

Name: MON JIN LAU (1515 EAST MAPLE)

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: Mon Jin Lau

Address: 1515 East Maple Troy, MI 48083

Contact Names:

1. Marco Chin
2. Marjorie Chin
3. Marshall Chin
4. Mon Chin

Attorney: Harold Fried
29800 Telegraph
Southfield MI 48034-1338



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. 353-2004-SS Business ID 224 File # _____

1. Name of Licensee MON JIN LAU INC 2. Doing Business As MON JIN LAU

3. Mailing Address (street, city, zip code) 1515 East Maple Road; Troy 48083

4. Township _____ 5. County Oakland

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

7. Date of Violation: Friday 03/04/05 1830 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 11/09/86 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 # 05-7285

* 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 Bobby Yang Address 6522 Crooked Lake; Brighton MI 48116

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 Bud Light beer
Property Tag No. 131013

INCIDENT REPORT

01	DATE 03.04.05	DAY FRI	SHIFT 02	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 7285	
02	RECEIVED 1830	DISPATCHED 1830	ARRIVED 1830	COMPLETED 1930	DATE(S) OCCURRED 03.04.05	TIMES(S) OCCURRED 1830 1930	ASSIGNED HOUR / DAY 18 FRI				
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 1515 E. MARK RD						LOCATION 2 (INTERSECTING STREET)				
04	CITY Troy	STATE MI	ZIP 48083	CODE L	BUSINESS NAME MON JIN LAU			BUSINESS PHONE 248-689-2332			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT				ESTAB CODE 8640	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> POP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 07	GEOGRAPHIC		
06	NATURE OF OFFENSE #1 LCC VIOLATION		ATT <input type="checkbox"/>	CRIME CLASS 2335	ALCOHOL DRUGS COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY <input type="checkbox"/>	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		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY <input type="checkbox"/>		
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY <input type="checkbox"/>		
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY <input type="checkbox"/>	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 18	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC W	SEX M	DOB 11.09.86	AGE		
I 11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) c/o Troy PD			CITY		STATE	ZIP		
G 12	HOME PHONE	BUSINESS PHONE 248 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. Deccy				
T 13	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	L <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			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	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 BABYSITEE (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			

V 16	CODE 5	OFF # 01	NAME (LAST, FIRST, MIDDLE, SUFFIX) YANG, BOBBY	RAC AF	SEX M	DOB 05.30.79	AGE	
A 17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 6522 CROOKED LAKE			CITY BRIGHTON		STATE MI	ZIP 48116	
R 18	HOME PHONE 248-433-4055	BUSINESS PHONE 248-689-2332	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 19	STATE MI	SOC. SEC. #	SID #	FBI #				
E 20	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S) 683821			

S 21	ARREST / SUMMONS DESCRIPTION SALE TO MINOR	ARREST CHARGE 1 2335	ARREST DATE 03.04.05	PLATOON 52	BADGE 1 061	BADGE 2 024	FM MR	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 checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 02 <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 checked="" type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL

24	CODES CE	DESCRIPTION 12 oz BOTTLE BEER	PROPERTY TYPE	QUANTITY 1	YEAR	MAKE Bud Light	MODEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
26	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG # 131013	LOCATION PROPERTY 19	LEIN / NCIC REF #				
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): M. STRANSBURY #24 / B. WARZECHA #61	REVIEWED BY:	ATTENTION TO:
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PERSON REPORT

01	DATE 03.04.05	DAY FRI	SHIFT 02	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 7285
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CODES	(1) REPT'D BY	(2) OWNER	(3) VICT	(4) PERS INTERV	(5) ARREST	(6) SUSPECT	(7) MISSING	(8) WITHN	(9) SECUR'D BY	(O) JUV ARREST	(D) DRIVER	(P) PASSENGER	(S) SUMMONED	(R) RESPONSIB
V 02	4		BYRUM, MICHAEL									WM	11.25.58	
I 03	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 1515 E. MADIE RD Troy MI 4808													
G 04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. MANAGER									

