

Name: MAYUR INDIAN CUISINE (5113 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:** Mayur Indian Cuisine

**Address:** 5113 Rochester Troy, MI 48085

**Contact Names:**

1. Vijayalaxmi Kambhampati
2. Sujanasree Sunkara
- 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. 132851-2004 SS Business ID 154661 File # \_\_\_\_\_

1. Name of Licensee MAYUR INDIAN CUISINE 2. Doing Business As MAYUR INDIAN CUISINE

3. Mailing Address (street, city, zip code) 5113 Rochester Road; Troy 48085

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

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

7. Date of Violation: \_\_\_\_\_ Friday \_\_\_\_\_ 03/04/05 \_\_\_\_\_ 2135  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 # 05-7302

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

Officer Signature [Signature] Name and Title (print) Timothy Garcher, Police Officer

Officer Signature [Signature] Name and Title (print) Patrick McWilliams, 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 Radhakrishnan Balasubramanian Address 1184 Chesapeake; Rochester Hills MI 48307

Will testify to: Served alcoholic beverage to minor

4. Name Officer Timothy Garcher Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

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

Will testify to: Violation

EVIDENCE

Location Held (Explain): 12 ounce bottle of Budweiser beer  
Property Tag No. 131018

TROY POLICE DEPARTMENT

INCIDENT REPORT

500 W. Big Beaver - Troy, MI 48084-5285  
DRI # M16378403

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	
	030405	FRI	0252	022	017	017	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	05	7302	
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURED	TIMES(S) OCCURED	ASSIGNED HOUR / DAY				
	2140	2140	2140	0030	030405	2135	211 FRI				
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)					LOCATION 2 (INTERSECTING STREET)					
	5113 Rochester										
04	CITY	STATE	ZIP	CODE	BUSINESS NAME			BUSINESS PHONE			
	Troy	MI	48085	L	Mayor Indian Cuisine						
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED			PATROL	GEOGRAPHIC
	Bar				8660	<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			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				2235						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

DOES (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

10	CODE	VICT #	NA	RAC	SEX	DOB	AGE
	8			W	F	052985	19
11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY		STATE	ZIP
	Troy PD			Rochester Hills		MI	48307
12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.		
					Decoy w/ waymaster		

13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 01 <input type="checkbox"/> 03	VICTIM TYPE	<input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B BUSINESS	<input type="checkbox"/> F FINANCIAL <input type="checkbox"/> G GOVERNMENT <input type="checkbox"/> R RELIGIOUS	<input type="checkbox"/> S SOCIETY / PUBLIC <input type="checkbox"/> O OTHER <input type="checkbox"/> P POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> N NONE <input type="checkbox"/> B BROKEN BONE	<input type="checkbox"/> M MINOR INJURY <input type="checkbox"/> O MAJOR INJURY	<input type="checkbox"/> I POSS. INT. INJURIES <input type="checkbox"/> L SEVERE LACERATION	<input type="checkbox"/> T LOSS OF TEETH <input type="checkbox"/> U UNCONSCIOUSNESS	<input type="checkbox"/> F FATAL
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 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	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	
			Balasubramanian, Radhakrishnan	W	M	071167	37	
17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY		STATE	ZIP	
	1184 Chesapeake			Rochester Hills		MI	48307	
18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
19	STATE	SOC. SEC. #	SID #	FBI #				
	MI							
20	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)			
					684276			

21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
	serve to person 0121	2230	030405	52	022	017	M		
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 <input type="checkbox"/> CLEAR <input type="checkbox"/> Y	UPON ARREST	<input checked="" type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knives, etc.)	ARREST ORIGIN	<input checked="" type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
	E	Alcoholic Drink		1						
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
							Budweiser beer Bottle			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #				
				131018	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:
	McWilliams 22 / Garcher 17	MJK	wm

PERSON REPORT

01	DATE 030405	DAY FRI	SHIFT 02	PLATOON S2	BADGE 1 022	BADGE 2 017	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 7302
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CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERVY (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSE

V 02	CODE 8	VICT # 1	NAME L M O G I 486 18	RAC W	SEX M	DOB 06148618	AGE 18
------	-----------	-------------	--------------------------	----------	----------	-----------------	-----------

I 03 ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) TROY RD CITY STATE ZIP

G 04 HOME PHONE BUSINESS PHONE STATE DRIVER'S LICENSE # PERSON COMMENTS / OTHER I.D. Decoy, was served

T 05 VICTIM CONNECTED TO OFFENSE  1  2  3  4 VICTIM TYPE  INDIVIDUAL  BUSINESS  FINANCIAL  GOVERNMENT  RELIGIOUS  SOCIETY / PUBLIC  OTHER  POLICE OFFICER VICTIM INJURY  NONE  BROKEN BONE  MINOR INJURY  MAJOR INJURY  POSS. INT. INJURIES  SEVERE LACERATION  LOSS OF TEETH  UNCONSCIOUSNESS

I 06 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
02 C-L 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 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER

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

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

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

T 11 VICTIM CONNECTED TO OFFENSE  1  2  3  4 VICTIM TYPE  INDIVIDUAL  BUSINESS  FINANCIAL  GOVERNMENT  RELIGIOUS  SOCIETY / PUBLIC  OTHER  POLICE OFFICER VICTIM INJURY  NONE  BROKEN BONE  MINOR INJURY  MAJOR INJURY  POSS. INT. INJURIES  SEVERE LACERATION  LOSS OF TEETH  UNCONSCIOUSNESS

I 12 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
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03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN
04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER

