

Name: CAFE SUSHI (1933 W MAPLE)

Date: 3/3/05

Nature: SAFE TO MINOR

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

## **Liquor Contact Info**

**Business Name:** Café Sushi

**Address:** 1933 West Maple Troy MI 48084

**Contact Names:**

1. Fari Santgar
2. Shigeru Yamada
- 3.
- 4.

**Attorney:**



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. 107549-2004 SS Business ID 135639 File # \_\_\_\_\_

1. Name of Licensee CAFE SUSHI LLC 2. Doing Business As CAFE SUSHI

3. Mailing Address (street, city, zip code) 1933 West Maple Road; Troy 48084

4. Township \_\_\_\_\_ 5. County Oakland

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

7. Date of Violation: Thursday 03/03/05 2040  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 06/14/86 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 # 05-7149

\* 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 Unchin Sawyers Address 1166 Villa Park; Troy MI 48098

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):

Captain Morgan rum drink  
Property Tag No. 131000

Beaver - Troy, MI 48084-5285

MI6378400

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRACTION DECLINED	YEAR	INCIDENT NUMBER	
	03.03.05	TH	4	02	52	061	024	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	05	7149	
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED	TIMES(S) OCCURRED	ASSIGNED HOUR / DAY				
	2040	2040	2040	2140	03.03.05	2040	2140	20	TH	4	
03	LOCATION / ADDRESS	(DIRECTION)	STREET, SUFFIX, QUALIFIER	LOCATION 2 (INTERSECTING STREET)							
	1933	W.	MAPLE RD								
04	CITY	STATE	ZIP	CODE	BUSINESS NAME	BUSINESS PHONE					
	Troy	MI	48084	L	CAFE SUSHI	248-280-1831					
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"/> PERSON <input type="checkbox"/> DISP	07						
06	NATURE OF OFFENSE #1	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL/DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)		
	LCC Violation		2235	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP	<input type="checkbox"/> BIAS	<input type="checkbox"/> WEAPON			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/DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY			
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 (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE				
		18		W	F	052985					
I 11	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP						
		c/o Troy PD	Troy	MI	48085						
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.						
		248-3477			Decey						
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	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 O <input type="checkbox"/> MAJOR INJURY L <input type="checkbox"/> SEVERE LACERATION	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> OTHER	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
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY	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	NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES	
M 15	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE				
			(S) (O) SAWYERS, UN, CHIN	W	F	10257034					
A 17	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP						
	1166	VILLA PARK	Troy	MI	48085						
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
	248-879-1608	248-280-1831									
R 19	STATE	SOC. SEC. #	SID #	FBI #							
	MI										
E 20	PERSON COMMENTS / CLIPPING	SUMMONS / CITATION NUMBER(S)									
		683816									
S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
	SALE TO MINOR	2220	03.03.05	52	061	024	4	R			
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) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant) <input type="checkbox"/>	MULTIPLE ARREST INDICATOR <input type="checkbox"/>	MULTIPLE COUNT <input type="checkbox"/>	CLEAR INDICATOR <input type="checkbox"/>	UPON ARREST ARMED WITH (ENTER "A" IF AUTO) <input type="checkbox"/>	UNARMED <input checked="" type="checkbox"/> FIREARM <input type="checkbox"/> HANDGUN <input type="checkbox"/>	13 RIFLE 14 SHOTGUN 15 OTHER FIREARM	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) <input type="checkbox"/> CLUB / BRASS KNUCKLES <input type="checkbox"/>	ARREST ORIGIN <input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL <input type="checkbox"/>	

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	
		EC LIQUOR		1		CAPT. MORGAN		
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 #		
				131000	P.R.			
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:					
	WARZECHA / STANSBURY #61/24							

TROY POLICE DEPARTMENT

PERSON REPORT

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

DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
01	030305	THU	02	52	06	1024	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	05	7149
							E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY		

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
02	YAMADA, SHIGERU	4	M		
ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP	
03	19.33 W. MAPLE RD	Troy	MI	48085	
HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.	
	280-1831			OWNER	

VICTIM CONNECTED TO OFFENSE	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"/> FAT	
01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/>									
RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCE
01 SPOUSE 02 CL-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 "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN	/	/	/	

VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
08		WH	M	06.14.86	18
ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP	
09	59.33 SLATE	Troy	MI	48085	
HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.	
				DECOY	

