/14/00	00-42175	Compliance Test	PASSED	
01/13/01	01-01551	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/19/01	01-09483	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01		Compliance Test	PASSED	
06/06/01	01-19796	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/16/01	01-29498	Compliance Test	PASSED	
10/02/01	01-35425	Compliance Test	PASSED	
11/26/01	01-42362	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/26/02	02-06160	Compliance Test	PASSED	
06/27/02	02-20614	Compliance Test	PASSED	
08/26/02	02-28183	Liquor Inspection (Road Patrol-Cicchini)	NO VIOLATIONS	
10/11/02	02-33531	Compliance Test	PASSED	
12/03/02	02-39189	Liquor Inspection (Road Patrol-Dimaria)	NO VIOLATIONS	

01/08/03	03-830	Liquor Inspection (Road Patrol-Dimaria)	NO VIOLATIONS	
03/12/03	03-7400	Liquor Inspection (Road Patrol-Dimaria)	NO VIOLATIONS	
04/24/03	03-12246	Compliance Test	PASSED	
06/20/03	03-18718	Compliance Test	PASSED	
07/08/03	03-	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	
07/20/03	03-22385	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	
08/17/03	03-25709	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	
10/28/03	03-33332	Compliance Test	PASSED	
12/19/03		Ownership transferred to Ichibang Corporation, Inc.		
02/10/04	04-04216	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	
02/22/04	04-05413	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	
03/23/04	04-08509	Sale to Minor (compliance test)	\$500 fine	08/17/04
05/26/04	04-15377	Liquor Inspection (Road Patrol- Kocenda)	NO VIOLATIONS	
06/26/04	04-18993	Liquor Inspection (Road Patrol- Kocenda)	NO VIOLATIONS	
09/10/04	04-28514	Liquor Inspection (Road Patrol- Kocenda)	NO VIOLATIONS	



Michigan Department of Consumer & Industry Services
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
 7150 Harris Drive - P.O. Box 30005
 Lansing, Michigan 48909-7505
 Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
 (Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

*** Officers please obtain License No., Bus. ID and File # directly from the liquor license ***

License No. 125216-2003SS Class C Business ID 148937 File # _____

1. Name of Licensee ICHIBANG 2. Doing Business As Ichibang

3. Mailing Address (street, city, zip code) 1129 East Long Lake Road; Troy 48085

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C - Sunday Sales

7. Date of Violation: Tuesday 03/23/04 9:02 AM or PM
 (DAY) (DATE) (HOUR)

8. Violation Type: Minor Intoxicated Person After hours sales/consumption
 Gambling Fighting (must be inside licensed premises)
 Controlled Substances Failure to Cooperate
 Prohibited Conduct OTHER: _____

if MINOR: Birth date 09/13/85 Was this a DECOY ? Yes No If no, you MUST answer below:
 If above minor violation was NOT a decoy describe enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 04-8509

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature [Signature] #89 Name and Title (print) Andrew Satterfield, Police Officer

Officer Signature [Signature] #25 Name and Title (print) Justin Novak, Police Officer

Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name Matthew Totten Address 500 W Big Beaver Road; Troy 48084

Will testify to: Decoy

2. Name Akiko Masaki Address 4238 Bandury; Orion 48359

Will testify to: Waitress

3. Name Kyongyi Russell Address 4238 Bandury; Orion 48359

Will testify to: On-duty manager

4. Name Officer Andrew Satterfield Address 500 W Big Beaver Road; Troy 48084

Will testify to:

5. Name Officer Justin Novak Address 500 W Big Beaver Road; Troy 48084

Will testify to:

EVIDENCE

Location Held (Explain): One Polaroid photograph of Budweiser beer served to decoy.
Property tag No. 126491

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # MI6378400

INCIDENT REPORT

SUPP

PAGE 1 OF 1

01	DATE 03.23.04	DAY Tue	SHIFT 99	PLATOON 025	BADGE 1 089	BADGE 2 089	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 04	INCIDENT NUMBER 8509	
02	RECEIVED 2100	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 03.23.04			TIMES(S) OCCURRED 2102		ASSIGNED HOUR / DAY 21 Tue	
03	LOCATION / ADDRESS 1129 E. Long Lake				LOCATION 2 (INTERSECTING STREET)						
04	CITY Troy	STATE MI	ZIP 48098	CODE L	BUSINESS NAME Ichibang			BUSINESS PHONE 524-9333			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION restaurant				ESTAB CODE 8640	ORIGIN <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 05	GEOGRAPHIC		
06	NATURE OF OFFENSE #1 LCC Violation		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	#PREM	ACTIVITY PIT	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING	
07	NATURE OF OFFENSE #2 Serve Alcohol to a minor		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	#PREM	ACTIVITY PIT		
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	#PREM	ACTIVITY		
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	#PREM	ACTIVITY	OFFENSE COMMENTS	

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIB

V10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) DPU						RAC	SEX	DOB	AGE
I11	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY		STATE	ZIP
C12	HOME PHONE	BUSINESS PHONE		STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.					
T13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FAT		
I14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCE			
	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BO" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER						

A16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) Masaki Akiko				RAC	SEX	DOB	AGE
A17	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER) 4238 Bandury				CITY Orion		STATE	ZIP MI 48359
R18	HOME PHONE	BUSINESS PHONE		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE
R19	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #				

E20	PERSON COMMENTS / CLOTHING Identified via international license					SUMMONS / CITATION NUMBER(S) # 665 778				
S21	ARREST / SUMMONS DESCRIPTION Serve alcohol to minor		ARREST CHARGE 1	ARREST DATE 03.23.04	PLATOON 99	BADGE 1 025	BADGE 2	FM E	DIS	DEPARTMENT ARREST NUMBER
T22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input checked="" type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input checked="" type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL	

24	CODES	DESCRIPTION E photograph		PROPERTY TYPE	QUANTITY 01	YEAR	MAKE	MODEL			
25	STYLE	COLOR(S) TOP/BOTTOM	MONTH / YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.					
26	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG # 126491	LOCATION PROPERTY Rep	LEIN / NCIC REF #					
28	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED			
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK (1) photo of beer served							SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S) Novak / Satterfield / Bragg					REVIEWED BY: Dett 207	ATTENTION TO:				

NARRATIVE REPORT

01	DATE 3/23/04	Day Tue	SHIFT 09	Platoon 99	BADGE 1 089	BADGE 2 025	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 04	INCIDENT # 8509

RE: LCC Violation (Ichibang restaurant, 1129 E. Long Lake)

On listed date and time we were working LCC checks with listed 18-year-old decoy, Matt Totten.

Totten entered the Ichibang followed by Ofc. Satterfield. Totten took a seat and ordered a Budweiser beer from the waitress, Akiko Masaki. Masaki brought Totten the beer, poured it into a glass and walked away (see Totten's witness statement).

I, Officer Satterfield, approached the Manager, Kyongyi Lee Russell, and Masaki. I id'ed myself as a police officer and explained to them that Masaki had just served an underage decoy.

Kyongyi Russell stated that Masaki was visiting from Japan and that she did not fully understand the LCC laws. Russell also stated that Masaki spoke very little English.

Russell stated that the restaurant had just opened 1 week prior to this incident.

Ofc Novak and Ofc Bragg arrived on the scene and Novak issued Masaki a citation for furnishing alcohol to underage decoy (cit # 665778).

Bragg took a Polaroid photo of the glass of beer and Budweiser bottle which was later placed into evidence on tag # 126491.

I spoke with the owner of the restaurant, Tony Russell, via telephone and explained to him the violation.

I also asked about TIPS and TAMS training which Russell stated that he has taken however his employees have not.

We filled out the LCC violation form and advised Russell and the employees of a possible LCC hearing and/or hearing before the Troy City Council.

Satterfield, Novak, Bragg	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

ORI # MI6378400

SUPP CORR DELETE PAGE 1 OF 1

01	DATE 03/23/04	DAY Tue	SHIFT 0999	PLAT 25	BADGE 1	BADGE 2 89	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 04	INCIDENT # 8509
----	------------------	------------	---------------	------------	---------	---------------	---	------------	------------	--------------------

Statement of: Matt Totten Home Phone:

03 Address: Troy P.D. Decoy Business Phone:

04 City: State: Zip:

05 I walked into Ichibang restaurant at 1129 Long Lake Rd.
06 at about 9:05 p.m. A lady later identified as Masaki
07 seated me in a booth. I ordered a Budweiser and a few
08 minutes later she brought it and poured it into a glass
09 for me. Then Officer Satterfield walked over and I left.

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X: Totten
(SIGNATURE)

28 Taken By: Navick
(SIGNATURE)

29 Place: 1129 E. Long Lake Date: 3/23/04 Time: 2:15

INVESTIGATING OFFICER(S) Navick/Satterfield REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO

State of Michigan Uniform Law Citation Ticket No. 665778 Victim Involved

US DOT # Incident No. 07-8509 Dept. No. 284

The People of the State of Michigan Township City Village County Local Use/Arrest No. Detection Device

OF: TROY BAC 6 of 1
 THE UNDERSIGNED SAYS THAT ON Month 03 Day 23 Year 09 At approximately 9:02 A.M. P.M. Date of Birth 09/17/59

State Driver's License Number Social Security No.

Race A Sex F Height Weight Hair Eyes Occupation/Employer Ichibang Restaurant

Name (First, Middle, Last) Akiko Masaki

Street 4238 BANDURY DR ~~OAKLAND~~

City Orinda State MI Zip Code 48359

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Type

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule

UPON 1129 E Long Lake

OR NEAR Ichibang Restaurant

WITHIN CITY VILLAGE TOWNSHIP OF TROY

COUNTY OF OAKLAND DID THE FOLLOWING

Type	Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend	456, 1201(1)	serve liquor to a minor	1
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend			3
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) 1 2 3
 Key for Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive Waiv = Violation for Which Fines/Costs May be Waived Authorization pend = Authorization pending

Remarks LCC inspection delay

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$
 Vehicle Impounded Injury License Posted in Lieu of Bond
 Traffic Crash Death Appearance Certificate
 Person in Active Military Service Yes No None

SEE DATE BELOW SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS
 Appearance Date on or before April 7, 2004
 Hearing Date (if applicable) on Contact Court
 Juvenile Traffic Misd. (Court will Notify) Formal Hearing Required (Court will Notify)

In the 52-4 DISTRICT Court of OAKLAND COUNTY

Court Address & Phone Number
 520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
 PHONE: (248) 528-0400

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
 I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt (if applicable) Month 03 Day 23 Year 04

Officer's Name (printed) Nouch / Satterfield Officer's ID No. 25189

Agency ORI MI-6378400 Agency Name TROY POLICE DEPARTMENT

UC-01a (rev. 9/02) Court Copy-1

Ticket 665778 Name Case No.

