

# **AGENDA**

**Regular Meeting of the**

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

**FEBRUARY 22, 2006**

**CONVENING AT 7:30 P.M.**

**Submitted By  
The City Manager**

TO: The Honorable Mayor and City Council  
Troy, Michigan

FROM: John Szerlag, City Manager

SUBJECT: Background Information and Reports

Ladies and Gentlemen:

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

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

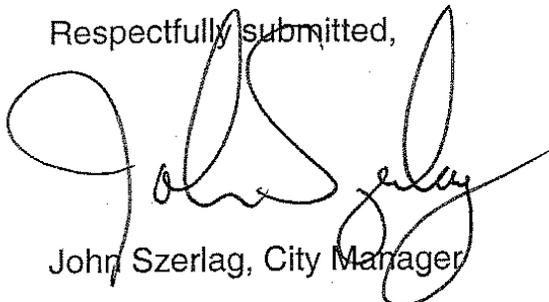
Identified below are goals for the City, which have been advanced by the governing body; and Agenda items submitted for your consideration are on course with these goals.

### **Goals**

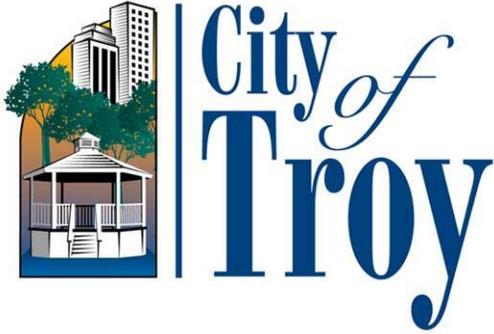
1. Minimize cost and increase efficiency of City government.
2. Retain and attract investment while encouraging redevelopment.
3. Effectively and professionally communicate internally and externally.
4. Creatively maintain and improve public infrastructure.
5. Protect life and property.

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

Respectfully submitted,



John Szerlag, City Manager



**CITY COUNCIL**

**AGENDA**

**February 22, 2006 – 7:30 PM  
 Council Chambers  
 City Hall - 500 West Big Beaver  
 Troy, Michigan 48084  
 (248) 524-3317**

**CALL TO ORDER: 1**

**INVOCATION & PLEDGE OF ALLEGIANCE: Mayor Pro Tem Broomfield 1**

**ROLL CALL: 1**

**OUTLINE OF PUBLIC HEARING PROCEDURE 1**

**PUBLIC COMMENT: 2**

**A. Items on the Current Agenda 2**

**PUBLIC HEARINGS 2**

**1.0 Liquor Violations (Class C): (a) Mon Jin Lau, Inc. (dba: Mon Jin Lau); (b) Maggiano's/Corner Bakery Holding (dba: Maggiano's Little Italy); (c) Mayur Indian Cuisine, Inc. (dba: Mayur Indian Cuisine) 2**

**(a) Mon Jin Lau, Inc. (dba: Mon Jin Lau) ..... 2**

**(b) Maggiano's/Corner Bakery Holding (dba: Maggiano's Little Italy) ..... 3**

**(c) Mayur Indian Cuisine, Inc. (dba: Mayur Indian Cuisine) ..... 4**

**2.0 Liquor Violations (SDD/SDM): (a) Jill-Nick Corporation (dba: Buscemi's Party Shoppe) 5**

**(a) Jill-Nick Corporation (dba: Buscemi's Party Shoppe) ..... 5**

**PUBLIC COMMENT** **6**

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**ADJOURNMENT** **6**

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**SCHEDULED CITY COUNCIL MEETINGS:** **6**

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|  |   |
|--|---|
| Monday, February 27, 2006 Regular City Council.....                      | 6 |
| Monday, March 6, 2006 Regular City Council.....                          | 6 |
| Monday, March 20, 2006 Regular City Council.....                         | 6 |
| Monday, March 27, 2006 Regular City Council.....                         | 6 |
| Monday, April 3, 2006 Regular City Council.....                          | 6 |
| Monday, April 17, 2006 Regular City Council.....                         | 6 |
| Monday, April 24, 2006 (Budget Study Session) Regular City Council ..... | 6 |