V 14 CODE OFF # NAME (LAST, FIRST, MIDDLE, SUFFIX) RAC SEX DOB AGE

A 15 ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) CITY STATE ZIP

R 16 HOME PHONE BUSINESS PHONE HEIGHT WEIGHT EYES HAIR COLOR / LENGTH / STYLE BUILD SKIN TON

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

E 18 PERSON COMMENTS / CLOTHING SUMMONS / CITATION NUMBER(S)

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  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  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  FOP  MDT

22 CODE OFF # NAME (LAST, FIRST, MIDDLE, SUFFIX) RAC SEX DOB AGE

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

R 24 HOME PHONE BUSINESS PHONE HEIGHT WEIGHT EYES HAIR COLOR / LENGTH / STYLE BUILD SKIN TON

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

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

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  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  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  FOP  MDT

30 INVESTIGATING OFFICER(S): McWilliams 22 / Garchee 17 REVIEWED BY: ATTENTION TO:

# NARRATIVE REPORT

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	
	3/5/05	Fri	02	52	17	22	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		05	7302

INCIDENT: LCC Violation

LOCATION: Mayur Indian Cuisine, 5113 Rochester Rd., Troy

CIRCUMSTANCES:

Officer McWilliams and myself were conducting LCC inspections on sit down liquor establishments with the use of under age decoys. We arrived with the decoys at the above listed location. Due to the setup of the restaurant, we remained outside of the restaurant and had constant surveillance. The decoys, entered into the restaurant and were seated.                      ordered a bottle of Budweiser beer from his server, Radhakrishnan Balasubramanian. Balasubramanian did not ask                      for identification and after a short time, the server returned with the beer and                      exited the restaurant to notify us of the violation. We entered into the store, identified ourselves as Troy Police officers, and spoke with the owners of the restaurant. They were informed about the violation and also informed the server about what he had just done. We completed a LCC violation report and Balasubramanian was issued a citation for serving alcohol to a minor/failing to make diligent inquiry, #684276. The restaurant owners were given an incident number and police department contact information.

We confiscated the bottle of beer from the store and it was tagged into evidence, tag #131018. Photos of the decoys, the server, and the beer are attached to the report.

INVESTIGATING OFFICER(S) Garcher, P.McWilliams	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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State of Michigan Uniform Law Citation

Ticket No. **684276**  Victim Involved

US DOT # \_\_\_\_\_ Incident No. **05-1302** Dept No. **754**

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 **03 04 05** At approximately **9:55**  A.M.  P.M. Date of Birth **07/11/67**

State **MI** Social Security No. \_\_\_\_\_

Race **W M** Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

Name (First, Middle, Last) **Radhakrishnan Balasubramanian**

Street **1184 Chesapeake**

City **Rochester Hills** State **MI** Zip Code **48307**

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 **5113 Rochester Rd**

AT OR NEAR **Major Indian Cuisine**

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 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	<b>10.11 Sell Alcohol to minor - Fail to make diligent inquiry</b>	<b>1</b>
<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		<b>2</b>
<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		<b>3</b>

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 **Sold Alcohol to minor - 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

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

Appearance Date on or before **03/30/05 8:30am**

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 \_\_\_\_\_

Officer's Name (printed) **P. McWilliams** Officer's ID No. **17122**

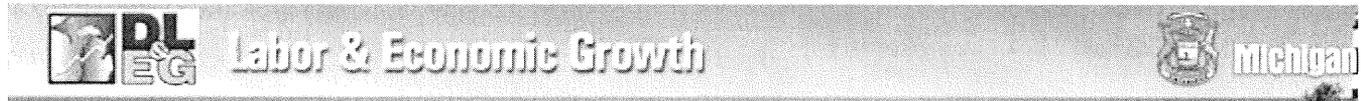
Agency ORI **MI-6378400** Agency Name **TROY POLICE DEPARTMENT**

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

Ticket **684276**

Name \_\_\_\_\_

Case No. \_\_\_\_\_



[Michigan.gov Home](#) | [DLEG Home](#)

Violation History of Business:154661 MAYUR INDIAN CUISINE, INC.			
Violation Date	MLCC Complaint Number	Violation Description	Decision or
3/4/05	87935	SALE TO MINOR - (18): (TROY PD/ /CK RADHAKRISHNAN BALASUBRAMANIAN)	4/08/2005 LIC A STOREY 4/18/2005 \$500 SUSP. SEC.801(2)

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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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COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06  
XFER TKT# 01 05 684276  
CASE 05 001039 PS 01 TYPE OM DEF NAME R,,BALASUBRAMANIAN,  
SOC SEC 000000000 SEX M RACE DOB 071167 LIC #  
ATTY BAR # P52969 NAME PETER S. TANGALOS

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 030405 CONV CODE  
CHARGE CODE JUDGE 20  
DISP DUM B DISMISS PROS.ATNY MOTION AT BENCH TRIAL COND DATE 042605  
SENTENCE DATE 042605 ARREST DATE JUDGMENT PRINT DATE 083005  
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 # 057302 JAIL #  
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB  
PS YR 05 NO 001039 MSP PDC C001 SEQ FUNCTION DS MODE I

# LCC Liquor Licensee History

Business name: **MAYUR INDIAN CUISINE**  
Address: 5113 Rochester Rd.  
Licensee: Mayur Indian Cuisine, Inc.  
License type: Class C  
Permits:  
Comments: Rep: Vijayalaxmi Kambhampati

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Date	Troy Incident #	Type	Disposition	Date
10/04/04		Council approves new SDM		
03/04/05	05-07302	Sale to Minor (Compliance Test)	\$500 fine	04/18/05
01/04/06	06-454	Liquor Inspection (Road Patrol-Barton)	NO VIOLATIONS	