Violation History of Business:148937 ICHIBANG CORPORATION, INC.			
Violation Date	MLCC Complaint Number	Violation Description	Decision or Event
3/23/04	80533	SALE TO MINOR-MATTHEW TOTTEN (18): (TROY PD/TOTTEN/CK AKIKO MASAKI)	HEARING HELD 07/08/2004 HEARING HELD-FARMINGTON STOREY-ASEVEDO-DECLERCQ DECISION 08/17/2004 \$500 OR 25 DAYS SUSP - SEC 801(2)

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/17/05

XFER TKT# 01 04 655778

SE 04 001502 PS 01 TYPE OI DEF NAME AKIKO, ,MASAKI,
JJC SEC 000000000 SEX F RACE DOB 091759 LIC # NONE
ATTY BAR # NAME

OFFENSE 2690 000 SERVE LIQUOR TO A MINOR DATE 032304 CONV CODE
CHARGE CODE JUDGE 10
DISP DUM B DISMISS PROS.ATNY MOTION AT BENCH TRIAL COND DATE 060304
SENTENCE DATE 060304 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS TO BE PAID BY REST OTHER
JSA JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERVED
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 04-8509 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 04 NO 001502 MSP PDC C001 SEQ FUNCTION DS MODE I



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

January 26, 2005

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Operations
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Technology
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

Ichibang, Inc.
 1129 E. Long Lake
 Troy, Michigan 48085

Re: Liquor License: Ichibang
 1129 E. Long Lake
 Troy, Michigan 48085

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 16, 2005 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the non-renewal of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (125216-2004-SS)
Violation Name: Sale to Minor (Compliance Test)
Violation Date(s): 3/23/2004

You agreed to appear at this hearing upon execution of the Agreement Regarding Liquor License Request. You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes

Barbara A. Holmes, CMC
 Deputy City Clerk

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7002 1000 0004 9357 0617

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
 Here

Total P _____
 Sent To **ICHIBANG**
1129 EAST LONG LAKE ROAD
 Street, A or PO Box **TROY, MICHIGAN 48085**
 City, State _____

Franco's Café
GBD, Inc.
3614 Rochester
Troy MI 48083
Class C (6886-2004-SS)
Sale to Minor (Compliance Test)

Name: Francis Cafe (3614 Rochester)

Date: 04/16/04

Nature: Sale to Minor

- ✓ History file
- ✓ Incident report
- ✓ MLCC violation report
- ✓ MLCC hearing disposition
- ✓ City summons disposition

LCC Liquor Licensee History

Business name: **Franco's Cafe**
 Address: 3614 Rochester (248) 528-0153
 Licensee: GBD Inc.
 License type: **Class C (6886-2002)**
 Permits: Sunday Sales
 Comments: transferred from 36899 Dequindre, Troy

Date	Troy Incident #	Type	Disposition	Date
12/7/92		License transferred		
10/18/95	95-38549	Sale to minor	\$1000, fine (2 counts, \$400, \$600)	03/04/96
3/21/96	95-38549	Council Hearing: Retrain all in TIP		
11/06/98	98-44886	Sale to minor (Compliance Insp.)	\$700 fine 2 counts \$350 ea	01/13/99
01/10/99	99-01382	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/22/99		City Council orders TIPS/TAM training to all servers <u>before</u> they are allowed to serve		
06/24/99	99-24022	Compliance Test	PASSED	
08/11/99		Reminder letter sent for proof, deadline 09/01/99	(complied)	
11/16/99	none	Compliance Test	PASSED	
04/16/00	00-12805	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
10/17/00	00-38509	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/01/00	00-40520	Compliance Test	PASSED	
01/14/01	01-01611	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/08/01	01-04615	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01		Compliance Test	PASSED	

08/16/01	01-29495	Compliance Test	PASSED	
10/02/01	01-35419	Compliance Test	PASSED	
10/25/01	01-38531	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/26/02	02-06154	Compliance Test	PASSED	
04/29/02	02-13270	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/27/02	02-20608	Compliance Test	PASSED	
08/30/02	02-28663	Liquor Inspection (Road Patrol-Drewek)	NO VIOLATIONS	
10/11/02	02-33528	Compliance Test	PASSED	
12/10/02	02-39960	Liquor Inspection (Road Patrol-Breidenich)	NO VIOLATIONS	
01/21/03	03-2257	Liquor Inspection (Road Patrol-Breidenich)	NO VIOLATIONS	
03/06/03	03-6661	Liquor Inspection (Road Patrol-Breidenich)	NO VIOLATIONS	
04/24/03	03-12195	Liquor Inspection (Road Patrol-Breidenich)	NO VIOLATIONS	
04/24/03	03-12242	Compliance Test	PASSED	
06/20/03	03-18712	Compliance Test	PASSED	
07/31/03	03-23642	Liquor Inspection (Road Patrol-Breidenich)	NO VIOLATIONS	
09/08/03	03-28006	Liquor Inspection (Road Patrol-Breidenich)	NO VIOLATIONS	
10/29/03	03-33463	Compliance Test	PASSED	
01/16/04	04-01612	Liquor Inspection (Road Patrol-Barrows)	NO VIOLATIONS	
02/14/04	04-04659	Liquor Inspection (Road Patrol-Barrows)	NO VIOLATIONS	
03/06/04	04-06708	Liquor Inspection (Road Patrol-Barrows)	NO VIOLATIONS	
04/16/04	04-10961	Sale to Minor (Compliance Test)	\$600 fine	08/17/04
05/05/04	04-12952	Liquor Inspection (Road Patrol- Michael)	NO VIOLATIONS	
05/14/04	04-14043	Liquor Inspection (Road Patrol- Michael)	NO VIOLATIONS	
09/09/04	04-28293	Liquor Inspection (Road Patrol- Michael)	NO VIOLATIONS	
11/18/04	04-36647	Liquor Inspection (Road Patrol-Lenczewski)	NO VIOLATIONS	
01/04/05	05-00342	Liquor Inspection (Road Patrol-Lenczewski)	NO VIOLATIONS	



Michigan Department of Consumer & Industry Services
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive - P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
(Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

* Officers please obtain *License No.*, *Bus. ID* and *File #* directly from the liquor license *

License No. 6886-2004 SS Business ID 4483 File # _____

1. Name of Licensee GBD, INC. 2. Doing Business As Franco's Cafe

3. Mailing Address (street, city, zip code) 3614 Rochester Road, Troy, 48083

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C

7. Date of Violation: _____ Friday 04/16/04 7:45 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: Minor
 Intoxicated Person After hours sales/consumption
 Gambling Fighting (must be inside licensed premises)
 Controlled Substances Failure to Cooperate
 Prohibited Conduct OTHER: _____

if MINOR: Birth date 09/13/85 Was this a DECOY? Yes No If no, you MUST answer below:
If above minor violation was NOT a decoy describe enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 04-10961

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature *David Livingston* Name and Title (print) David Livingston, Sergeant

Officer Signature *J. Novak* Name and Title (print) Justin Novak, Officer

Department Name Troy Police Department Phone # 248-524-3431

WITNESSES

1. Name Matt Totten Address 500 West Big Beaver Road, Troy 48084

Will testify to: Being served bottle of Budweiser beer by waitress Nicole Richards

2. Name Nicole Richards Address 2000 Jonathan Circle #63, Shelby Twp 48317

Will testify to: Serving beer to underage decoy

3. Name _____ Address _____

Will testify to:

4. Name _____ Address _____

Will testify to:

5. Name _____ Address _____

Will testify to:

EVIDENCE

Location Held (Explain): One Polaroid photograph of beer served to minor
Property tag #126820

TROY POLICE DEPARTMENT

INCIDENT REPORT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # M16378400

SUPP
PAGE 1 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
	04/16/04	FRI	09	99	025	207	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	04	10961
	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED	TIMES(S) OCCURRED	ASSIGNED HOUR / DAY			
	1945	1945	1945	2010	04/16/04	1945	19	FRI		

03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	LOCATION 2 (INTERSECTING STREET)
	3614 ROUDESTOR	

04	CITY	STATE	ZIP	CODE	BUSINESS NAME	BUSINESS PHONE
	Troy	MI	48083		FRANCO'S CAFE	248-528-0153

05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION	ESTAB CODE	ORIGIN	HOW ACTIVATED	PATROL	GEOGRAPHIC
	RESTAURANT	8640	<input type="checkbox"/> PHONE <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> FOP <input type="checkbox"/> DISP <input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	05	

06	NATURE OF OFFENSE #1	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
	LCC VIOLATION								B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	
08	NATURE OF OFFENSE #3	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	
09	NATURE OF OFFENSE #4	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITHN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
		24	GIORLANDO, FRANCO		M		

I 11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	3614 ROUDESTOR	Troy	MI	48083

G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
		248-528-0153			MGR-OWNER OF FRANCO'S

T 13	VICTIM CONNECTED TO OFFENSE	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT B <input type="checkbox"/> BUSINESS R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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M 15	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY	OUTSIDE FAMILY, BUT KNOWN	NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING 05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW 09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY 20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby) 24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE 28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN			

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
		4S	RICHARDS, NICOLE CHERIE		W	05/13/84	19

A 17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	2000 JONATHAN CIRCLE #63	SHREVEY TWP	MI	48317

R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
			509		HAZ	BRO SHL STRA HWY MOD		

R 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
	MI	R263,630,115,364			

E 20	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
	WAITRESS WHO SERVED BEVERAGE TO DECOY	665779

S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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23	ARREST TYPE	ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant) <input type="checkbox"/>	MULTIPLE ARREST INDICATOR <input type="checkbox"/> N/A	MULTIPLE COUNT 1 <input type="checkbox"/>	CLEAR INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 UNARMED 11 FIREARM 12 HANDGUN	13 RIFLE 14 SHOTGUN 15 OTHER FIREARM	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL
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CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL
	E	POLAROID PHOTO		1		POLAROID	PHOTO

25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.
							PICTURES OF BEER SERVED TO DECOY

26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #		
				126820	PROPERTY			
	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED

28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	SEIZED DRUGS	TYPE	AMOUNT	MEAS
	SERVED TO DECOY BY MS. RICHARDS. PHOTOS TAKEN BY OFC ROWAK				

29	INVESTIGATING OFFICER(S)	REVIEWED BY:	ATTENTION TO:
	SGT. LIVINGSTON #207 / OFC ROWAK #25	ALB #207	

TROY POLICE DEPARTMENT

PERSON REPORT

SUPP

500 W. Big Beaver - Troy, MI 48084-5285
ORI # M16378400

PAGE 2 OF 3

DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
01 04/16/04	FRI	09	99	207	025	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	04	10961

(1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	48		TOTTER MATT	WM		09/13/85	18
I03	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP		
	500	W. BIG BEAVER	Troy	MI	480		
G04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.		
					UNOCCUPANCY DELAY		

T05	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	/
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/	/
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/	/
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	/

V08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
I09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP		
G10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.		

T11	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M13	01 SPOUSE	05 CHILD	06 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	/
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/	/
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/	/
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	/

A15	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP		

R16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			
E18	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)			

S19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

21	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PER <input type="checkbox"/> TEL
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A23	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP			
R24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			

E26	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)			

S28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

29	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PER <input type="checkbox"/> TEL
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30	INVESTIGATING OFFICER(S):	REVIEWED BY:	ATTENTION TO:
	SGT. LIVINGSTON #207		

TROY POLICE DEPT.500 W. Big Beaver, Troy, MI 48084
ORI #MI6378400**NARRATIVE REPORT**

_ SUPP _ _ CORR _ _ DELETE

PAGE 3 OF 3

01	DATE 041604	DAY Fri	SHIFT 09	PLAT 99	BADGE 1 207	BADGE 2 025	INCIDENT STATUS _ CLR ARREST _ UNF _ CLR EXCEPT _ INACT	PRIM CLASS	YEAR 04	10961
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I (Sgt. Livingston) was conducting an underage LCC compliance test with Department decoy, Matt Totten. Officer Novak assisted us with the testing. We arrived at the Franco Café located at 3614 Rochester in the City of Troy. Matt Totten, 18 years old, entered the business and took a seat in the smoking section. A short time later a waitress, later identified as Nicole Richards, arrived and asked if he would like to start off with something to drink. Mr. Totten said that he would like a bottle of Budweiser beer. Ms. Richards asked if he had any ID. Mr. Totten replied that he did not have any ID on him. She asked him what year he was born and he responded by stating 1982. Ms. Richards then replied by stating, "OK, I'll let it slide." Ms. Richards then left the table and a short time later I saw her at the bar getting a bottle of Budweiser beer. She removed the cap from the beer and got a glass and inspected the glass before carrying the glass and the beer to Mr. Totten's table. She placed the beer down on the table in front of Mr. Totten and turned away to take care of another order.