T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 01 <input type="checkbox"/> 02	VICTIM TYPE <input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 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						
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY										OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCE
M 07	01 SPOUSE 05 CHILD 09 STEPPARENT 02 C-L SPOUSE 06 GRANDPARENT 10 STEPCHILD 03 PARENT 07 GRANDCHILD 11 STEPSIBLING 04 SIBLING 08 IN-LAW 12 OTHER FAMILY										20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN 23 BABYSITEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER		96 STRANGER	REL / OFF #	

V 08	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB 04.7.85	AGE
I 09	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) c/o Troy PD						
G 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. Relay		

T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 01 <input type="checkbox"/> 02	VICTIM TYPE <input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 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						
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY										OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCE
M 13	01 SPOUSE 05 CHILD 09 STEPPARENT 02 C-L SPOUSE 06 GRANDPARENT 10 STEPCHILD 03 PARENT 07 GRANDCHILD 11 STEPSIBLING 04 SIBLING 08 IN-LAW 12 OTHER FAMILY										20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN 23 BABYSITEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER		96 STRANGER	REL / OFF #	

A 14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
I 15	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						

R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			

E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 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 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	DI <input type="checkbox"/> DE PE <input type="checkbox"/> PE TE <input type="checkbox"/> TE
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A 22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
I 23	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)							
R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			

E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 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 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	DI <input type="checkbox"/> DE PE <input type="checkbox"/> PE TE <input type="checkbox"/> TE
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30	INVESTIGATING OFFICER(S): M. STASSBURY #24 / B. WARZECHA #61	REVIEWED BY:	ATTENTION TO:
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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: MON JIN LAU, 1515 E. MAPLE RD., TROY 48083

BACKGROUND: Officer Stansbury and myself were conducting LCC inspections utilizing student enforcement aides. The student enforcement aides, _____ entered Mon Jin Lau while 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 came over to the table and wrote her name on the tablecloth as Bobby. She was later ID as Bobby Yang, who asked if they would like a drink. _____ asked for a Budweiser but was informed by Yang that they only had Bud Light. Yang placed the open bottle of Bud Light in front of him and then left the table. _____ stated that Bobby was their waitress and pointed to her. _____ then exited the establishment. I approached Bobby Yang and Officer Stansbury made contact with the manager Michael Byrum.

OFFICERS ACTIONS: Both were advised that a minor had just been served an alcoholic beverage. Byrum provided us with his liquor license and an LCC violation report was completed. Yang completed a witness statement and admitted to serving the drink without asking for ID. Yang was cited for serving an alcoholic beverage to a minor/failure to make a diligent inquiry (683821). The Bud Light was confiscated and tagged as evidence (131013).

INVESTIGATING OFFICER(S) Warzecha/Stansbury	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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State of Michigan Uniform Law Citation Ticket No. **683821** Victim Involved
 US DOT # Incident No. **05-7285** Dept. No. **78A**
 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 Day Year At approximately A.M. P.M. Date Month Day Year
 SAYS THAT ON: **03 04 05 6:30** State of Birth **05 30 79**
 State Social Security No.

Race Sex Height Weight Hair Eyes Occupation/Employer
A F

Name (First, Middle, Last) **BOBBY YANG**
 Street **6522 CROOKED LK.**

City **BRIGHTON** State **MI** Zip Code **48116**
 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 **1515 E1 MARIE**
 AT OR NEAR **MON JIN LAU**
 WITHIN CITY VILLAGE TOWNSHIP OF **TROY**
 COUNTY OF **OAKLAND** DID THE FOLLOWING Charge

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 checked="" type="checkbox"/> Misd	<input type="checkbox"/> Fug	CHAP. 98	
<input checked="" type="checkbox"/> Fel	<input type="checkbox"/> Waiv	RAILED TO USE DUE DILIGENCE	
<input type="checkbox"/> C/I	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.	
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug	IN PROGRESS	
<input type="checkbox"/> Fel	<input type="checkbox"/> Waiv		
<input type="checkbox"/> C/I	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.	
<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:

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 (if applicable) **03-16-05 10:30**
 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 original 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
M. STANBURY **03 04 05**
 Officer's Name (printed) Officer's ID No.
M. STANBURY **24561**
 Agency ORI Agency Name
MI- 6378400 **TROY POLICE DEPARTMENT**

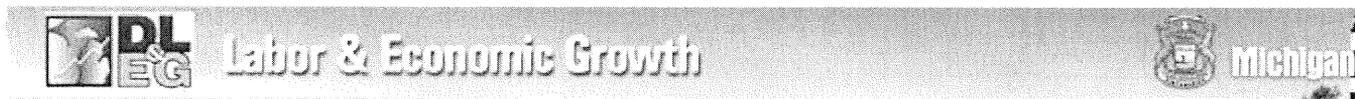
UC-01a Court Copy-1
 (rev. 9/02)

Ticket **683821**
 Name
 Case No.

