

Name: CORRADI'S (1090 ROCHESTER RD)

Date: 3/4/05

Nature: SALE TO MINOR

- ✓ History File
- ✓ Incident Report
- ✓ MLCC Violation Report
- ✓ MLCC Hearing Disposition
- ✓ City Summons Disposition

Liquor Contact Info

Business Name: Corradi's AC

Address: 1090 Rochester Rd Troy, MI 48083

Contact Names:

1. Leno Corradi
- 2.
- 3.
- 4.

Attorney: Kelly Allen
39533 Woodward Suite 210
Bloomfield Hills, MI 48304



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. 4387-2004 SS Business ID 2861 File # _____
2355-2004

1. Name of Licensee MKC INC 2. Doing Business As CORRADIS ATHLETIC CLUB

3. Mailing Address (street, city, zip code) 1090 Rochester Road; Troy 48083

4. Township _____ 5. County Oakland

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

7. Date of Violation: Friday 03/04/05 2110 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 04/17/85 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 # 05-7301

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

Officer Signature [Signature] Name and Title (print) Brian Warzecha, Police Officer

Officer Signature [Signature] Name and Title (print) Milton Stansbury, Police Officer

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

WITNESSES

1. Name _____ Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Was served alcoholic beverage; no request for identification

2. Name _____ Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Witness to alcoholic beverage being served with no request for identification

3. Name Wendy Johns Address 154 Academy; Ferndale MI 48220

Will testify to: Served alcoholic beverage to minor

4. Name Officer Brian Warzecha Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

5. Name Officer Milton Stansbury Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

EVIDENCE

Location Held (Explain): 12 ounce bottle of Labatts Blue beer
Property Tag No. 131015

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
	030405	FR	02	52	061	024							05	7301
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED			TIMES(S) OCCURRED			ASSIGNED HOUR / DAY			
	2110	2110	2110	2210	030405			21102210			21 FR 1			
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						LOCATION 2 (INTERSECTING STREET)							
	1090 ROCHESTER RD													
04	CITY	STATE	ZIP	CODE	BUSINESS NAME			BUSINESS PHONE						
	Troy	MI	48083	L	CORRADIS ATHLETIC CLUB			248-588-3471						
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED			PATROL	GEOGRAPHIC			
	RESTAURANT / BAR				8640	<input checked="" type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP	<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"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)				
	LCC VIOLATION			2235	DRUGS <input type="checkbox"/>					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"/>	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 (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE		
	18			WF	F	041785			
I 11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY					
	c/o Troy PD								
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.				
		248-524-3477			Delay				
T 13	VICTIM CONNECTED TO OFFENSE	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL	S <input type="checkbox"/> SOCIETY / PUBLIC	VICTIM INJURY	M <input type="checkbox"/> MINOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES	T <input type="checkbox"/> LOSS OF TEETH	F <input type="checkbox"/> FATAL
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> UNCONSCIOUSNESS	
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 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
	(5)	(01)	JOHNS, WENDY, JOANNE	WF	F	060966		
A 17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY				
	154 ACADEMY			FERRIS				
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
	248-506-9197	248-588-3471						
R 19	STATE	OC. SEC. #	SID #	FBI #				
	MI							
E 20	PERSON COMMENTS / CLOTHING			SUMMONS / CITATION NUMBER(S)				
				683823				

S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT	ARREST NUMBER							
	SALE TO MINOR	2220	030405	52	061	024	MR										
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER								
23	ARREST TYPE	ON VIEW (No Warrant)	MULTIPLE ARREST	CLEAR INDICATOR	UPON ARREST ARMED WITH	UNARMED	FIREARM	HANDGUN	RIFLE	SHOTGUN	OTHER FIREARM	CLUB / BRASS KNUCKLES	LETHAL CUT INSTRUMENT	ARREST ORIGIN	DISP	PER	TEL
	<input checked="" type="checkbox"/> 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
	CE	11.5 oz BOTTLE BEER		1		LABATE BLUE				
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 #				
	\$	\$	\$	131015	19					
27	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