We contacted Franco Giorlando and advised him of the violation. He was a bit upset about it. Mr. Giorlando indicated that it had been about five (5) years since his last violation. He also complained about the \$ 1,000.00 fine that he was going to have to pay. I located the license and copied the information from the liquor license.

Ms. Richards was issued a state civil infraction for failure to make a diligent inquiry. The ticket number is 665779.

Mr. Totten completed a witness statement directly after the violation occurred.

Officer Novak took a Polaroid photo of the bottle of Budweiser beer. The photo was later tagged # 126820 and placed property.

INVESTIGATING OFFICER(S) Sgt. Livingston # 207	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT
WITNESS STATEMENT

01	DATE 04/16/04	DAY FRI	SHIFT 09	PLAT 99	BADGE 1 207	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 04	INCIDENT # 10961
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Statement of: Matt Totten 9-13-85 Home Phone:

03 Address: 500 W. BIG BEAVER Business Phone: 248-524-343

04 City: Troy State: MI Zip: 48084

05 I walked into Franco's Cafe on Rochester Rd. at
 06 7:45 pm. on April 16, 2004. I was seated in the smoking
 07 section by myself. The waitress came to me and asked
 08 me what I wanted to drink, I said Budweiser. She asked
 09 me if I had I.D. and I said not on me. Then she
 10 asked me what year I was born in, I said 1982
 11 and she said okay I'll let it slide. She brought out
 12 the beer a few minutes later.

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x: Matt Totten
(SIGNATURE)

28 Taken By: Sgt Livingston
(SIGNATURE)

29 Place: 3614 ROCHESTER

Date: 4-16-04 Time: 2000 HR:

INVESTIGATING OFFICER(S) <u>SGT. LIVINGSTON #207</u>	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
---	-------------	---------------------	--------------

State of Michigan
Uniform Law Citation

Ticket No. **665779** Victim Involved

US DOT # _____ Incident No. **04-1096** Dept. No. **784**

The People of the State of Michigan
 Township City Village County

Local Use/Arrest No. _____ Detection Device _____
OF **TROY** BAC _____ of _____

THE UNDERSIGNED SAYS THAT ON **04 16 04** At approximately **7:45** A.M. P.M. Date of Birth **05 13 84**

State **MI** Driver's License Number **263 630 115 3A** Social Security No. _____

Race **W** Sex **F** Height **5'7"** Weight **140** Hair **Blk** Eyes **Brn** Occupation/Employer **FRANCO'S CAFE**

Name (First, Middle, Last) **NICOLE CHERRY RICHARDS**

Street **2000 JONATHAN CIRCLE #63**

City **SHREVEY TWP** State **MI** Zip Code **48377**

Vehicle Plate No. _____ Year _____ State _____ Vehicle Description (Year, Make, Color) _____ Type _____

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule

UPON **3614 LOUGHBOROUGH**

AT OR NEAR **SCOTTISH AREA OF FRANCO -**

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING

Type	MCL Cite/Pacc Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.	MCL 430.1701(6)	FAIL TO MAKE A DILIGENT INQUIRY	1
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			3
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) _____

Key for Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive Waiv = Violation for Which Fines/Costs May be Waived Authorization pend = Authorization pending

Remarks **Dewy OPERATION**

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$ _____
 Vehicle Impounded Injury License Posted in Lieu of Bond _____
 Traffic Crash Death Appearance Certificate _____
Person in Active Military Service Yes No None _____

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS
Appearance Date on or before **MM 5, 2004 @ 8:30 AM**
Hearing Date (if applicable) on _____ Contact Court
 Juvenile Traffic Misd. (Court will Notify) Formal Hearing Required. (Court will Notify)

In the **52-4 DISTRICT** Court of **OAKLAND COUNTY**

Court Address & Phone Number
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
PHONE: (248) 528-0400

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable _____ Month **04** Day **16** Year **04**

Officer's Name (printed) **SGT. LIVINGSTON** Officer's ID No. **207**

Agency ORI **MI-6378400** Agency Name **TROY POLICE DEPARTMENT**

UC-01a (rev. 9/02) Court Copy-1

Ticket
665779

Name

Case No.

Violation History of Business:4483 GBD, INC.			
Violation Date	MLCC Complaint Number	Violation Description	Decision or Event
10/18/95	8599	1) SALE TO MINOR (17) BRITTANY SCHUMACHER; 2) SALE TO MINOR (18) STEVEN DUNIGAN: (TROY POLICE DEPT/SCHUMACHER, DUNIGAN)	HEARING HELD 01/17/1996 2-13-96 HEARING IN PONTIAC STEWART-GIACHINO-STEWART 15E \$17 DECISION 03/04/1996 1)\$400 2)\$600 TOTAL \$1000 OR 50 DAY SUSP COSTS \$17 SEC 22
11/6/98	996	1) SALE TO MINOR-JAMES TERNES (19): 2) SALE TO MINOR- JENNIFER ALNARAIE (19): (TROY PD/TERNES & ALNARAIE)	ACKNOWLEDGEMENT 12/30/1998 LIC ACK - COMM KECK DECISION 01/13/1999 \$350 EA CHARGE; TOTAL \$700 OR 35 DAYS SUSP SEC 801(2)
5/21/01	61263		PASSED MLCC CONTROL BUY 05/21/2001 PASSED CONTROLLED BUY OPERATIONS 5-17-01 (KLINGBEIL & DAMES & X-99 & X-102).
4/16/04	81053	SALE TO MINOR-MATT TOTTEN (18): (TROY PD/TOTTEN/CK NICOLE RICHARDS)	HEARING HELD 07/08/2004 HEARING HELD-FARMINGTON STOREY-ASEVEDO-DECLERCQ DECISION 08/17/2004 \$600.00 OR 30 DAY SUSP SEC 801(2)

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/17/05
XFER TKT# 01 04 665779
SE 04 001951 PS 01 TYPE SI DEF NAME NICOLE,CHERE,RICHARDS,
SOC SEC 000000000 SEX F RACE DOB 051384 LIC # MI R263630115364
ATTY BAR # NAME

OFFENSE 2690 000 FLD TO MAKE A DILIGENT INQUIRY DATE 041604 CONV CODE
CHARGE CODE JUDGE 20
DISP DIS B DISMISSED AT BENCH TRIAL COND DATE 120704
SENTENCE DATE 120704 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS TO BE PAID BY REST OTHER
JSA JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERVED
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 0410961 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 04 NO 001951 MSP PDC C001 SEQ FUNCTION DS MODE I



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Maintenance
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Services
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

January 26, 2005

GBD, Inc.
 3614 Rochester
 Troy, Michigan 48083

Re: Liquor License: Franco's Café
 3614 Rochester
 Troy, Michigan 48083

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 16, 2005 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the non-renewal of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (6886-2004-SS)
Violation Name: Sale to Minor (Compliance Test)
Violation Date(s): 4/16/2004

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
 Barbara A. Holmes, CMC
 Deputy City Clerk

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Sent GBD, INC.
 3614 ROCHESTER ROAD
 Street or P TROY, MICHIGAN 48083
 City, _____

PS Form 3800, June 2002 See Reverse for Instructions

7003 3110 0004 6230 7504

Rite-Aid Pharmacy #4268
Rite Aid of Michigan, Inc.
3986 John R
Troy MI 48083
SDD (11763-2004) SDM (4339-2004)
Sale to Minor (Compliance Test)

Name: Rite Aid (3996 John R)

Date: 06/30/04

Nature: Sale to Minor

- History file
- Incident report
- MLCC violation report
- MLCC hearing disposition
- City summons disposition

LCC Liquor Licensee History

Business name: **Rite Aid Discount Pharmacy #4268**
 Address: 3986 John R (313) 334-1300
 Licensee: Rite Aid of Michigan, Inc.
 License type: **SDD (11763-2002) SDM (4339-2002)**
 Permits: Sunday Sales
 Comments:

Date	Troy Incident #	Type	Disposition	Date
8/20/84		Council approved transfer of license to Paul Gabbara		
6/17/85		Council approved transfer of license to new building		
10/4/85	85-29395	Sale to minor	Dismissed	5/2/86
1/30/87	87-3181	Sale to minor	Dismissed	7/10/87
10/17/90	90-32241	Sale to minor (compliance test)	Fined \$200	10/21/91
5/23/91	91-14211	Sale to minor (compliance test)	Fined \$400	10/21/91
8/1/91		Request to transfer license to Sam Kilano	Withdrawn	3/20/92
11/4/92	92-33960	Sale to minor (compliance test)	Fined \$1000 & 3 day suspension	3/19/93
9/27/95	95-35601	Sale to minor (Compliance Insp)	Fined \$1000 & 3 day suspension	1/1/96
1/11/96		Request to transfer license to Rite Aid		
3/18/96	95-35601	Council hearing: No action, "Paul's Wine Cellar" closed, transfer to Rite Aid in process		
*****UNDER OWNERSHIP OF RITE AID OF MICHIGAN*****				
08/19/96		Council approves transfer to Rite Aid of Michigan		
12/9/96	96-45544	Sale to Minor (Compliance Insp.)	Fined \$400.	3/6/97
3/17/97	96-45544	Council hearing: Employee's not TIPS or TAM trained in last 90 days to be trained.		