**CALL TO ORDER:****INVOCATION & PLEDGE OF ALLEGIANCE:** Mayor Pro Tem Broomfield**ROLL CALL:**

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

**OUTLINE OF PUBLIC HEARING PROCEDURE**

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

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

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

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

**1.0 Liquor Violations (Class C):**

- a) Name: Mon Jin Lau, Inc.. (dba: Mon Jin Lau)  
Address: 1515 East Maple Road, 48083  
License No.: Class C (353-2004 SS)
- b) Name: Maggiano's/Corner Bakery Holding (dba: Maggiano's Little Italy)  
Address: 2089 West Big Beaver, 48084  
License No.: Class C (130954-2004 SS / 130955-2004)
- c) Name: Mayur Indian Cuisine, Inc. (dba: Mayur Indian Cuisine)  
Address: 5113 Rochester Road, 48085  
License No.: Class C (132851-2004 SS)

**2.0 Liquor Violations (SDD/SDM):**

- a) Name: Jill-Nick Corporation (dba: Buscemi's Party Shoppe)  
Address: 3296 Rochester, 48083  
License No.: SDD/SDM (SDD 73920-2004 SS / SDM 14525-2004)

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**1.0 Liquor Violations (Class C): (a) Mon Jin Lau, Inc. (dba: Mon Jin Lau); (b) Maggiano's/Corner Bakery Holding (dba: Maggiano's Little Italy); (c) Mayur Indian Cuisine, Inc. (dba: Mayur Indian Cuisine)**

**(a) Mon Jin Lau, Inc. (dba: Mon Jin Lau)**Suggested Resolution

Resolution #2006-02-

Moved by

Seconded by

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

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on Wednesday, February 22, 2006 for the following licensed establishment:

Name: Mon Jin Lau, Inc. (dba: Mon Jin Lau)  
 Address: 1515 East Maple Road, 48083  
 License No.: Class C (353-2004 SS)

and having found violation of the following codes and/or regulations: March 4, 2005 – SALE TO MINOR (Compliance Test);

WHEREAS, This licensee had a prior violations dated: October 29, 2003 – SALE TO MINOR (Compliance Test); October 19, 2000 – SALE TO MINOR (Compliance Test); April 11, 1998 – CUSTOMERS AFTER-HOURS; November 7, 1994 – GAMBLING (Citizen Complaint); August 11, 1994 – SALE TO MINOR (Compliance Test); June 17, 1992 – SALE TO MINOR (Compliance Test); April 10, 1984 – NON-EMPLOYEES ON PREMISES AFTER HOURS; HINDER AND OBSTRUCT POLICE OFFICERS DURING INVESTIGATION; and October 15, 1978 – SALE TO MINORS

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 22, 2006.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is **RECOMMENDED** to the Michigan Liquor Control Commission that Class C License Number 353-2004 SS in the name of Mon Jin Lau, Inc. in the City of Troy, **BE RENEWED** with the **STIPULATION** that all employees be TIPS and TAMS trained and that the Licensee provide proof of training to the Troy Police Department within ninety (90) days; and a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

**(b) Maggiano's/Corner Bakery Holding (dba: Maggiano's Little Italy)**

Suggested Resolution

Resolution #2006-02-

Moved by

Seconded by

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

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on Wednesday, February 22, 2006 for the following licensed establishment:

Name: Maggiano's/Corner Bakery Holding (dba: Maggiano's Little Italy)  
 Address: 2089 West Big Beaver, 48084

License No.: Class C (130954-2004 SS / 130955-2004)

and having found violation of the following codes and/or regulations: March 4, 2005 – SALE TO MINOR (Compliance Test);

WHEREAS, This licensee has had no prior violations;

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 22, 2006.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is **RECOMMENDED** to the Michigan Liquor Control Commission that Class C License Number 130954-2004 SS / 130955-2004 in the name of Maggiano's/Corner Bakery Holding in the City of Troy, **BE RENEWED** with the **STIPULATION** that all employees be TIPS and TAMS trained and that the Licensee provide proof of training to the Troy Police Department within ninety (90) days; and a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

**(c) Mayur Indian Cuisine, Inc. (dba: Mayur Indian Cuisine)**

Suggested Resolution

Resolution #2006-02-

Moved by

Seconded by

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

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on Wednesday, February 22, 2006 for the following licensed establishment:

Name: Mayur Indian Cuisine, Inc. (dba: Mayur Indian Cuisine)  
Address: 5113 Rochester Road, 48085  
License No.: Class C (132851-2004 SS)

and having found violation of the following codes and/or regulations: March 4, 2005 – SALE TO MINOR (Compliance Test);