29	INVESTIGATING OFFICER(S)	REVIEWED BY:	ATTENTION TO:
	M. STANSBURY #24 / B. WARRZECCHA #61	M	um

01	DATE 030405	DAY FRI	SHIFT 82	PLATOON 52	BADGE 1 061	BADGE 2 024	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 05	INCIDENT NUMBER 7301		
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												
V02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) CORRADIS, MARTY						RAC WM	SEX M	DOB 013077	AGE
I03	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 1090 ROCHESTER						CITY Troy		STATE MI	ZIP 4808		
G04	HOME PHONE	BUSINESS PHONE 588-3471	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. MANAGER							
T05	VICTIM CONNECTED TO OFFENSE 01 <input type="checkbox"/> 02 <input type="checkbox"/>	VICTIM TYPE 03 <input type="checkbox"/> INDIVIDUAL 04 <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.		
I06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANC		
M07	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						
V08	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) c/o Troy PD						RAC WM	SEX M	DOB 110986	AGE
I09	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) c/o Troy PD						CITY		STATE	ZIP		
G10	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. DELEG							
T11	VICTIM CONNECTED TO OFFENSE 01 <input type="checkbox"/> 02 <input type="checkbox"/>	VICTIM TYPE 03 <input type="checkbox"/> INDIVIDUAL 04 <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.		
I12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANC		
M13	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						
A14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
A15	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		
T21	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 <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"/> P <input type="checkbox"/> T		
A22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
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)					
S27	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		
T29	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 <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"/> P <input type="checkbox"/> T		
30	INVESTIGATING OFFICER(S): MISTANBURY #24 / B. WARZECHA #61						REVIEWED BY:		ATTENTION TO:			

NARRATIVE REPORT

01	DATE 03/03/05	DAY THU	SHIFT 02	PLAT 52	BADGE 1 61	BADGE 2 24	INCIDENT STATUS __ CLR ARREST __ UNF __ CLR EXCEPT __ INACT	PRIM CLASS	YEAR 05	7149
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INCIDENT: LCC VIOLATION

LOCATION: CORRADIS ATHLETIC CLUB, 1090 ROCHESTER TROY, 48083

BACKGROUND: Officer Stansbury and myself were conducting LCC inspections utilizing student enforcement aides. The student enforcement aides, _____ entered the establishment. A short time later I entered the establishment and observed the enforcement aides sitting at a table near the bar. I then went to use the restroom and when I exited the restroom I observed a female waitress placing a bottle of beer in front of student enforcement aide _____. I then exited the club to inform Officer Stanbury of the violation while student enforcement aide _____ stayed at the table to preserve the evidence. Officers entered the establishment and met _____ at the table.

INTERVIEW WITH _____ stated that after being seated at a table she flagged down a waitress, who was later ID as Wendy Johns. Johns asked what they wanted to drink and she ordered a bottle of Labatte Blue. Johns placed the open bottle of beer in front of _____ and left the table without requesting identification. _____ pointed to and advised me that Wendy had served her the beer. _____ then exited the establishment.

OFFICERS ACTIONS: I approached Wendy, identified myself as a Troy Police Officer and advised that a minor had just been served an alcoholic beverage. Johns provided us with her Florida identification card and advised that Marty was the manager in charge. Marty Corradis was advised of the violation and provided us with his liquor license. An LCC violation report was completed. Johns completed a witness statement and admitted to serving the drink without requesting ID. Johns was cited for serving an alcoholic beverage to a minor/failure to make a diligent inquiry (683823). The Labatte Blue was confiscated and tagged as evidence (131015).

INVESTIGATING OFFICER(S) Warzecha/Stansbury	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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State of Michigan
Uniform Law Citation

Ticket No. **683823** Victim Involved

US DOT # _____ Incident No. **05-7301** Dept. No. **734**

The People of the State of Michigan Township City Village County

OF: **TROY** BAC _____

THE UNDERSIGNED SAYS THAT ON: Month **03** Day **04** Year **05** At approximately **9:10** A.M. P.M. Date of Birth **06/09/66** Social Security No. _____

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

Name (First, Middle, Last) **WENDY JOANNE JOHNS**

Street **15A ACADEMY**

City **FERDIALE** State **MI** Zip Code **48220**

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 **1090 ROCHESTER**

AT OR NEAR **CORRANIS**

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"/> Misd	249A.42	SEEMS TO MINOR FAIL TO USE DILIGENCE TO INSURE	1
<input type="checkbox"/> Fel			
<input type="checkbox"/> Warn			
<input type="checkbox"/> Fug			
<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: Cf = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks: _____

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

INVESTIGATOR AND INSTRUMENT NO. **03-603/8806**

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 **04** Year **05**

Officer's Name (printed) **M. Stovall** Officer's ID No. **24461**

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

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

Ticket
683823

Name

Case No.