10/28/98	98-43638	Sale to Minor (Compliance Insp.)	\$600	3/19/99
02/25/99	99-07624	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/08/99	99-08960	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/22/99		City Council recommends MLCC suspend license for 3 weeks and that all employees be TIPS/TAM trained BEFORE serving and proof be provided the Police Dept of same.		
05/??/99		Scott Reusze replaces Paul Gabarra as manager per Rite Aid Legal		
05/18/99	99-18438	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/22/99	99-23604	Compliance Test - PASSED		
08/11/99		Reminder letter sent for proof, deadline 09/01/99 Proof received 08/30/99		
10/27/99	99-41269	Sale to Minor (Compliance Test)	\$700	03/24/00
12/04/99	99-46310	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/25/00	none	Compliance Test	PASSED	
11/15/00	00-42336	Compliance Test	PASSED	
04/24/01	01-14106	Sale to Minor (Compliance Test)	DISMISSED Student Aide FTA	
08/14/01	01-29118	Compliance Test	PASSED	
09/25/01	01-34502	Compliance Test	PASSED	
10/17/01	01-37394	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/02/02	02-00112	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/19/02	02-05289	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/27/02	Council	Public Hearings for 2001 Violation(s)-Resolution requiring TIPS/TAM training for all employees who sell alcohol; proof to PD within 60 days; increased police surveillance; and this history file published in newspaper		
02/28/02	02-06351	Sale to Minor (Compliance Test)	\$900	7/3/02
04/19/02		Proof Received		
04/20/02	02-12147	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/13/02	02-18618	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/25/02	02-	Compliance Test	PASSED	
08/31/02	02-28780	Liquor Inspection (Road Patrol-Garcher)	NO VIOLATIONS	

10/16/02	02-34075	Compliance Test	PASSED	
11/24/02	02-38173	Liquor Inspection (Road Patrol-Nastasi)	NO VIOLATIONS	
01/03/03	03-281	Liquor Inspection (Road Patrol-Nastasi)	NO VIOLATIONS	
02/10/03	03-4221	Liquor Inspection (Road Patrol-Nastasi)	NO VIOLATIONS	
02/26/03	Council	Public Hearings for 2002 Violation(s)-Resolution to MLCC recommending that license NOT BE RENEWED; violations to be published monthly for one year in newspaper; re-certify all employees who sell alcohol in TIPS/TAMS; proof to PD within 90 days; provide PD with results of internal sting operation; PD to increase decoy operations to once per month for one year.		
03/24/03	03-8725	Compliance Test	PASSED	
04/23/03	03-12094	Compliance Test	PASSED	
05/26/03	03-15614	Liquor Inspection (Road Patrol-Owczarzak)	NO VIOLATIONS	
05/29/03		Compliance Test	PASSED	
06/16/03	03-18021	Liquor Inspection (Road Patrol-Owczarzak)	NO VIOLATIONS	
06/19/03	03-18544	Compliance Test	PASSED	
07/11/03	MLCC	Sale to Minor (MLCC Compliance Test)	\$1000 fine	11/18/03
09/01/03	03-27316	Liquor Inspection (Road Patrol-Owczarzak)	NO VIOLATIONS	
09/10/03		Compliance Test	PASSED	
10/27/03	03-33199	Compliance Test	PASSED	
11/21/03	03-35854	Compliance Test	PASSED	
03/03/04	Council	Public Hearings for 2003 Violation(s)-Resolution requiring TIPS/TAM training for all employees who sell alcohol with proof to the PD within 90 days; install ID card scanner within 90 days; monthly PD surveillance		
03/22/04	04-08404	Compliance Test	PASSED	
04/16/04	04-10984	Compliance Test	PASSED	
05/01/04	04-12486	Liquor Inspection (Road Patrol- Boska)	NO VIOLATIONS	
05/30/04		Proof received		
06/30/04	04-19490	Sale to Minor (Compliance Test)	\$ 1000 fine	11/23/04
			& 3 day suspension	
07/05/04	04-20113	Liquor Inspection (Road Patrol- Boska)	NO VIOLATIONS	
08/30/04	04-27031	Liquor Inspection (Road Patrol- Boska)	NO VIOLATIONS	
01/07/05		SDD-SDM licenses picked up by PD and suspended for three day period		



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

* Officers Please Obtain This Information From The License *

License No. SDD 11763-2004SS Business ID 9794 File #
SDM 4339-2004 (THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee RITE AID OF MICHIGAN, INC 2. Doing Business As RITE AID

3. Mailing Address (street, city, zip code) 3996 JOHN R TROY MI 48063

4. Township 5. County OAKLAND

6. Type of License(s) & Permit(s) SDD / SDM ; SUNDAY SALES

7. Date of Violation: WEDNESDAY 6-30-04 8:20 AM of PM (DAY) (DATE) (HOUR)

8. Violation Type: [X] Minor [] Intoxicated Person [] After hours sales/consumption [] Gambling [] Fighting (must be inside licensed premises) [] Controlled Substances [] Failure to Cooperate [] Prohibited Conduct [] OTHER:

if MINOR: Birth date 9-13-85 Was this a DECOY? [X] Yes / No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 04-1949C

Officer Signature Name and Title (print) SGT. DAVID LIVINGSTON

Officer Signature Name and Title (print)

Department Name Troy P.D. Phone # 248-524-3477

WITNESSES

1. Name MATT TOTTER Address 90500 W. BIG BEAR TRAIL MI 480

Will testify to: PURCHASING ALCOHOLIC BEVERAGES AS AN UNDERAGE DRINKER.

2. Name _____ Address _____

Will testify to: _____

3. Name _____ Address _____

Will testify to: _____

4. Name _____ Address _____

Will testify to: _____

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: 1 - SIX PACK OF ROLLING ROCK BEER TAG # 127766

HELD BY TRAY P.D. PROPERTY OFFICER.

INCIDENT REPORT

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER	
	063004	WED	09	99	207		E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	09	19490	
	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED	TIMES(S) OCCURRED	ASSIGNED HOUR / DAY				
	2020	2020	2020	2038	063004	2020	2000ED				
03	LOCATION / ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)			LOCATION 2 (INTERSECTING STREET)					
	3986		JOHN R								
04	CITY	STATE	ZIP	CODE	BUSINESS NAME			BUSINESS PHONE			
	Troy	MI	48083		RITE AID			248-524-3911			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED		PATROL	GEOGRAPHIC	
	RITE AID PHARMACY				8000	<input type="checkbox"/> PHONE <input type="checkbox"/> FOP	<input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	<input type="checkbox"/> 911 <input type="checkbox"/> DISP	<input type="checkbox"/> MDT <input type="checkbox"/> OTHER	05	
06	NATURE OF OFFENSE #1		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)	
	LCC VIOLATION				DRUGS <input type="checkbox"/>					B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLIC D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORT U USING / CONSUMING	
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY		
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY		
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	OFFENSE COMMENTS	

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (H) RESPON

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)		RAC	SEX	DOB	AGE				
		4	AUDISHO, FRANCESCA		W	F	010277	2				
I 11	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY	STATE	ZIP					
	3986	JOHN R			Troy	MI	48083					
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.							
		248-524-3911	MI		NIGHT SHIFT MANAGER							
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FELONIOUS ASSAULT CIRCUMSTAN
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTAN			
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	/			
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/	/			
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/	/			
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	/			

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)		RAC	SEX	DOB	AGE
	45		DURAKOVIC, NEDIM		W	M	042880	2
A 17	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY	STATE	ZIP	
	596	E. BIG BEAVER APT 207			Troy	MI	48083	
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
	248-703-6643	248-524-3911	509	150	GRY	BRO SN HT STR MED	ME	ME
R 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			
	MI	D621626004325						

E 20	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)										
	CASHIER @ RITE AID	650510										
S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER			
	SALE TO											
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER			
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N / A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> FOP <input type="checkbox"/> MDT

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL
		E 1-SIX PACK		6		Rolling Rock	BEER
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.
							6-1202 BOTTLES
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #	
				127766	PROPERTY		
	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME
							PERSON / DEPARTMENT NOTIFIED

28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	SEIZED DRUGS	TYPE	AMOUNT	MEAS
	SOLD TO UNDERAGED BY BY SUSPECT DURAKOVIC				
29	INVESTIGATING OFFICER(S)	REVIEWED BY:	ATTENTION TO:		
	SGT. DAVID LIVINGSTON #207	DL#207			

PERSON REPORT

01	DATE 06.30.04	DAY WED	SHIFT 09	PLATOON 99	BADGE 1 207	BADGE 2	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 04	INCIDENT NUMBER 19490
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(1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPON

V02	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) TOTTEN, MATTHEW	RAC	SEX	DOB 09/13/85	AGE
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I03	ADDRESS 500 W. Big Beaver	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY Troy	STATE MI	ZIP 48064
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G04	HOME PHONE	BUSINESS PHONE 347 524-3431	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIL
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T05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE O <input type="checkbox"/> MAJOR INJURY L <input type="checkbox"/> SEVERE LACERATION	M <input type="checkbox"/> MINOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> F
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I06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTAN
M07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE			
	02 CL-SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER			
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN			
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER			

V08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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I09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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G10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
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T11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE O <input type="checkbox"/> MAJOR INJURY L <input type="checkbox"/> SEVERE LACERATION	M <input type="checkbox"/> MINOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> F
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I12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTAN
M13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE			
	02 CL-SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER			
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN			
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER			

A15	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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I16	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	D	P	T
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22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
-----	------------------------------	-----------------	-------------	---------	---------	---------	----	-----	--------------------------

T28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
-----	------------------------------	-----------------	-------------	---------	---------	---------	----	-----	-------------

29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	D	P	T
----	---	--	---	--	---	---	--	---	---	---	---

30	INVESTIGATING OFFICER(S): Sgt. Livingston #207	REVIEWED BY:	ATTENTION TO:
----	---	--------------	---------------

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48084
ORI #MI6378400

NARRATIVE REPORT

__ SUPP __ CORR __ DELETE

01	DATE 063004	DAY Wed	SHIFT 09	PLAT 99	BADGE 1 207	BADGE 2	INCIDENT STATUS __ CLR ARREST __ UNF __ CLR EXCEPT __ INACT	PRIM CLASS	YEAR 04	19490
----	----------------	------------	-------------	------------	----------------	---------	---	------------	------------	-------

Officers of the Directed Patrol Unit (DPU) were working liquor compliance testing of Troy drinking establishments using underage decoy, Matthew Totten, 09-13-95.

Mr. Totten went into the Rite Aid Pharmacy located at 3986 John R in the City of Troy to attempt to purchase alcoholic beverages. He selected a six-pack of 12 ounce bottles of Rolling Rock beer and approached the front counter. The cashier, later identified as Nedim Durakovic, was on the telephone as Mr. Totten approached. Mr. Durakovic placed the telephone on the counter and rang up the sale of the beer without asking Mr. Totten for identification or asking his age. After the sale was completed Mr. Totten exited the store and advised me (Sgt. Livingston) of the sale.

Mr. Totten completed a witness statement of the transaction while I entered the store to speak with the cashier.

Upon entering the store I sought out the manager. Francea Audisho identified herself as the person in charge saying that she was the shift supervisor that night. I identified myself and asked to see the liquor license. I obtained the needed information to complete the violation report. I then spoke with Mr. Durakovic. When I told him what happened he indicated, "I knew it!" and, "I did not ask him any questions because I was on the telephone." Mr. Durkovic was upset by the prospect that he would probably be fired over this.

I issued Mr. Durakovic citation # 650510 for Sale to Minor.

I noted while at the store that the store has the scanning devices hooked up and next to the cash registered as promised to Council during their last hearing the store had in front of them earlier this year.

INVESTIGATING OFFICER(S) Sgt. Livingston # 207	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
---	-------------	-------------------	--------------

State of Michigan
Uniform Law Citation

Ticket No. **650510** Victim Involved

US DOT # _____ Incident No. **04-19490** Dept. No. **734**

The People of the State of Michigan
 Township City Village County

Local Use/Arrest No. _____ Detection Device _____

OF: **TROY** BAC _____ 1 of 1

THE UNDERSIGNED Month Day Year At approximately A.M. P.M. Date Month Day Year
SAYS THAT ON **06 30 04** **8:20** **04 27 80**

State Driver's License Number Social Security No
MI D 621 626 004 325

Race Sex Height Weight Hair Eyes Occupation/Employer
W M 509 120 BRN BLU CASHIER - RITE AID

Name (First Middle Last)
NEDIM DURAKOVIC

Street
596 E. BIG BEAVER RD. APT 207

City **Troy** State **MI** Zip Code **48083**

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Type

THE PERSON NAMED ABOVE in violation of Local Ordinance State Law Administrative Rule
UPON **RITE AID**
AT OR NEAR **3986 JONAS L**
WITHIN CITY VILLAGE TOWNSHIP OF **TROY**
COUNTY OF **OAKLAND** DID THE FOLLOWING

Type	Ordinance	Description (include any bond amount collected on each charge)	No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend	MCL 436.170(1)	SALE TO MINOR	1
<input type="checkbox"/> Misc <input type="checkbox"/> Fug			2
<input type="checkbox"/> Fel <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend			3

TO THE COURT: Do not errand on a felony charge until an authorized complaint is filed.