WHEREAS, This licensee has had no prior violations;

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 22, 2006.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is **RECOMMENDED** to the Michigan Liquor Control Commission that Class C License Number 132851-2004 SS in the name of Mayur Indian Cuisine, Inc. in the City of Troy, **BE RENEWED** with the **STIPULATION** that all employees be TIPS and TAMS trained and that the Licensee provide proof of training to the Troy Police Department within ninety (90) days; and a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

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**2.0 Liquor Violations (SDD/SDM): (a) Jill-Nick Corporation (dba: Buscemi's Party Shoppe)**

**(a) Jill-Nick Corporation (dba: Buscemi's Party Shoppe)**

Suggested Resolution

Resolution #2006-02-

Moved by

Seconded by

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

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 22, 2006, for the following licensed establishment:

Name: Jill-Nick Corporation (dba: Buscemi's Party Shoppe)  
 Address: 3296 Rochester, 48083  
 License No.: SDD/SDM (SDD 73920-2004 SS / SDM 14525-2004)

and, having found violation for the following codes and/or regulations: February 11, 2005 – SALE TOMINOR (Compliance Test);

WHEREAS, This licensee has had a prior violation dated: March 21, 2000 – CHARGED WITH “..TRANSFER INTEREST WITHOUT PRIOR APPROVAL” ON OR ABOUT 01/01/97; October 17, 1990 – SALE TO MINOR (Compliance Test);

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 22, 2006.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that SDD License Number SDD 73920-2004 SS and SDM License Number SDM 14525-2004 in the name of Jill-Nick Corporation. in the City of Troy, **BE REVOKED/NOT BE REVOKED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

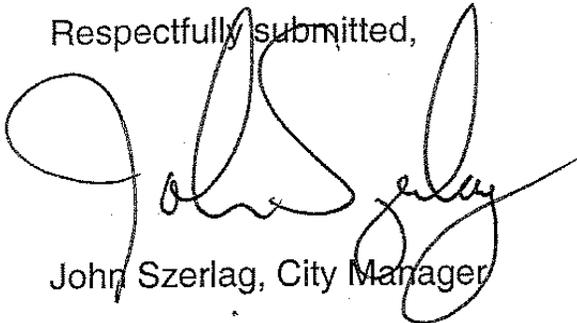
Yes:

No:

**PUBLIC COMMENT**

**ADJOURNMENT**

Respectfully submitted,



John Szerlag, City Manager

**SCHEDULED CITY COUNCIL MEETINGS:**

- Monday, February 27, 2006..... Regular City Council
- Monday, March 6, 2006..... Regular City Council
- Monday, March 20, 2006..... Regular City Council
- Monday, March 27, 2006..... Regular City Council
- Monday, April 3, 2006..... Regular City Council
- Monday, April 17, 2006..... Regular City Council
- Monday, April 24, 2006 (Budget Study Session) ..... Regular City Council