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06
XFER TKT# 01 05 683823
CASE 05 001033 PS 01 TYPE OM DEF NAME WENDY,JOANNE,JOHNS,
SOC SEC 000000000 SEX F RACE DOB 060966 LIC #
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 030405 CONV CODE
CHARGE CODE JUDGE 20
DISP PG B PLEA OF GUILTY AT BENCH TRIAL COND DATE 031605
SENTENCE DATE 031605 ARREST DATE JUDGMENT PRINT DATE 031605
FINES & COSTS 5.00 TO BE PAID BY 033005 REST OTHER 50.00
JSA 45.00 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 # 057301 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 05 NO 001033 MSP PDC C001 SEQ FUNCTION DS MODE I



Violation History of Business:2861 MKC INC.			
Violation Date	MLCC Complaint Number	Violation Description	Decision or Event
3/8/89	41756	(1) SELL TO INTOXICATED PERSON (2) ALLOW INTOXICATED PERSON TO CONSUME 9-0507 (3) ALLOW INTOXICATED PERSON TO LOITER (TROY PD) SEC 22	2/07/1990 LAGGIS-GIACHINO-GIBSON NEGOTIATED 2/07/1990 LAGGIS-GIACHINO-GIBSON NEGOTIATED 3/05/1990 (1) \$1,000 (2) \$300 (3) DISMISS TOTAL \$1,300 OR 65 DAY SUSP PLUS COSTS 3/05/1990 (1) \$1,000 (2) \$300 (3) DISMISS TOTAL \$1,300 OR 65 DAYS
6/29/89	41756	(1) SELL TO INTOXICATED PERSON (2) ALLOW INTOXICATED PERSON TO CONSUME 9-1213 (3) ALLOW INTOXICATED PERSON TO LOITER (TROY PD) SEC 22	2/07/1990 LAGGIS-GIACHINO-GIBSON NEGOTIATED 2/07/1990 LAGGIS-GIACHINO-GIBSON NEGOTIATED 3/05/1990 (1) \$1,000 (2) \$300 (3) DISMISS TOTAL \$1,300 OR 65 DAY SUSP PLUS COSTS 3/05/1990 (1) \$1,000 (2) \$300 (3) DISMISS TOTAL \$1,300 OR 65 DAYS
6/17/92	1932	(1) SELLING TO MINOR - 19 YRS (2) SELLING TO MINOR - 19 YRS (TROY PD/LOCHER & VERHEY)	4/15/1993 05-03-93 CITED FOR HEARING LINCOLN PARK COSTS \$6 UNDER ADVISORY PODOLSKY-GIACHINO-GIBSON 6/17/1993 (1) DISMISS; (2) SECTION 22 OR 25 DAY SUSP PLUS COST
3/6/93	3214	(1) PREMISES OCCUPIED AFTER THE LEGAL HOUR: (2) PERSONS CONSUMING AFTER THE LEGAL HOUR: (3) PERSONS LOITERING AFTER THE LEGAL HOUR: (TROY POLICE DEPT)	8/25/1994 09-15-94 PONTIAC VAN TIEBOUT-GIACHINO-GIBSON NEGOTIATED SETTLEMENT 9/28/1994 (1)(2)(3) \$300 EACH; TOTAL \$900 45 DAY SUSENSION NEGOTAITED SETTLEMENT
5/11/01	61031		5/11/2001 PASSED CONTROLLED BUYER ON 5/10/01 (ALEXANDER/PETERS/X-0)
9/27/01	65406	SALE TO MINOR (19): (TROY PD/MCDONALD)	1/08/2002 HEARING HELD FARMINGTON WEATHERS-DONAHUE-CONTRACT 1/24/2002 \$500 OR 25 DAYS SUSP SEC 22
3/4/05	87932	SALE TO MINOR - (19): (TROY PD, /CK WENDY JOANNE JOHNS)	6/14/2005 HEARING HELD MOURNING/ASEVEDO/GIBSON NEG SETTLEMENT COST \$10.00 6/20/2005 \$600 OR 30 DAY SUSP. & \$100 TOTAL \$610 NEG SETTLEMENT