Offense Code(s)
1 _____ 2 _____ 3 _____

Key for Type C/I = Civil Infraction Misc = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
Wav = Violation for Which Fines/Costs May be Waived Authorization pend = Authorization pending

Remarks
DECOY OPERATION

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$
 Vehicle Impounded Injury License Posted in Lieu of Bond
 Traffic Crash Death Appearance Certificate
Person in Active Military Service Yes No None

SEE DATE BELOW SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS
Appearance Date on or before **JULY 21, 2004 @ 8:30 AM**
Hearing Date (if applicable) on _____ Contact Court
 Juvenile Traffic Misd. (Court will Notify) Formal Hearing Required (Court will Notify)

In the **52-4 DISTRICT** Court of **OAKLAND COUNTY**
Court Address & Phone Number
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
PHONE: (248) 528-0400

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable)
 I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable _____ Month Day Year **06 30 04**

Officer's Name (printed) **SGT. DAVID LIVINGSTON** Officer's ID No **207**

Agency ORI **MI-6378400** Agency Name **TROY POLICE DEPARTMENT**

UC-01a (rev. 9/02) Court Copy-1

Ticket: **650510**
Name:
Case No:

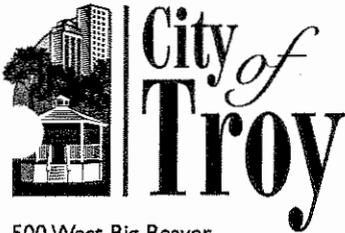
Violation History of Business:9794 RITE AID OF MICHIGAN, INC.			
Violation Date	MLCC Complaint Number	Violation Description	Decision or Event
12/9/96	10797	SALE TO MINOR (20): (TROY PD/STEELE)	ACKNOWLEDGEMENT 02/21/1997 LIC ACK - COMM STEWART DECISION 03/06/1997 \$400 OR 20 DAYS SUSP SEC 22(3)
10/28/98	909	SALE TO MINOR(19): (TROY PD/TERNES)	HEARING HELD 02/24/1999 HEARING HELD FARMINGTON WEATHERS-DONAHUE-GIBSON COSTS \$7.12 DECISION 03/19/1999 \$600 OR 30 DAYS SUSP + COSTS \$7.12 SEC 801(2)
7/22/99	48832		PASSED MLCC CONTROL BUY 07/22/1999 PASSED CONTROLLED BUY OPERATION 7-21-99 INV ADAMS, ROSSITER & X066
10/27/99	50733	SALE TO MINOR(19): (TROY PD/HODAKOSKI)	HEARING HELD 02/29/2000 HEARING HELD FARMINGTON FLESSLAND-MCDOWELL-GIBSON NEGOTIATED SETTLEMENT DECISION 03/24/2000 \$700 OR 35 DAY SUSPENSION. SEC 801(2). NEGOTIATED SETTLEMENT
4/24/01	61056	SALE TO MINOR (19): (TROY PD/ARNOLD)	HEARING HELD 08/13/2001 HEARING HELD FARMINGTON FLESSLAND-DONAHUE-CONTRACT DECISION 09/10/2001 DISMISSED WITHOUT PREJUDICE
5/11/01	61045		PASSED MLCC CONTROL BUY 05/11/2001 PASSED CONTROLLED BUY OPERATION ON 5/10/01 (ALEXANDER/PETERS/X-099/X-102).
2/28/02	68499	SALE TO MINOR (18): (TROY PD/GOLDEN)	HEARING HELD 06/03/2002 HEARING HELD FARMINGTON FLESSLAND-SMITH-DECLERCQ NEG SET

			<p>DECISION</p> <p>07/03/2002 \$900 OR 45 DAYS SUSP - SEC 801(2) NEGOTIATED SETTLEMENT</p>
7/11/03	75119	<p>SALE TO MINOR-X117 (19): (LCC INV EPPS/CK BRIAN YOUNAN)</p>	<p>HEARING HELD</p> <p>10/10/2003 HEARING HELD FARMINGTON FLESSLAND-MCDOWELL-CONTRACT NEGOTIATED SETTLEMENT</p> <p>DECISION</p> <p>11/18/2003 \$1000.00 OR 50 DAY SUSP SEC 801(2). ALL LICS & PRMTS WILL BE SUSPENDED FOR 3 CONSECUTIVE DAYS, THIS SUSPENSION WILL BE WAIVED UPON PRESENT PROOF THAT ALL EMPLOYEES WHO SELL ALCOHOLIC LIQUOR ARE CERTIFIED BY TIPS, TAM OR AN EQUIVALENT ALCOHOL MANAGEMENT PROGRAM WITHIN 90 DAYS OF THIS ORDER. NEG SETT</p> <p>SPECIAL INFO FOR HISTORY</p> <p>02/17/2004 REC'D VERIFICATION OF IN HOUSE TRAINING (WHICH IS BASED ON TAM PROGRAM, PER ATTORNEY MIKE BROWN) FOR 15 EMPLOYEES. OK TO ACCEPT THIS TIME PER KW. 3 DAY SUSPENSION WAIVED.</p>
10/6/03	76698		<p>PASSED MLCC CONTROL BUY</p> <p>10/06/2003 PASSED CONTROLLED BUY OPERATION ON 10-04-03 (SAULSBERRY,SLOAT/X-110).</p>
6/30/04	82571	<p>SALE TO MINOR - MATTHEW TOTTEN (18): (TROY PD/TOTTEN/CK NEDIM DURAKOVIC)</p>	<p>HEARING HELD</p> <p>11/03/2004 HEARING HELD-FARMINGTON MOURNING-MCDOWELL-GIBSON NEGOTIATED SETTLEMENT</p> <p>DECISION</p> <p>11/23/2004 3 DAY SUSP, \$1000 OR 50 DAYS SUSP - SEC 801(2) NEGOTIATED SETTLEMENT</p>

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/17/05
XFER TKT# 01 04 650510
SE 04 003302 PS 01 TYPE SI DEF NAME NEDIM,,DURAKOVIC,
SOC SEC 000000000 SEX M RACE DOB 042880 LIC # MI D621626004325
ATTY BAR # NAME

OFFENSE 2690 000 SALE TO MINOR DATE 063004 CONV CODE
CHARGE CODE JUDGE 97
DISP ARS X ADMITS RESPONSIBILITY AT MAGISTRATE COND DATE 071604
SENTENCE DATE 071604 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS 60.00 TO BE PAID BY 072304 REST OTHER
JSA 40.00 JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERVED
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 0419490 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 04 NO 003302 MSP PDC C001 SEQ FUNCTION DS MODE I



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Maintenance
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

Information Services
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

January 26, 2005

Rite Aid of Michigan, Inc.
3986 John R
Troy, Michigan 48083

Re: Liquor License: Rite-Aid Pharmacy #4268
3986 John R
Troy, Michigan 48083

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 16, 2005 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD (11763-2004) SDM (4339-2004)
Violation Name: Sale to Minor (Compliance Test)
Violation Date(s): 6/30/2004

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Barbara A. Holmes, CMC
Deputy City Clerk

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total			

7882 0229 4000 017E 0002

Sent: RITE AID OF MICHIGAN, INC.
Street or PO: 3986 JOHN R
City: TROY, MICHIGAN 48083

PS Form 3800, Jan 2002

Kmart #4082
Kmart Corporation
100 E. Maple
Troy MI 48083
SDM (8174-2004)
Sale to Minor (Compliance Test)

Name: K-Mart (100 E. Maple)

Date: 06/30/04

Nature: Sale to Minor

- ✓ History file
- ✓ Incident report
- ✓ MLCC violation report
- ✓ MLCC hearing disposition
- ✓ City summons disposition

LCC Liquor Licensee History

Business name: **Kmart #4082**
 Address: 100 E. Maple (248) 588-9966
 Licensee: Kmart Corporation
 License type: **SDM (8174-2002)**
 Permits: DirConn-2
 Comments:

Date	Troy Incident #	Type	Disposition	Date
4/81		Council approved license		
11/21/86	86-36419	Sale to minor Compliance Inspection	Fined \$175.	1/9/87
9/22/88	88-27743	Sale to minor Compliance Inspection	Fined \$750.	11/7/88
		Unknown when K-Mart returned original SDM license.		
06/02/97		Council approves new SDM license		
10/28/98	98-43642	Sale to Minor (Compliance Insp.)	Fined \$500	12/21/98
05/03/99	99-16252	Liquor Inspection	NO VIOLATIONS	
06/23/99	99-23659	Compliance Test	PASSED	
07/29/99	99-28858	Liquor Inspection	NO VIOLATIONS	
08/22/99	99-32332	Liquor Inspection	NO VIOLATIONS	
10/27/99	none	Compliance Test	PASSED	
11/26/99	99-45216	Liquor Inspection	NO VIOLATIONS	
07/25/00	00-26951	Sale to Minor-Compliance Test	\$750 fine	10/25/00
10/24/00	00-39311	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/15/00	00-42369	Compliance Test	PASSED	
02/05/01	01-04259	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

02/28/01		Council Show Cause -resolution to require TIPS/TAM training for all employees who sell with proof to PD within 60 days* *sent letter mistakenly giving them 6 months		
03/10/01	01-08341	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/24/01		Compliance Test	PASSED	
05/17/01	MLCC	Sale to Minor (Compliance Test)	\$800	07/28/01
05/21/01		Follow-up Letter sent asking for proof -- response: Training the Trainer scheduled for June 12 with full staff then trained by June 30th – OK'd		
07/16/01		Proof of TIPS received by fax		
08/14/01	01-29140	Compliance Test	PASSED	
09/25/01	01-34484	Compliance Test	PASSED	
01/30/02	02-03240	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/28/02	02-06379	Compliance Test	PASSED	
03/14/02	02-07981	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/21/02	02-15842	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/12/02	02-18499	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/25/02	02-	Compliance Test	PASSED	
08/25/02	02-27997	Liquor Inspection (Road Patrol-Harrison)	NO VIOLATIONS	
10/16/02	02-34089	Compliance Test	PASSED	
12/03/02	02-39135	Liquor Inspection (Road Patrol-Bordo)	NO VIOLATIONS	
01/06/03	03-641	Liquor Inspection (Road Patrol-Bordo)	NO VIOLATIONS	
02/09/03	03-4156	Liquor Inspection (Road Patrol-Bordo)	NO VIOLATIONS	
03/24/03	03-8731	Compliance Test	PASSED	
05/04/03	03-13249	Liquor Inspection (Road Patrol-Bordo)	NO VIOLATIONS	
06/07/03	03-16994	Liquor Inspection (Road Patrol-Bordo)	NO VIOLATIONS	
06/19/03	03-18560	Compliance Test	PASSED	
07/20/03	03-22359	Liquor Inspection (Road Patrol-Bordo)	NO VIOLATIONS	
10/27/03	03-33189	Compliance Test	PASSED	
12/07/03	03-37409	Liquor Inspection (Road Patrol-LaForest)	NO VIOLATIONS	
01/12/04	04-01108	Liquor Inspection (Road Patrol-LaForest)	NO VIOLATIONS	