VICTIM CONNECTED TO OFFENSE	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"/> FAT	
01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/>									
RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCE
01 SPOUSE 02 CL-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 "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN	/	/	/	

CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
14							
ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP			
15							
HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
16							

STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
17				
PERSON COMMENTS / CLOTHING			SUMMONS / CITATION NUMBER(S)	
18				

ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
19								
ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
20								

ARREST TYPE	ON VIEW (No Warrant)	SUMMONS (No Custody)	CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	MULTIPLE COUNT 1	N/A	CLEAR INDICATOR	Y	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	0 <input type="checkbox"/> FOP 1 <input type="checkbox"/> MDT 2 <input type="checkbox"/> TI
21															

CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
22							
ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP			
23							
HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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	ON VIEW (No Warrant)	SUMMONS (No Custody)	CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	MULTIPLE COUNT 1	N/A	CLEAR INDICATOR	Y	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	0 <input type="checkbox"/> FOP 1 <input type="checkbox"/> MDT 2 <input type="checkbox"/> TI
29															
INVESTIGATING OFFICER(S):			REVIEWED BY:		ATTENTION TO:										
30			WARZECHA / STANSBURY												

**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:** CAFÉ SUSHI, 1933 W. MAPLE RD., TROY

**BACKGROUND:** Officer Stansbury and myself were conducting LCC inspections utilizing student enforcement aides. The student enforcement aides, entered Café Sushi and Officers maintained surveillance from the outside of the restaurant. After several minutes Officers observed student enforcement aide exit the establishment. advised Officers that was served an alcoholic beverage. 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 the waitress, who was later ID as Un Chin Sawyers asked if they would like something to drink. ordered a Capt. Morgan on the rocks. Without asking for ID Sawyers returned with a Capt. Morgan on the rocks and placed it in front of then pointed to Sawyers as the person who served his drink. then exited the establishment.

**OFFICERS ACTIONS:** I made contact with Sawyers and advised her that she just served an alcoholic beverage to a minor. Officer Stansbury made contact with the owner, Shigeru Yamada and advised him of the violation. Yamada provided us with his liquor license and an LCC violation report was completed. Sawyers completed a witness statement and admitted to serving the drink without obtaining proper ID. Sawyers was cited for selling alcoholic beverage to a minor/failure to make a diligent inquiry (683816). The Capt. Morgan was confiscated and tagged as evidence (131000).

INVESTIGATING OFFICER(S) Warzecha/Stansbury	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
--	-------------	-------------------	--------------

State of Michigan Uniform Law Citation Ticket No. **683816**  Victim Involved

US DOT # Incident No. **05-7149** Dept. No. **184**

The People of  the State of Michigan Local Use/Arrest No. Detection Device

Township  City  Village  County

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

THE UNDERSIGNED Month **03** Day **03** Year **05** At approximately  A.M.  P.M. Date Month **10** Day **25** Year **20**

SAYS THAT ON State **MI** Birth Social Security No.

Race **V** Sex **F** Height | Weight | Hair | Eyes | Occupation/Employer

Name (First, Middle, Last) **UN CHAIN SAWYERS**

Street **1166 VILLA PARK**

City **TROY** State **MI** Zip Code **48098**

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 **1933 W. MAPLE RD**

AT OR NEAR

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	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend	<b>SERVE TO MINOR</b>
<input checked="" type="checkbox"/> Fel	<input type="checkbox"/> Fug	<input type="checkbox"/> Waiv	<b>98.10.11 FAIL TO MAKE</b>
<input checked="" type="checkbox"/> Misd	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend	<b>URGENT INQUIRY</b>
<input checked="" type="checkbox"/> Fel	<input type="checkbox"/> Fug	<input type="checkbox"/> Waiv	
<input checked="" type="checkbox"/> Misd	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend	
<input checked="" type="checkbox"/> Fel	<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: 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: **CAFE SUSHI**

Ticket No. **683816**

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 **MARCH 16, 2005**

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 **03** Year **05**

Officer's Name (Printed) **WAAZECHA STANSBURY** Officer's ID No. **61/24**

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

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

Case No.