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\*

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\* 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<br>03.04.05   | DAY<br>FRI         | SHIFT<br>02                  | PLATOON<br>52       | BADGE 1<br>061   | BADGE 2<br>024  | UCR STATUS<br>E10 <input type="checkbox"/> DEATH OF OFFENDER<br>E11 <input type="checkbox"/> PROSECUTION DECLINED   | E12 <input type="checkbox"/> EXTRADITION DECLINED<br>E13 <input type="checkbox"/> REFUSED TO COOPERATE<br>E14 <input type="checkbox"/> JUVENILE, NO CUSTODY | YEAR<br>05    | INCIDENT NUMBER<br>7285   |  |
| 02 | RECEIVED<br>1830   | DISPATCHED<br>1830 | ARRIVED<br>1830              | COMPLETED<br>1930   | DATE(S) OCCURRED<br>03.04.05   | TIMES(S) OCCURRED<br>1830, 1930   | ASSIGNED HOUR / DAY<br>18 FRI   |   |               |   |  |
| 03 | LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)<br>1515 E. MARK RD |                    |                              |                     |  |   | LOCATION 2 (INTERSECTING STREET)  |   |               |   |  |
| 04 | CITY<br>TROY   | STATE<br>MI        | ZIP<br>48083                 | CODE<br>L           | BUSINESS NAME<br>MON JIN LAY   |   |   | BUSINESS PHONE<br>248-689-2332  |               |   |  |
| 05 | BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION<br>RESTAURANT                  |                    |                              |                     | ESTAB CODE<br>8640   | ORIGIN<br><input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911<br><input type="checkbox"/> POP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT | HOW ACTIVATED<br><input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT<br><input type="checkbox"/> DISP <input type="checkbox"/> OTHER | PATROL<br>07  | GEOGRAPHIC    |   |  |
| 06 | NATURE OF OFFENSE #1<br>LCC VIOLATION  |                    | ATT <input type="checkbox"/> | CRIME CLASS<br>2335 | ALCOHOL<br>DRUGS <input type="checkbox"/><br>COMP <input type="checkbox"/> | BIAS<br><input type="checkbox"/>  | WEAPON<br><input type="checkbox"/>  | # PREM<br>0   | ACTIVITY<br>0 | ACTIVITY TYPES (Maximum 3 Per Offense)<br>B BUYING / RECEIVING<br>C CULTIVATING / MANUFACTURING / PUBLISHING<br>D DISTRIBUTING / SELLING<br>E EXPLOITING CHILDREN<br>O OPERATING / PROMOTING / ASSISTING<br>P POSSESSING / CONCEALING<br>T TRANSPORTING / TRANSMITTING / IMPORTING<br>U USING / CONSUMING |  |
| 07 | NATURE OF OFFENSE #2   |                    | ATT <input type="checkbox"/> | CRIME CLASS         | ALCOHOL<br>DRUGS <input type="checkbox"/><br>COMP <input type="checkbox"/> | BIAS<br><input type="checkbox"/>  | WEAPON<br><input type="checkbox"/>  | # PREM  | ACTIVITY      |   |  |
| 08 | NATURE OF OFFENSE #3   |                    | ATT <input type="checkbox"/> | CRIME CLASS         | ALCOHOL<br>DRUGS <input type="checkbox"/><br>COMP <input type="checkbox"/> | BIAS<br><input type="checkbox"/>  | WEAPON<br><input type="checkbox"/>  | # PREM  | ACTIVITY      |   |  |
| 09 | NATURE OF OFFENSE #4   |                    | ATT <input type="checkbox"/> | CRIME CLASS         | ALCOHOL<br>DRUGS <input type="checkbox"/><br>COMP <input type="checkbox"/> | BIAS<br><input type="checkbox"/>  | WEAPON<br><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<br>18  | VICT #                            | NAME (LAST, FIRST, MIDDLE, SUFFIX) | RAC<br>W           | SEX<br>M                              | DOB<br>11/09/86 | AGE |
| I 11 | ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)<br>C/O TROY PD |                                   |                                    | CITY               |                                       |                 |     |
| G 12 | HOME PHONE  | BUSINESS PHONE<br>248<br>524-3477 | STATE                              | DRIVER'S LICENSE # | PERSON COMMENTS / OTHER I.D.<br>DECOY |                 |     |

|      |   |   |   |  |  |  |  |  |                                  |
|------|---|---|---|--|--|--|--|--|----------------------------------|
| T 13 | VICTIM CONNECTED TO OFFENSE<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | VICTIM TYPE<br>1 <input type="checkbox"/> INDIVIDUAL<br>4 <input type="checkbox"/> BUSINESS | F <input type="checkbox"/> FINANCIAL<br>G <input type="checkbox"/> GOVERNMENT<br>R <input type="checkbox"/> RELIGIOUS | S <input type="checkbox"/> SOCIETY / PUBLIC<br>O <input type="checkbox"/> OTHER<br>P <input type="checkbox"/> POLICE OFFICER | VICTIM INJURY<br>N <input type="checkbox"/> NONE<br>B <input type="checkbox"/> BROKEN BONE | M <input type="checkbox"/> MINOR INJURY<br>O <input type="checkbox"/> MAJOR INJURY | I <input type="checkbox"/> POSS. INT. INJURIES<br>L <input type="checkbox"/> SEVERE LACERATION | T <input type="checkbox"/> LOSS OF TEETH<br>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<br>98 STRANGER<br>99 UNKNOWN   | REL / OFF #  | FELONIOUS ASSAULT CIRCUMSTANCES  |
| M 15 | 01 SPOUSE<br>02 C-L SPOUSE<br>03 PARENT<br>04 SIBLING   | 05 CHILD<br>06 GRANDPARENT<br>07 GRANDCHILD<br>08 IN-LAW                                    | 09 STEPPARENT<br>10 STEPCHILD<br>11 STEPSIBLING<br>12 OTHER FAMILY  | 20 ACQUAINTANCE<br>21 FRIEND<br>22 NEIGHBOR<br>23 BABYSITEE (baby)   | 24 BOY / GIRL FRIEND<br>25 CHILD OF "BG" ABOVE<br>26 HOMOSEXUAL REL.<br>27 EX-SPOUSE       | 28 EMPLOYEE<br>29 EMPLOYER<br>30 OTHERWISE KNOWN<br>31 VICTIM WAS OFFENDER         |  |  |                                  |