03/06/04	04-06700	Liquor Inspection (Road Patrol-LaForest)	NO VIOLATIONS	
03/22/04	04-08379	Compliance Test	PASSED	
05/16/04	04-14227	Liquor Inspection (Road Patrol-LaForest)	NO VIOLATIONS	
06/26/04	04-18965	Liquor Inspection (Road Patrol-LaForest)	NO VIOLATIONS	
06/30/04	04-19474	Sale to Minor (Compliance Test)	\$800 fine	08/30/04
07/17/04	04-21589	Liquor Inspection (Road Patrol-LaForest)	NO VIOLATIONS	



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

* Officers Please Obtain This Information From The License *

License No. SDM-8174-2004 Business ID 15052 File #

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee K-MART CORPORATION 2. Doing Business As K-MART

3. Mailing Address (street, city, zip code) 100 E. MAPLE TRAY MI 48083

4. Township 5. County OAKLAND

6. Type of License(s) & Permit(s) SDM ; DIR-CON-2

7. Date of Violation: WEDNESDAY 6-30-09 6:00 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type:
Minor
Intoxicated Person After hours sales/consumption Gambling
Fighting (must be inside licensed premises) Controlled Substances
Failure to Cooperate Prohibited Conduct OTHER:

if MINOR: Birth date 9-13-85 Was this a DECOY Yes/No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report #

Officer Signature Name and Title (print) SGT. DAVID LIVINGSTON

Officer Signature Name and Title (print)

Department Name Tray P.D. Phone # 248-524-3477
LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name MATT TOTTER Address 90 500 W. BEEBEVER TRAY MI 48069

Will testify to: PURCHASING ALCOHOLIC BEVERAGE AS AN UNDERAGE DECOY

2. Name _____ Address _____

Will testify to: _____

3. Name _____ Address _____

Will testify to: _____

4. Name _____ Address _____

Will testify to: _____

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: 1 - SIX PACK OF HEINEKEN BEER TAG # 127765

HELD BY TRAY P.D. PROPERTY OFFICER.

INCIDENT REPORT

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER	
	063004	WED	09	99	207		E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	04	19474	
	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED		TIMES(S) OCCURRED		ASSIGNED HOUR / DAY		
	1800	1800	1800	1830	063004		1800		18 WED		
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)					LOCATION 2 (INTERSECTING STREET)					
	100 E. MAPLE										
04	CITY	STATE	ZIP	CODE	BUSINESS NAME			BUSINESS PHONE			
	TROY	MI	48083		K-MART			348-588-9966			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED			PATROL	GEOGRAPHIC
	DEPARTMENT STORE				8120	<input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	<input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER			07	
06	NATURE OF OFFENSE #1			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
	ECC VIOLATION										B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLIC D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORT U USING / CONSUMING
07	NATURE OF OFFENSE #2			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	
08	NATURE OF OFFENSE #3			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONDR

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
		4	JOHNSON, ERIC					WM			
I 11	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY	STATE	ZIP		
	100	E. MAPLE									
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.					
		348-588-9966				STORE ASST. MANAGER					
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT B <input type="checkbox"/> BUSINESS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FELONIOUS ASSAULT CIRCUMSTAN
	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTAN		
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	98 STRANGER	/			
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL	30 OTHERWISE KNOWN	99 UNKNOWN	/			
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER		/			

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
	S		PARHAM, ALESIA MARIE					BF		052085	1
A 17	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY	STATE	ZIP		
	12800	NORTHFIELD BLVD					OAK PARK		MI 4823		
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
	248-546-2887		505	290	BRN	BLK MED NAT	HUY	MB			
R 19	STATE DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #							
	MI P650044585381										
E 20	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)					
	CASHIER @ K-MART					650521					
S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL	
		6 HONEYCOMB BEER		6		HONEYCOMB	BEER	
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.	
							6-1202 BOTTLES OF BEER	
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #		
				127765	Property			
	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED

28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	SEIZED DRUGS	TYPE	AMOUNT	MEAS
	SOVD TO UNDERAGE DEDAY BY SUBJECT PARHAM				
29	INVESTIGATING OFFICER(S)	REVIEWED BY	ATTENTION TO		
	SGT. LIVINGSTON #207				

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # M16378400

PERSON REPORT

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
	0630	04	WED	09	99	207	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	04	19474

(1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPON

V02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
		8	TOTTEN, MATTHEW	WM		091385	1

I03	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	500	W. BIG BEAVER	Troy	MI	4808

G04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
		248 524-3431			STUDENT ENFORCEMENT M

T05	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS
-----	-----------------------------	---	-------------	---	---	--	---------------	--	---	---

I06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTAN
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/	
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/	
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

V08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
-----	------	--------	------------------------------------	-----	-----	-----	-----

I09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
-----	---------	--	------	-------	-----

G10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
-----	------------	----------------	-------	--------------------	------------------------------

T11	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS
-----	-----------------------------	---	-------------	---	---	--	---------------	--	---	---

I12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTAN
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGE#	/	
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/	
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/	
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

A15	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
-----	-------	--------------------	-------------	-------	-------

E18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
-----	------------------------------	-----------------	-------------	---------	---------	---------	----	-----	-------------

21	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	<input type="checkbox"/> UNARMED <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> T
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22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
-----	---------	--	------	-------	-----

R24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
-----	------------	----------------	--------	--------	------	-----------------------------	-------	-----------

R25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
-----	-------	--------------------	-------------	-------	-------

E26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
-----	------------------------------	-----------------	-------------	---------	---------	---------	----	-----	--------------------------

T28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
-----	------------------------------	-----------------	-------------	---------	---------	---------	----	-----	-------------

29	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	<input type="checkbox"/> UNARMED <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> T
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30	INVESTIGATING OFFICER(S):	REVIEWED BY:	ATTENTION TO:
	SGT DAVID LIVINGSTON		

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48084
ORI #MI6378400

NARRATIVE REPORT

SUPP CORR DELETE

01	DATE 063004	DAY Wed	SHIFT 09	PLAT 99	BADGE 1 207	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 04	19474
----	----------------	------------	-------------	------------	----------------	---------	---	------------	------------	-------

Officers of the Directed Patrol Unit (DPU) were working liquor compliance testing of Troy drinking establishments using underage decoy, Matthew Totten, 09-13-85.

Mr. Totten went into the K-mart store located at 100 E. Maple, in the City of Troy, to attempt to purchase alcoholic beverages. He selected a six-pack of Heineken beer and approached a cashier, later identified as Alesia Parham, 05-20-85. Mr. Totten placed the beer on the counter and Ms. Parham asked Mr. Totten for some identification. Mr. Totten replied he had no I.D. Ms. Parham stated that she needed it to enter information into the computer. Ms. Parham asked for his date of birth. Mr. Totten replied 09-13-83. Ms. Parham put that date of birth in the computer and it indicated it was not valid. Ms. Parham asked Mr. Totten if he said 1983 and he replied, "No, 1981." Ms. Parham entered the 1981 date and the transaction was completed and Mr. Totten exited the store after purchasing the beer and brought it to my (Sgt. Livingston) attention.

I entered the store and spoke with assistant manager, Eric Johnson. I advised him of the sale to minor violation and asked if I could speak with the cashier involved. I also asked to see the liquor license. While I obtained the liquor license information Mr. Johnson checked on the whereabouts of Ms. Parham. I was advised that Ms. Parham was scheduled to work until 6:00 PM and punched her time sheet at 6:11 PM. I asked Mr. Johnson when Ms. Parham would be working again and he said that she would be working the next day from 9:00 AM until 2:30 PM. I told Mr. Johnson that I would be in at 2:00 PM the next day to speak with her about the transaction.

I went back to my vehicle Mr. Totten informed me that he saw Ms. Parham drive from the parking lot while I was in the store.

Mr. Totten described Ms. Parham as a black female who is about 5'9" tall, heavy build, and wearing her hair in a ponytail.

Mr. Totten completed a witness statement describing the transaction and initialed the beer he purchased from the store.

The Heineken beer was later tagged as evidence on tag # 127765 and placed in property.

On 7-1-04 I went to K-mart and spoke with Mr. Johnson about Ms. Parham. Mr. Johnson indicated to me that Ms. Parham was not at the store because her employment was terminated when she arrived for work at 9:00 AM.

I attempted to contact Ms. Parham via telephone several times but have yet to receive a return call.

I issued Ms. Parham citation # 650521 for Sale to Minor and sent the citation to her last known address via certified mail.

INVESTIGATING OFFICER(S) Sgt. Livingston # 207	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT
WITNESS STATEMENT

01	DATE 06/30/04	DAY Wed	SHIFT 09	PLAT 9/9	BADGE 1 207	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 04	INCIDENT # 1947
----	------------------	------------	-------------	-------------	----------------	---------	---	------------	------------	--------------------

02 Statement of: Matt Totten 9-13-85 Home Phone:

03 Address: (PLEASE PRINT) Business Phone:

04 City: State: Zip:

05

06 I walked into ~~FARMER JACK~~ ^{K-MART} at 6:00 on June 30, 2004.

07 I picked up a six-pack of Heineken beer. I took it to

08 the register and she asked me for I.D. I said I didn't have

09 it. She told me she needed it to enter into the computer. She asked

10 me for my birthdate and I said 9-13-83. She entered it into the

11 computer and it said not valid. Then she asked me if I said 83,

12 and I said no 81. She then entered 9-13-81 into the computer

13 and sold it to me.

14

15 Black Female, hair in a ponytail, 5'9", Large Build

16

17 When Sgt. Livingston was leaving inside I saw her

18 leaving she was driving a blue SUV.