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06  
XFER TKT# 01 05 683816  
CASE 05 001040 PS 01 TYPE OM DEF NAME UN,CHIN,SAWYERS,  
SOC SEC 000000000 SEX F RACE DOB 102570 LIC #  
ATTY BAR # P39134 NAME ROY W. JOHNSON

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 030305 CONV CODE  
CHARGE CODE JUDGE 30  
DISP DUM B DISMISS PROS.ATNY MOTION AT BENCH TRIAL COND DATE 050205  
SENTENCE DATE 050205 ARREST DATE JUDGMENT PRINT DATE 110705  
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 # 057149 JAIL #  
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB  
PS YR 05 NO 001040 MSP PDC C001 SEQ FUNCTION DS MODE I

<b>Violation History of Business:135639 CAFE SUSHI, L.L.C.</b>			
<b>Violation Date</b>	<b>MLCC Complaint Number</b>	<b>Violation Description</b>	<b>Decision or Event</b>
3/3/05	87927	SALE TO MINOR - (18): (TROY PD/ /CK UN CHIN SAWYERS)	6/14/2005 HEARING HELD MOURNING/ASEVEDO/GIBSON ACK COST : 6/20/2005 \$300.00 OR 15 DAY SUSP PLUS WITNESS FEES; TOTAL \$318.00 SEC 701(1

# LCC

## Liquor Licensee History

Business name: **Café Sushi**

Address: 1933 W. Maple Rd. 5D

Licensee: Café Sushi, L.L.C.

License type: **Class C (107549-2004SS)**

Permits: Sunday Sales, *Entertainment, Outdoor Service*

Comments: Shigeru Yamada, Fari Sanatgar, and Yoshihiro Nakashima, Owners

Date	Troy Incident #	Type	Disposition	Date
10/23/01	01-38249	Liquor Inspection (Road Patrol)	Still under construction	
01/27/02(est)		Business Opens		
02/22/02	02-05691	Compliance Test	PASSED	
03/05/02	02-06880	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/17/02	02-11771	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/20/02	02-19554	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/27/02	02-20603	Compliance Test	PASSED	
09/12/02	02-30135	Liquor Inspection (Road Patrol- Bodek)	NO VIOLATIONS	
10/8/02	02-33519	Compliance Test	PASSED	
12/17/02	02-40718	Liquor Inspection (Road Patrol- Hamzey)	NO VIOLATIONS	
01/15/03	03-1483	Liquor Inspection (Road Patrol- Hamzey)	NO VIOLATIONS	
02/04/03	03-3636	Liquor Inspection (Road Patrol- Hamzey)	NO VIOLATIONS	
04/18/03	03-11532	Liquor Inspection (Road Patrol-Klute)	NO VIOLATIONS	
04/24/03	03-12230	Compliance Test	PASSED	
06/20/03	03-18703	Compliance Test	PASSED	
08/02/03	03-23854	Liquor Inspection (Road Patrol-Klute)	NO VIOLATIONS	
08/22/03	03-26253	Liquor Inspection (Road Patrol-Klute)	NO VIOLATIONS	

10/28/03	03-33307	Compliance Test	PASSED	
11/20/03	03-35675	Liquor Inspection (Road Patrol-Trainer)	NO VIOLATIONS	
02/18/04	04-04994	Liquor Inspection (Road Patrol-Trainer)	NO VIOLATIONS	
03/06/04	04-06671	Liquor Inspection (Road Patrol-Trainer)	NO VIOLATIONS	
03/23/03	04-08527	Compliance Test	PASSED	
06/30/04	04-19501	Compliance Test	PASSED	
08/19/04	04-25359	Liquor Inspection (Road Patrol-Trainer)	NO VIOLATIONS	
02/04/05	05-03939	Liquor Inspection (Road Patrol-Dyjewski)	NO VIOLATIONS	
<b>03/03/05</b>	<b>05-07149</b>	<b>Sale to Minor (Compliance Test)</b>	<b>\$300 fine</b>	<b>06/20/05</b>
03/04/05	05-07255	Liquor Inspection (Road Patrol-Dyjewski)	NO VIOLATIONS	
06/11/05	05-19728	Liquor Inspection (Road Patrol-Schehr)	NO VIOLATIONS	
08/01/05	05-26718	Liquor Inspection (Road Patrol-Schehr)	NO VIOLATIONS	
08/29/05	05-30526	Liquor Inspection (Road Patrol-Schehr)	NO VIOLATIONS	