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06
XFER TKT# 01 05 683821
CASE 05 001042 PS 01 TYPE OM DEF NAME BOBBY,,YANG,
SOC SEC 000000000 SEX F RACE DOB 053079 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 031605 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 # 057285 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 05 NO 001042 MSP PDC C001 SEQ FUNCTION DS MODE I



Michigan.gov Home | DLEG Home

Violation History of Business:224 MON JIN LAU, INC.			
Violation Date	MLCC Complaint Number	Violation Description	Decision or Event
4/10/84	32156	(1) PREMISES OCCUPIED AFTER LEGAL HOUR (2) HINDER OFFICERS IN INVESTIGATION (TROY PD) 4-0574	7/09/1984 LAGGIS 7/18/1984 (1) \$150-WAIVE \$75 (2) : WAIVED-TOTAL \$75 OR 4 DAYS SUSP
7/17/92	32157	(1)(2) SELL TO MINORS (19/19) (TROY PD) SEC 22	10/28/1992 (1)(2) \$200 EA-TOTAL \$ DAY SUSP (PAID) 9/08/1992 LAGGIS 2-1019
8/11/94	6044	SALE TO MINOR (19): (TROY POLICE DEPT/HAYES)	11/16/1994 COMM LAGGIS 11/22/1994 \$500 OR 25 DAYS SUSP.
4/11/98	14735	1)3)5) SELLING AFTER THE LEGAL HOUR: 1) CONNIE LEW; 3) LEE FUNG; 5) DANNY LEW: 2)4)6) SAID PERSONS CONSUMING AFTER THE LEGAL HOUR: 7) PREMISES OCCUPIED AFTER THE LEGAL HOUR: 8) FAILURE TO COOPERATE WITH LAW ENFORCEMENT OFFICERS: (TROY PD)	6/02/1998 6/30/98 FARMINGTON FL MCDOWELL-GIBSON 8/04/1998 1)DISMISSED; 2)MERGED 6 \$200; 3)DISMISSED; 5)DIS- MISSEI 8)DISMISSED FOR A TOTAL OF \$400 C SUSP
10/19/00	57565	SALE TO MINOR-- (18): (TROY PD/)	3/28/2001 HEARING HELD FARMINGT FLESSLAND-MCDOWELL-GIBSON NEG SETTLEMENT 4/27/2001 \$500 OR 25 DAYS SUSP - NEGOTIATED SETTLEMENT
10/29/03	77750	SALE TO MINOR- (20): (TROY PD/ /CK HEIDI SUPER)	1/28/2004 HEARING HELD FARMINGT FLESSLAND-MCDOWELL-GIBSON COS NEGOTIATED SETTLEMENT 3/01/2004 \$600.00 OR 30 DAY SUSP \$11.60 WITNESS FEES, TOTAL \$611.6 (2) NEGOTIATED SETTLEMENT
3/4/05	87931	SALE TO MINOR - (18): (TROY PD/ /CK BOBBY YANG)	10/18/2005 \$800 OR 40 DAYS SUSP (2) COST \$60.60 NEG SETT 9/30/2005 HEARING HELD MOURNING/MCDOWELL/GIBSON NEG SETTLEMENT COST \$60.60

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

Liquor Licensee History

Business name: **Mon Jin Lau**

Address: 1515 E. Maple (248) 689-2332

Licensee: Mon Jin Lau, Inc. Marco Chin 689-2332

License type: **Class C (353-2002)**

Permits: Sunday Sales

Comments:

Date	Troy Incident #	Type	Disposition	Date
9/18/78		Council approved license transfer		
10/15/78	78-23487	Sale to minors	Dismissed	5/1/79
4/10/84		Non-employees on premises after hours Hinder and obstruct police officers during investigation	Fined \$75	7/18/84
6/17/92	92-17105	Sale to minor (compliance test)	Fined \$200	10/28/92
08/11/94	94-27026	Sale to minor (compliance test)	Fined \$500	11/22/94
11/07/94	94-37828	Gambling (Citizen Complaint)	insufficient evidence to pursue	11/21/94
4/11/98	98-13271	Customers after-hours	\$400 Fine by MLCC	08/10/98
01/16/99	99-02454	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/25/99	99-07623	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/16/99	99-27117	Compliance Test	PASSED	
04/26/00	00-14152	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
10/19/00	00-38783	Sale to Minor (Compliance Test)	\$500	
11/16/00	00-42519	Compliance Test	PASSED	

11/20/00	00-43043	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/16/01	01-01852	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/26/01		Council Show Cause -resolution to require TIPS/TAM training for all servers with proof to PD within 6 months		
03/17/01	01-09244	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01		Compliance Test	PASSED	
06/12/01	01-20614	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/16/01	01-29493	Compliance Test	PASSED	
08/28/01	01-30934	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/05/01	01-36176	Compliance Test	PASSED	
11/03/01	01-39805	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/10/02	02-01066	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/22/02	02-05660	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/26/02	02-06149	Compliance Test	PASSED	
04/24/02	02-12683	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/28/02	02-20764	Compliance Test	PASSED	
07/10/02	02-22341	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
09/12/02	02-30219	Liquor Inspection (Road Patrol- Mairorano)	NO VIOLATIONS	
10/18/02	02-34357	Compliance Test	PASSED	
11/15/02	02-37238	Liquor Inspection (Road Patrol- Langbeen)	NO VIOLATIONS	
01/04/03	03-422	Liquor Inspection (Road Patrol- Langbeen)	NO VIOLATIONS	
03/04/03	03-6283	Liquor Inspection (Road Patrol- Langbeen)	NO VIOLATIONS	
04/25/03	03-12394	Compliance Test	PASSED	
06/26/03	03-19485	Compliance Test	PASSED	
07/11/03	03-21305	Liquor Inspection (Road Patrol-Isham/Zagacki)	NO VIOLATIONS	
08/28/03	03-26975	Liquor Inspection (Road Patrol-Isham)	NO VIOLATIONS	
09/12/03	03-28505	Liquor Inspection (Road Patrol-Isham)	NO VIOLATIONS	
10/29/03	03-33451	Sale to Minor (compliance test)	\$600 fine	03/01/04
01/19/04	04-01896	Liquor Inspection (Road Patrol-Zagacki/Schehr)	NO VIOLATIONS	

02/16/04	04-04846	Liquor Inspection (Road Patrol-Zagacki/Schehr)	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 180 days; employee contracts re: alcohol sales	
03/08/04	04-06904	Liquor Inspection (Road Patrol-Zagacki/Schehr)	NO VIOLATIONS
03/12/04		Signed employee contracts received	
03/23/04	04-08534	Compliance Test	PASSED
04/24/04	04-11816	Liquor Inspection (Road Patrol-Daniels/Warzecha)	NO VIOLATIONS
06/30/04	04-19512	Compliance Test	PASSED
07/20/04	04-21921	Liquor Inspection (Road Patrol- Daniels)	NO VIOLATIONS
09/17/04	04-29370	Liquor Inspection (Road Patrol- Daniels)	NO VIOLATIONS
02/02/05	05-03771	Liquor Inspection (Road Patrol- Giorgi)	NO VIOLATIONS
02/17/05	05-05340	Liquor Inspection (Road Patrol- Giorgi)	NO VIOLATIONS
03/04/05	05-07285	Sale to Minor (Compliance Test)	pending
03/23/05	05-09477	Liquor Inspection (Road Patrol-Giorgi)	NO VIOLATIONS
04/28/05	05-13946	Liquor Inspection (Road Patrol- Novak)	NO VIOLATIONS
07/27/05	05-26103	Liquor Inspection (Road Patrol- Novak)	NO VIOLATIONS
10/17/05	05-36714	Liquor Inspection (Road Patrol- Feld)	NO VIOLATIONS