19

20

21

22

23

24

25

26

27 X: Matt Totten
(SIGNATURE)

28 Taken By: Sgt. Livingston
(SIGNATURE)

29 Place: 100 E. MAPLE Date: 6-30-04 Time: 6:05 PM

INVESTIGATING OFFICER(S) <u>SGT. DAVID LIVINGSTON</u>	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
--	-------------	---------------------	--------------

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/17/05
XFER TKT# 01 04 650521
CASE 04 003301 PS 01 TYPE SI DEF NAME ALESIA, MARIE, PARHAM,
JJC SEC 000000000 SEX F RACE DOB 052085 LIC # MI P650044585381
ATTY BAR # P41150 NAME GIL WHITNEY MCRIPLEY

OFFENSE 2690 000 SALE TO MINOR DATE 063004 CONV CODE
CHARGE CODE JUDGE 20
DISP AT COND DATE 011705
SENTENCE DATE 011705 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS TO BE PAID BY REST OTHER
JSA JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERVED
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 0419474 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 04 NO 003301 MSP PDC C001 SEQ FUNCTION DS MODE I

Page: 1 Document Name: untitled

RA DISTRICT COURT SYSTEM INQUIRY

PAGE 003 OF 003

CASE# 04 003301 TYPE SI PS 01 VIO SI OFFENSE SALE TO MINOR
PEOPLE VS ALESIA, MARIE, PARHAM,

DATE	INIT	ACT CDE	LOC CDE	B/C P/D	DATE1	DATE2	TIME	PM	AMOUNT	JDG	SEN1	SEN2
100404	KF	000										
	KF											*
	KF											*
	KF											*
	KF											*
100404	KF	OS			100105		0900	AM			20	-

ADMITTED RESPONSIBILITY TO CIVIL INFRACTION

PLEA TAKEN UNDER ADVISEMENT FOR ONE YEAR-

IF NO CRIMINAL CONVICTIONS TO BE DISMISSED-

NON REPORTING

APPEARANCE SCHEDULED FOR OTHER

PS YR 04 NO 003301 MSP

PDC C 001 SEQ

FUNCTION RA MODE I

*** LAST PAGE ***



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

January 26, 2005

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Operations
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Technology
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

Kmart Corporation
 100 E. Maple
 Troy, Michigan 48083

Re: Liquor License: Kmart #4082
 100 E. Maple
 Troy, Michigan 48083

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 16, 2005 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDM (8174-2004)
Violation Name: Sale to Minor (Compliance Test)
Violation Date(s): 6/30/2004

You agreed to appear at this hearing upon execution of the Agreement Regarding Liquor License Request. You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
 Barbara A. Holmes, CMC
 Deputy City Clerk

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total F		

Postmark Here

Sent To K-MART CORPORATION
 100 E. MAPLE
 Street, P.O. Box TROY, MICHIGAN 48083
 City, Sta

Troy Paradise Party Store
Troy Paradise, Inc.
5945 John R
Troy MI 48085
SDD (115945-2004-SS)
Sale to Minor (Found on Patrol)

Name: Troy Paradise

Date: 11/21/04

Nature: Sub. to Minor

✓ History file

✓ Incident report

✓ MLCC violation report

MLCC hearing disposition (pending)

City summons disposition (pending)

LCC Liquor Licensee History

Business name: **Troy Paradise**
 Address: 5945 John R
 Licensee: Troy Paradise, Inc.
 License type: **SDD SDM**
 Permits:
 Comments: Sadik Sadik

Date	Troy Incident #	Type	Disposition	Date
09/09/02		Council approved new SDM		
10/10/02		MLCC denies applicant a new SDM		
11/26/02		MLCC rescinds original order; new SDM is approved		
12/16/02		Council approved new SDD		
01/18/03	03-1865	Liquor Inspection (Road Patrol-Daniels)	NO VIOLATIONS	
03/07/03	03-6899	Liquor Inspection (Road Patrol-Daniels)	NO VIOLATIONS	
03/24/03	03-8705	Sale to Minor (Compliance Test)	\$500 fine	4/22/03
06/07/03	03-16993	Liquor Inspection (Road Patrol-Langbeen)	NO VIOLATIONS	
06/19/03	03-18536	Compliance Test	PASSED	
08/26/03	03-26681	Liquor Inspection (Road Patrol-Langbeen)	NO VIOLATIONS	
08/29/03	03-27058	Liquor Inspection (Road Patrol-Langbeen)	NO VIOLATIONS	
10/27/03	03-33205	Compliance Test	PASSED	
11/08/03	03-34522	Liquor Inspection (Road Patrol-Livingston)	NO VIOLATIONS	
01/11/04	04-01008	Liquor Inspection (Road Patrol-Livingston)	NO VIOLATIONS	
03/03/04	Council	Public Hearings for 2003 Violation(s)-Resolution requiring TIPS/TAM training for all employees who sell alcohol with proof to the PD within 90 days		
03/05/04	04-06567	Liquor Inspection (Road Patrol- Livingston)	NO VIOLATIONS	
03/22/04	04-08400	Compliance Test	PASSED	

06/30/04	04-19823	Compliance Test	PASSED
07/13/04		Proof received of TIPS/TAMS training	
11/12/04	04-35933	Liquor Inspection (Road Patrol- Langbeen)	NO VIOLATIONS
11/21/04	04-37027	Sale to Minor (Found on Patrol)	pending
01/15/05	05-01643	Liquor Inspection (Road Patrol- Langbeen)	NO VIOLATIONS

Department Of Labor & Economic Growth
LIQUOR CONTROL COMMISSION
Enforcement Division
7150 Harris Drive
P.O. Box 30005
Lansing, MI 48909-7505

Investigation No: 22708E
County: Oakland
File No: D-69053
Date: November 08, 2004
Business Id: 143126

COMPLAINT INVESTIGATION

To: Troy Police Department
500 W Big Beaver Rd.
Troy, MI 48084

Subject: Troy Paradise, Inc.

d/b/a Troy Paradise Party Store
5945 John R
Troy, MI 48085

SDM-SDD-Ss

Information has been received alleging the above licensee is allowing the sale of alcoholic beverages to minors.

Please conduct an investigation and submit your findings to our office.

mdg


Ricky A. Perkins, Director
Enforcement Division

Date Submitted: _____



Michigan Department of Consumer & Industry Services
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
 7150 Harris Drive - P.O. Box 30005
 Lansing, Michigan 48909-7505
 Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
 (Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

*** Officers please obtain License No., Bus. ID and File # directly from the liquor license ***

License No. SDD 115945-2004-SS Business ID 143126 File # _____

1. Name of Licensee SADIK TUBRAIL SADIK 2. Doing Business As Troy Paradise Party Store

3. Mailing Address (street, city, zip code) 5945 John R; Troy; 48085

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) SDD, SDM

7. Date of Violation: Sunday 11/21/04 6:07 AM or PM
 (DAY) (DATE) (HOUR)

8. Violation Type: Minor
 Intoxicated Person After hours sales/consumption
 Gambling Fighting (must be inside licensed premises)
 Controlled Substances Failure to Cooperate
 Prohibited Conduct OTHER: _____

if MINOR: Birth date 03/11/84 Was this a DECOY ? Yes No If no, you MUST answer below:
 If above minor violation was NOT a decoy describe enforcement action taken:
Minor issued citation for MIP

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 04-37027

See attached report

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature *Douglas Drewek* Name and Title (print) Douglas Drewek, Police Officer

Officer Signature *Michael Villerot* Name and Title (print) Michael Villerot, Police Officer

Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name Blake Siebert Address 39505 Balboa; Sterling Heights 48313

Will testify to: Sale of alcohol to minor without checking identification

2. Name _____ Address _____

Will testify to:

3. Name _____ Address _____

Will testify to:

4. Name _____ Address _____

Will testify to:

5. Name _____ Address _____

Will testify to:

EVIDENCE

Location Held (Explain): Troy Police Department - Property Room
One bottle of Jagermeister

TROY POLICE DEPARTMENT

INCIDENT REPORT

300 W. Big Beaver - Troy, MI 48084-5285
ORI # M16378400

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12	E13	E14	YEAR	INCIDENT NUMBER	
	11/21/04	SUN	020	20	49	099	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04	37027	
	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED							ASSIGNED HOUR / DAY	
	1808	1808	1807	1845	11/21/04							1800	1850
03	LOCATION / ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	LOCATION 2 (INTERSECTING STREET)										
	5945	JOHN R RD.	SQUARE L RD.										
04	CITY	STATE	ZIP	CODE	BUSINESS NAME	BUSINESS PHONE							
	TROY	MI	48085	L	TROY PARADISE	(248) 828-8000							
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED			PATROL	GEOGRAPHIC		
	PARTY STORE (LIQUOR)				4200	<input type="checkbox"/> PHONE <input type="checkbox"/> FOP	<input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	<input type="checkbox"/> 911 <input type="checkbox"/> MDT	<input type="checkbox"/> FOP <input type="checkbox"/> DISP	<input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	<input type="checkbox"/> MDT	05	
06	NATURE OF OFFENSE #1			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)		
	MIP-TRANSPORT IN VEHICLE					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBL D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPOF U USING / CONSUMING		
07	NATURE OF OFFENSE #2			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL	BIAS	WEAPON	# PREM	ACTIVITY			
	L.C.C. VIOLATION					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
08	NATURE OF OFFENSE #3			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL	BIAS	WEAPON	# PREM	ACTIVITY			
	Furnish Alcohol to a Minor					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
09	NATURE OF OFFENSE #4			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPON

V	10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)			RAC	SEX	DOB	AG
		4P		SIEBERT/BLAKE			W	M	06/19/86	1
I	11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY			STATE	ZIP	
		39505 BALBOA			STERLING HEIGHTS			MI	4831	
C	12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.				
		586944-5171				BOLIC SEAT PASSENGER				
T	13	VICTIM CONNECTED TO OFFENSE	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY L <input type="checkbox"/> SEVERE LACERATION	I <input type="checkbox"/> POSS. INT. INJURIES	T <input type="checkbox"/> LOSS OF TEETH	F <input type="checkbox"/> F U <input type="checkbox"/> UNCONSCIOUSNESS
		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS			N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE				
I	14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTA.
		01 SPOUSE 02 CL SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN	21, 01	

A	16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)			RAC	SEX	DOB	AG
		4-6D	01	MUGLIA/MICHAEL/JOSEPH			W	M	03/11/84	2
A	17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY			STATE	ZIP	
		39449 DELA ROSA DR			STERLING HEIGHTS			MI	4831	
R	18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TON	
		UNKNOWN 79-4364		508	155	BRO	BRO 5 N T STR	TN	LG	
R	19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #				
		MI	M240603441187							
E	20	PERSON COMMENTS / CLOTHING			SUMMONS / CITATION NUMBER(S)					
					# 680679					

S	21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
		MIP-TRANSPORT IN VEHICLE								
T	22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
	V	VEHICLE		01	03	SAAB	9/3			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
	4D	51L	07	05	MI	AW80F	YS3FB45S931032183			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #				
	\$	\$	\$		MUGLIA POSS.					
28	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK						SEIZED DRUGS	TYPE	AMOUNT	MEA
29	INVESTIGATING OFFICER(S):				REVIEWED BY:	ATTENTION TO:				
	DREWICK/M. WEST									

PERSON REPORT

DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
01 11.21.04	SUN	02	02	049	099	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	04	37027

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITHN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RE

CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB
02 4P		SIEBERT/HEIDI/MONIQUE	W	F	080284

ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
03 39,50,5	BALBOA	STERLING HEIGHTS	MI	483

HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
04 (586)944-5171				FRONT SEAT PASSENGER

VICTIM CONNECTED TO OFFENSE	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> BUSINESS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS
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RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELON ASSAULT CIRCUM
01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	
02 CL SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/	
03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN			
04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER			

CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB
08					

ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
09				

HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
10				

VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS
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RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELON ASSAULT CIRCUM
01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	
02 CL SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/	
03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN			
04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER			

CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB
14 4,2,6	02	SADIK/JADIK/TUBRAIL	M	M	030155

ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
15 1,14,7	BAKER CT	TROY	MI	480

HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKN
16 (248)526-9816		5,11	210	BRO	GRY	C	LISTA

STATE DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
17 M15320758454159			

PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
18 OWNER OF TROY PARADISE LIQUOR STORE / SELER	680680

ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
19 Furnish Alcohol to Minor								

ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
20								

ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> FOP <input type="checkbox"/> MDT
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CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB
22					

ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
23				

HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKN
24							

STATE DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
25			

PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
26	

ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
27								

ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
28								

ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> FOP <input type="checkbox"/> MDT
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INVESTIGATING OFFICER(S)	REVIEWED BY:	ATTENTION TO:
30 DREWICK/M. VHEAT		

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M16378400

PROPERTY REPORT

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRACTION DECLINED	YEAR	INCIDENT NUMBER
	11/21/04	SUN	02	02	049	099	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	04	37027

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEIT

02	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL
	EC	LIQUOR (BOTTLE)		01		JAGERMEISTER	Y/S

03	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.