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

|      |  |   |   |  |   |   |   |   |   |
|------|--|---|---|--|---|---|---|---|---|
| S 21 | ARREST / SUMMONS DESCRIPTION<br>SALE TO MINOR  | ARREST CHARGE 1<br>2335   | ARREST DATE<br>03.04.05   | PLATOON<br>52                                    | BADGE 1<br>061  | BADGE 2<br>024  | FM<br>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<br><input checked="" type="checkbox"/> ON VIEW (No Warrant)<br><input type="checkbox"/> SUMMONS (No Custody)<br><input type="checkbox"/> CUSTODY (Warrant) | MULTIPLE ARREST INDICATOR<br><input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT<br><input type="checkbox"/> N/A | CLEAR INDICATOR<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | UPON ARREST<br>ARMED WITH<br>(ENTER "A" IF AUTO) | <input type="checkbox"/> UNARMED<br><input checked="" type="checkbox"/> FIREARM | 13 <input type="checkbox"/> RIFLE<br>14 <input type="checkbox"/> SHOTGUN<br>15 <input type="checkbox"/> OTHER FIREARM | 20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)<br>30 <input type="checkbox"/> CLUB / BRASS KNUCKLES | ARREST ORIGIN<br><input type="checkbox"/> FOP <input checked="" type="checkbox"/> MDT | <input type="checkbox"/> DISP<br><input type="checkbox"/> PER<br><input type="checkbox"/> TEL |

|    |   |                                  |                          |  |                         |                   |              |                              |        |      |
|----|---|----------------------------------|--------------------------|--|-------------------------|-------------------|--------------|------------------------------|--------|------|
| 24 | CODES<br>CE                                       | DESCRIPTION<br>12 oz BOTTLE BEER | PROPERTY TYPE            | QUANTITY<br>1                                | YEAR                    | MAKE<br>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 #<br>131013                     | LOCATION PROPERTY<br>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):<br>M. STRANSBURY #24 / B. WARZECHA #61 | REVIEWED BY: | ATTENTION TO: |
|----|--|--------------|---------------|

# PERSON REPORT

|    |                  |            |             |               |                |                |   |   |            |                         |
|----|------------------|------------|-------------|---------------|----------------|----------------|---|---|------------|-------------------------|
| 01 | DATE<br>03.04.05 | DAY<br>FRI | SHIFT<br>02 | PLATOON<br>52 | BADGE 1<br>061 | BADGE 2<br>024 | UCR STATUS<br>E10 <input type="checkbox"/> DEATH OF OFFENDER<br>E11 <input type="checkbox"/> PROSECUTION DECLINED | E12 <input type="checkbox"/> EXTRADITION DECLINED<br>E13 <input type="checkbox"/> REFUSED TO COOPERATE<br>E14 <input type="checkbox"/> JUVENILE, NO CUSTODY | YEAR<br>05 | INCIDENT NUMBER<br>7285 |
|----|------------------|------------|-------------|---------------|----------------|----------------|---|---|------------|-------------------------|

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) RESPONSIBL

|      |  |                                   |  |                    |   |                 |             |
|------|--|-----------------------------------|--|--------------------|---|-----------------|-------------|
| V 02 | CODE<br>4  | VICT #                            | NAME (LAST, FIRST, MIDDLE, SUFFIX)<br>BYRUM, MICHAEL | RAC<br>WM          | SEX<br>M                                | DOB<br>11.25.58 | AGE         |
| I 03 | ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)<br>1515 E. MADIE RD |                                   |  | CITY<br>Troy       |   | STATE<br>MI     | ZIP<br>4808 |
| G 04 | HOME PHONE   | BUSINESS PHONE<br>248<br>689-2332 | STATE  | DRIVER'S LICENSE # | PERSON COMMENTS / OTHER I.D.<br>MANAGER |                 |             |