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Michigan Liquor Control Commission
7150 Harris Drive, PO Box 30005
Lansing, MI 48909-7505
Ph: 517-322-1400
Fx: 517-322-6137

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LCC Liquor Licensee History

Business name: **Corradi's**
 Address: 1090 Rochester (248) 588-3471
 Licensee: MKC, Inc. (Leno Corradi, stockholder)
 License type: **Class C (4387-2002) SDM (2355-2002)**
 Permits: Sunday Sales, Dance
 Comments: John Corradi, Day Manager

Date	Troy Incident #	Type	Disposition	Date
11/28/88		Council approved transfer of license to MCK, Inc.		
3/8/89	89-6737 89-6740	Served intoxicated person	Fined \$2600	3/5/90
6/29/89	89-19398 89-19406	Served intoxicated person		
6/17/92	92-17104	Sale to minor (compliance test)	Fined \$500	06/17/93
3/6/93	93-6344	Customers on premises after hours Consumption after hours Sale after hours	Fined \$900	09/28/94
01/09/99	99-01291	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/05/99	99-08616	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/99	99-24016	Compliance Test	PASSED	
11/02/99	none	Compliance Test	PASSED	
06/24/00	00-22518	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
08/17/00	00-30413	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/19/00	00-38780	Compliance Test	PASSED	
10/20/00	00-38918	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/16/00	00-42521	Compliance Test	PASSED	
01/27/01	01-03247	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

04/14/01	01-12796	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01		Compliance Test	PASSED	
06/19/01	01-21662	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/15/01	01-29305	Compliance Test	PASSED	
09/27/01	01-34716	Sale to Minor (Compliance Test)	\$500	01/24/02
10/15/01	01-37162	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
12/11/01	01-44301	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/22/02	02-05695	Compliance Test	PASSED	
02/27/02	02-06244	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 with proof to the PD within 60 days		
04/27/02	02-13071	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/30/02		Proof Received		
06/26/02	02-20472	Compliance Test	PASSED	
06/27/02	02-20624	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/28/02	02-28466	Liquor Inspection (Road Patrol- Smith)	NO VIOLATIONS	
10/8/02	02-33183	Compliance Test	PASSED	
04/23/03	03-12101	Compliance Test	PASSED	
06/19/03	03-18521	Liquor Inspection (Road Patrol- Smith)	NO VIOLATIONS	
06/20/03	03-18698	Compliance Test	PASSED	
09/05/03	03-27767	Liquor Inspection (Road Patrol- Smith)	NO VIOLATIONS	
10/27/03	03-33170	Compliance Test	PASSED	
01/08/04	04-00769	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	
02/11/04	04-04347	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	
02/27/04	04-05928	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	
04/16/04	04-10986	Compliance Test	PASSED	
06/13/04	04-17430	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	
06/30/04	04-19511	Compliance Test	PASSED	
08/02/04	04-23505	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	

11/30/04	04-37927	Liquor Inspection (Road Patrol- Minton)	NO VIOLATIONS	
01/05/05	05-00485	Liquor Inspection (Road Patrol- Minton)	NO VIOLATIONS	
02/21/05	05-05918	Liquor Inspection (Road Patrol- Minton)	NO VIOLATIONS	
03/04/05	05-07301	Sale to Minor (Compliance Test)	\$500 fine	06/20/05
05/27/05	05-17791	Liquor Inspection (Road Patrol-Ersig)	NO VIOLATIONS	
07/17/05	05-24669	Liquor Inspection (Road Patrol-Ersig)	NO VIOLATIONS	
09/10/05	05-32134	Liquor Inspection (Road Patrol-Ersig)	NO VIOLATIONS	
12/7/05	05-43033	Liquor Inspection (Road Patrol-Redmond)	NO VIOLATIONS	