04	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #
	\$	\$	\$	#129743	DEP/#13	

05	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED

06	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	SEIZED DRUGS	TYPE	AMOUNT

07	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL

08	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.

09	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #
	\$	\$	\$			

10	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED

11	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	SEIZED DRUGS	TYPE	AMOUNT

12	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL

13	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.

14	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #
	\$	\$	\$			

15	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED

16	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	SEIZED DRUGS	TYPE	AMOUNT

17	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL

18	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.

19	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #
	\$	\$	\$			

20	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED

21	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	SEIZED DRUGS	TYPE	AMOUNT

22	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL

23	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.

24	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #
	\$	\$	\$			

25	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED

26	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	SEIZED DRUGS	TYPE	AMOUNT

27								

28								

29	INVESTIGATING OFFICER(S):	REVIEWED BY:	ATTENTION TO:
	DREWAL/M. V. WEST		

TROY POLICE DEPT.500 W. Big Beaver, Troy, MI 48064
ORI #M6378400**NARRATIVE REPORT**

SUPP __ CORR __ DELETE PAGE 4 OF 4

01	DATE 11-21-04	DAY SUN	SHIFT 2	PLAT 2	BADGE 1 49	BADGE 2	INCIDENT STATUS __ CLR ARREST __ UNF __ CLR EXCEPT __ INACT	PRIM CLASS	YEA R 04	37027
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On the above date and time I, officer Drewek and officer Villerot were in the area of John R and Square Lake. Earlier this week, a concerned citizen advised the police department that Troy Paradise party store was selling alcohol to minors. The citizen was a parent and their child was one of the minors that the party store was selling alcohol to. The citizen wanted their name to remain anonymous but did want the Troy police department to be aware that this was going on.

Officers observed a 2003 Saab parked in front of the Troy Paradise party store running and occupied once. I also observed two young W/M's inside the store purchasing something. The two subjects appeared to be well under 21 years old. I parked my patrol vehicle near the Subway and observed the two W/M's exit the store less than a minute later. One of the subjects was holding a brown paper bag approx the size a fifth of alcohol would be in. The two subjects then went to the trunk of the vehicle and placed the brown paper bag in the trunk and left in the 2003 Saab. It appeared very suspicious they placed the bag in the trunk and officers believed it was a bottle of alcohol. Officers subsequently stopped that vehicle on Square Lake and Slate. I requested ID from the driver and the passenger that had gone into the store with the driver. The driver's DL identified him as Michael Muglia 3-11-84. The passenger's DL identified him as Blake Sieb 6-19-86. I asked the driver what he'd purchased at the party store and he stated a fifth of Jagermeister. Neither subject was 21 years old so I asked the driver to pop his trunk. Inside was the brown paper bag and a fifth of Jagermeister inside it. I confiscated the bottle of alcohol. I questioned the driver about his purchase. He stated the owner of the store sold him the alcohol and that he was not asked to present any ID. He described the owner as a foreign W/M, 40-50 years old, gray hair, and about 6 feet tall. Michael stated he was the person that purchased the alcohol; therefore he was issued citation #680679 for MIP-transporting alcohol in a vehicle. The other two subjects were both ID'd and were under 21 years old. All three subjects were released at the scene.

Officers then made contact with the owner of Troy Paradise party store at 5945 John R. We advised him that he had just sold alcohol to a minor and I requested his ID. His DL identified him as Sadik Tubrail Sadik. He admitted to selling the Jagermeister to the subject but stated he knew him from previous transactions in his store. He stated Michael had been in his store before and he knew he was 22 years old. He admitted that today he didn't check Michael's ID because he thought he was 22 years old. This confirmed what Michael had stated previously to officers, that the storeowner didn't check his ID today. I advised Sadik there would be a report and an LCC violation would be issued against his store. I issued Sadik citation #680680 for Failure to Inquire about age/selling alcohol to a minor. I also advised Sadik that we had a complaint from a concerned citizen that he was selling alcohol to minors. Officers tagged the fifth of Jagermeister into evidence, #129743. Request DB follow up.

INVESTIGATING OFFICER(S) Drewek #49	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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State of Michigan Uniform Law Citation Ticket No. 680679 Victim Involved

US DOT # Incident No. 04-37027 Dept. No.

The People of the State of Michigan Township City Village County Local Use/Arrest No. Detection Device

OF: TROY BAC 1 of 1

THE UNDERSIGNED SAYS THAT ON Month 11 Day 21 Year 04 At approximately 18:15 A M P M Date of Birth Month 03 Day 11 Year 84

State MI Driver's License Number M 240 603 441,187 Social Security No.

Race W Sex MA Height 508 Weight 155 Hair BPO Eyes BRO Occupation/Employer

Name (First, Middle, Last) MICHAEL JOSEPH MUGLIA

Street 39449 DELLA ROSA DR.

City STERLING HEIGHTS State MI Zip Code 48313

Vehicle Plate No. AW80F Year 05 State MI Vehicle Description (Year, Make, Color) 2003 JAGUAR SILVER Type PA

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule UPON SLATE RD

AT OR NEAR SQUARE LAKE RD.

WITHIN CITY VILLAGE TOWNSHIP OF TROY COUNTY OF OAKLAND

DID THE FOLLOWING MCL Cite/Pace Code/ Charge

Type	Ordinance	Description (include any bond amount collected on each charge)	No.
<input checked="" type="checkbox"/> Misd	98.10.05	MIP-TRANSPORTING IN VEHICLE	1
<input type="checkbox"/> C/I			
<input type="checkbox"/> Warn			
<input type="checkbox"/> Misd			
<input type="checkbox"/> Fel			
<input type="checkbox"/> C/I			
<input type="checkbox"/> Warn			
<input type="checkbox"/> Misd			
<input type="checkbox"/> Fel			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) 1 2 3

Key for Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive

Waiv = Violation for Which Fines/Costs May be Waived Authorization pend = Authorization pending

Remarks: 1/5 of JAGERMEISER IN TRUNK

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$ License Posted in Lieu of Bond Appearance Certificate

Vehicle Impounded Injury Traffic Crash Death Person in Active Military Service Yes No None

SEE DATE BELOW SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

RECEIVED 8/04

In the 52-4 DISTRICT Court of OAKLAND COUNTY

Court Address & Phone Number

520 W. BIG BEAVER RD., TROY, MICHIGAN 48084 PHONE: (248) 528-0400

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable) I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable: D. P. [Signature]

Officer's Name (printed): D. P. [Signature] / M. Villard Officer's ID No. 049/099

Agency ORI MI 6378400 Agency Name TROY POLICE DEPARTMENT

UC-01a (rev. 9/02) Court Copy-1

Ticket No. 680679 Name

Case No.

State of Michigan
Uniform Law Citation

Ticket No **680680** Victim Involved

US DOT # _____ Incident No **04-37027** Dept No _____

The People of the State of Michigan
 Township City Village County

Local Use/Arrest No _____ Detection Device _____

OF **TROY** BAC _____ of _____

THE UNDERSIGNED SAYS THAT ON Month **11** Day **21** Year **04** At approximately **1830** A.M. P.M. Date of Birth: Month **03** Day **01** Year **55**

State _____ Driver's License Number _____ Social Security No. _____

Race **M** Sex **M** Height **5'11"** Weight **210 LBS** Hair **BRN** Eyes **BRN** Occupation/Employer **TROY PARADISE LIQUOR STORE**

Name (First, Middle, Last) **SADIK JUBRAIL SADIK**

Street **1147 BAKER CT.**

City **Troy** State **MI** Zip Code **48065**

Vehicle Plate No _____ Year _____ State _____ Vehicle Description (Year, Make, Color) _____ Type _____

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule

UPON **5945 JOHN RD.**

AT OR NEAR _____

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING _____

MCL Cite/Pacc Code/ Ordinance _____ Charge _____

Type _____ Description (include any bond amount collected on each charge) _____

C1 Warn Authorization pend Misd Fug Fel Waiv

98.10.06 FAILURE TO INQUIRE AS TO AGE SELLING ALCOHOL TO MINOR

Charge _____

NO. _____

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) _____

1 _____ 2 _____ 3 _____

Key for Type: C1 = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive

Waiv = Violation for Which Fines/Costs May be Waived Authorization pend = Authorization pending

Remarks **SELL 1/5 LIQUOR TO MINOR**

Ticket
680680

Name

Case No.

SEE DATE BELOW - SEE BACK FOR CIVIL INFRACTION EXPLANATION AND INSTRUCTIONS
Appearance Date on or before **DECEMBER 18, 04**

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable _____

Month **11** Day **21** Year **04**

Officer's Name (printed) **D. Drueck** Officer's ID No. **049/099**

Agency ORI _____ Agency Name _____

MI-6378400 TROY POLICE DEPARTMENT

UC-01a _____ Court Copy-1

(rev. 9/02)

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/17/05
XFER TKT# 01 04 680680
SE 04 005588 PS 01 TYPE OM DEF NAME SADIK,J,SADIK,
JJC SEC 000000000 SEX M RACE UNK DOB 030155 LIC # MI S320758454159
ATTY BAR # NAME

OFFENSE 2690 000 FLD TO INQUIRE AGE SELL ALC DATE 112104 CONV CODE
CHARGE CODE JUDGE 30
DISP AT COND DATE 011705
SENTENCE DATE 011705 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS TO BE PAID BY REST OTHER
JSA JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERVED
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 0437027 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 04 NO 005588 MSP PDC C001 SEQ FUNCTION DS MODE I

RA DISTRICT COURT SYSTEM NEW ENTRY

CASE# 04 005588 TYPE OM PS 01 VIO OM OFFENSE FLD TO INQUIRE AGE SELL ALC
 PEOPLE VS SADIK,J,SADIK,

DATE	INIT	ACT CDE	LOC CDE	B/C	P/D	DATE1	DATE2	TIME	PM	AMOUNT	JDG	SEN1	SEN2
12 20 04	HB	BS	C	001						5000.00			
BOND SET CASH/SURETY 10%													
12 20 04	HB	PTS				022805		0830	AM		30		C001001
APPEARANCE SCHEDULED FOR PRE TRIAL													
12 20 04	TLT	BS	C	001						5000.00			
BOND CHANGED TO CASH/SURETY 10%													
12 20 04	TLT	BP	C	001						500.00			C001001
BOND POSTED													

PS YR 04 NO 005588 MSP

PDC C 001 SEQ

FUNCTION RA MODE A
 PF5=PRINT BINDOVER



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

January 26, 2005

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Operations
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Technology
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

Troy Paradise, Inc.
 5945 John R
 Troy, Michigan 48085

Re: Liquor License: Troy Paradise Party Store
 5945 John R
 Troy, Michigan 48085

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 16, 2005 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD (115945-2004-SS)
Violation Name: Sale to Minor (Found on Patrol)
Violation Date(s): 11/21/2004

You agreed to appear at this hearing upon execution of the Agreement Regarding Liquor License Request. You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
 Barbara A. Holmes, CMC
 Deputy City Clerk

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7002 1000 0000 4000 2566 9357 0600

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

Sev TROY PARADISE, INC.
 5945 JOHN R
 Str. or TROY, MICHIGAN 48085
 CR

PS Form 3800, April 2002 See Reverse for Instructions