|      |  |   |   |  |  |  |  |  |                                 |
|------|--|---|---|--|--|--|--|--|---------------------------------|
| T 05 | VICTIM CONNECTED TO OFFENSE<br><input type="checkbox"/> 01 <input type="checkbox"/> 02 | VICTIM TYPE<br><input type="checkbox"/> 1 INDIVIDUAL<br><input type="checkbox"/> 2 BUSINESS | F <input type="checkbox"/> FINANCIAL<br>G <input type="checkbox"/> GOVERNMENT<br>R <input type="checkbox"/> RELIGIOUS | S <input type="checkbox"/> SOCIETY / PUBLIC<br>O <input type="checkbox"/> OTHER<br>P <input type="checkbox"/> POLICE OFFICER | VICTIM INJURY<br>N <input type="checkbox"/> NONE<br>B <input type="checkbox"/> BROKEN BONE | M <input type="checkbox"/> MINOR INJURY<br>O <input type="checkbox"/> MAJOR INJURY | I <input type="checkbox"/> POSS. INT. INJURIES<br>L <input type="checkbox"/> SEVERE LACERATION | T <input type="checkbox"/> LOSS OF TEETH<br>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<br>98 STRANGER<br>99 UNKNOWN   | REL / OFF #  | FELONIOUS ASSAULT CIRCUMSTANCE  |
| M 07 | 01 SPOUSE  | 05 CHILD  | 09 STEPPARENT   | 20 ACQUAINTANCE  | 24 BOY / GIRL FRIEND   | 28 EMPLOYEE  |  |  |                                 |
|      | 02 C-L SPOUSE  | 06 GRANDPARENT  | 10 STEPCHILD  | 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<br>8   | VICT #                            | NAME (LAST, FIRST, MIDDLE, SUFFIX) | RAC<br>WF          | SEX<br>F                              | DOB<br>04.7.85 | AGE |
| I 09 | ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)<br>c/o Troy PD |                                   |                                    | CITY               |                                       | STATE          | ZIP |
| G 10 | HOME PHONE  | BUSINESS PHONE<br>248<br>524-3477 | STATE                              | DRIVER'S LICENSE # | PERSON COMMENTS / OTHER I.D.<br>Relay |                |     |

|      |  |   |   |  |  |  |  |  |                                 |
|------|--|---|---|--|--|--|--|--|---------------------------------|
| T 11 | VICTIM CONNECTED TO OFFENSE<br><input type="checkbox"/> 01 <input type="checkbox"/> 02 | VICTIM TYPE<br><input type="checkbox"/> 1 INDIVIDUAL<br><input type="checkbox"/> 2 BUSINESS | F <input type="checkbox"/> FINANCIAL<br>G <input type="checkbox"/> GOVERNMENT<br>R <input type="checkbox"/> RELIGIOUS | S <input type="checkbox"/> SOCIETY / PUBLIC<br>O <input type="checkbox"/> OTHER<br>P <input type="checkbox"/> POLICE OFFICER | VICTIM INJURY<br>N <input type="checkbox"/> NONE<br>B <input type="checkbox"/> BROKEN BONE | M <input type="checkbox"/> MINOR INJURY<br>O <input type="checkbox"/> MAJOR INJURY | I <input type="checkbox"/> POSS. INT. INJURIES<br>L <input type="checkbox"/> SEVERE LACERATION | T <input type="checkbox"/> LOSS OF TEETH<br>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<br>98 STRANGER<br>99 UNKNOWN   | REL / OFF #  | FELONIOUS ASSAULT CIRCUMSTANCE  |
| M 13 | 01 SPOUSE  | 05 CHILD  | 09 STEPPARENT   | 20 ACQUAINTANCE  | 24 BOY / GIRL FRIEND   | 28 EMPLOYEE  |  |  |                                 |
|      | 02 C-L SPOUSE  | 06 GRANDPARENT  | 10 STEPCHILD  | 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   |  |  |                                 |

|      |  |                |                                    |        |      |                             |       |           |
|------|--|----------------|------------------------------------|--------|------|-----------------------------|-------|-----------|
| A 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 TONE |

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

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

30 INVESTIGATING OFFICER(S): M. STASSBURY #24 / B. WARZECHA #61

REVIEWED BY: \_\_\_\_\_ ATTENTION TO: \_\_\_\_\_

|    |                  |            |             |            |               |               |   |            |            |      |
|----|------------------|------------|-------------|------------|---------------|---------------|---|------------|------------|------|
| 01 | DATE<br>03/03/05 | DAY<br>THU | SHIFT<br>02 | PLAT<br>52 | BADGE 1<br>61 | BADGE 2<br>24 | INCIDENT STATUS<br>__ CLR ARREST __ UNF<br>__ CLR EXCEPT __ INACT | PRIM CLASS | YEAR<br>05 | 7149 |
|----|------------------|------------|-------------|------------|---------------|---------------|---|------------|------------|------|

**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)<br>Warzecha/Stansbury | REVIEWED BY | ASSIGNED TO/BADGE | ATTENTION TO |
|--|-------------|-------------------|--------------|

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** of Birth **05 30 79**  
 State **MI** Social Security No.

Race **A** Sex **F** Height Weight Hair Eyes Occupation/Employer  
 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 E. MARPLE**  
 AT OR NEAR **MON JIN LAU**  
 WITHIN  CITY  VILLAGE  TOWNSHIP OF **TROY**  
 COUNTY OF **OAKLAND** DID THE FOLLOWING

| Type   | MCL Cite/Pacc Code/Ordinance  | Description (include any bond amount collected on each charge) | Charge No. |
|--|---|--|------------|
| <input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel | <input type="checkbox"/> Authorization pend. <b>CHAP. 98</b>  | <b>SERVE TO MINOR RAILED TO USE DUE DILIGENCE</b>              |            |
| <input type="checkbox"/> Misd <input type="checkbox"/> Fel   | <input type="checkbox"/> Warn <input type="checkbox"/> Fug <input type="checkbox"/> Waiv  | <b>1515 MARPLE</b>   |            |
| <input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel            | <input type="checkbox"/> Authorization pend. <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: 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 of before **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**

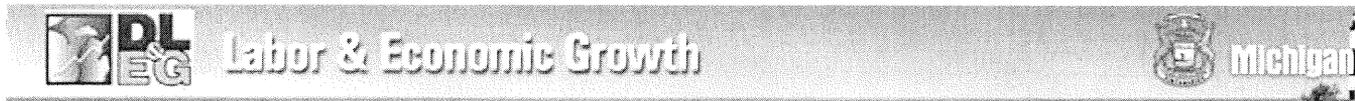
I served a copy of the original complaint upon the defendant (or owner/occupant by posting if applicable).  
 I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.  
 Complainant's Signature and receipt if applicable **M. STANBURY** Month Day Year **03 04 05**  
 Officer's Name (printed) **M. STANBURY** Officer's ID No. **29561**  
 Agency ORI **MI-6378400** Agency Name **TROY POLICE DEPARTMENT**  
 UC-01a (rev. 9/02) Court Copy-1

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



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| 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<br>7/18/1984 (1) \$150-WAIVE \$75 (2) :<br>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 \$<br>DAY SUSP (PAID)<br>9/08/1992 LAGGIS 2-1019  |
| 8/11/94   | 6044                  | SALE TO MINOR (19): (TROY POLICE DEPT/HAYES)   | 11/16/1994 COMM LAGGIS<br>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<br>MCDOWELL-GIBSON<br>8/04/1998 1)DISMISSED; 2)MERGED<br>6 \$200; 3)DISMISSED; 5)DIS- MISSEI<br>8)DISMISSED FOR A TOTAL OF \$400 C<br>SUSP                         |
| 10/19/00  | 57565                 | SALE TO MINOR-- (18): (TROY PD/ )  | 3/28/2001 HEARING HELD FARMINGT<br>FLESSLAND-MCDOWELL-GIBSON NEG<br>SETTLEMENT<br>4/27/2001 \$500 OR 25 DAYS SUSP -<br>NEGOTIATED SETTLEMENT   |
| 10/29/03  | 77750                 | SALE TO MINOR- (20): (TROY PD/ /CK HEIDI SUPER)  | 1/28/2004 HEARING HELD FARMINGT<br>FLESSLAND-MCDOWELL-GIBSON COS<br>NEGOTIATED SETTLEMENT<br>3/01/2004 \$600.00 OR 30 DAY SUSP<br>\$11.60 WITNESS FEES, TOTAL \$611.6<br>(2) NEGOTIATED SETTLEMENT |
| 3/4/05  | 87931                 | SALE TO MINOR - (18): (TROY PD/ /CK BOBBY YANG)  | 10/18/2005 \$800 OR 40 DAYS SUSP<br>(2) COST \$60.60 NEG SETT<br>9/30/2005 HEARING HELD<br>MOURNING/MCDOWELL/GIBSON NEG<br>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  
 Fx: 517-322-6137

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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<br>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        |                 | <b>Council Show Cause</b> -resolution to require TIPS/TAM training for all servers with proof to PD within <b>6 months</b> |                   |                 |
| 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     |                 |
| <b>10/29/03</b> | <b>03-33451</b> | <b>Sale to Minor (compliance test)</b>   | <b>\$600 fine</b> | <b>03/01/04</b> |
| 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 | <b>Council</b> | <b>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</b> |                |
| 03/08/04 | 04-06904       | Liquor Inspection (Road Patrol-Zagacki/Schehr)  | NO VIOLATIONS  |
| 03/12/04 |                | <b>Signed employee contracts received</b>   |                |
| 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       | <b>Sale to Minor (Compliance Test)</b>  | <b>pending</b> |
| 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  |

Name: MAGGIANO'S (2089 W BIG BEAVER)

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:** Maggiano's

**Address:** 2089 West Big Beaver Troy, MI 48084

**Contact Names:**

1.

2.

3.

4.

**Attorney:** John Carlin  
38505 Woodward Suite 2000  
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. 130954-2004 SS Business ID 152954 File # \_\_\_\_\_  
130955-2004

1. Name of Licensee MAGGIANO'S 2. Doing Business As MAGGIANO'S

3. Mailing Address (street, city, zip code) 2089 West Big Beaver Road; Troy 48084

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

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

7. Date of Violation: \_\_\_\_\_ Friday 03/04/05 1915  AM or  PM  
(DAY) (DATE) (HOUR)

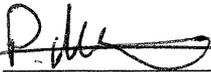
8. Violation Type:  Minor  
 Intoxicated Person  After hours sales/consumption  
 Gambling  Fighting (must be inside licensed premises)  
 Controlled Substances  Failure to Cooperate  
 Prohibited Conduct OTHER: \_\_\_\_\_

if MINOR: Birth date 05/29/85 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 # 05-7290

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

Officer Signature  Name and Title (print) Patrick McWilliams, Police Officer

Officer Signature  Name and Title (print) Timothy Garcher, 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 Angela Kuciban Address 16300 Kirkshire; Beverly Hills MI 48025

Will testify to: Served alcoholic beverage to minor

4. Name Thomas Dierking Address 2089 W Big Beaver Road; Troy 48084

Will testify to: Restaurant General Manager

5. Name Officers McWilliams & Garcher Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

EVIDENCE

Location Held (Explain): Cosmopolitan drink  
Property Tag No. 131017

TROY POLICE DEPARTMENT

INCIDENT REPORT

500 W. Big Beaver - Troy, MI 48084-5285  
DRI # M638400

SUPP   
PAGE 1 OF 3

|    |  |                    |                              |                     |  |   |   |  |                                    |                         |                |   |
|----|--|--------------------|------------------------------|---------------------|--|---|---|--|------------------------------------|-------------------------|----------------|---|
| 01 | DATE<br>030405   | DAY<br>FRI         | SHIFT<br>0252                | PLATOON<br>022      | BADGE 1<br>017   | BADGE 2   | UCR STATUS<br>E10 <input type="checkbox"/> DEATH OF OFFENDER<br>E11 <input type="checkbox"/> PROSECUTION DECLINED | E12 <input type="checkbox"/> EXTRACTION DECLINED<br>E13 <input type="checkbox"/> REFUSED TO COOPERATE<br>E14 <input type="checkbox"/> JUVENILE, NO CUSTODY | YEAR<br>05                         | INCIDENT NUMBER<br>7290 |                |   |
| 02 | RECEIVED<br>1920   | DISPATCHED<br>1920 | ARRIVED<br>1920              | COMPLETED<br>0000   | DATE(S) OCCURRED<br>030405   | TIMES(S) OCCURRED<br>1915   | ASSIGNED HOUR / DAY<br>191 FRI  |  |                                    |                         |                |   |
| 03 | LOCATION 1 / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)<br>2089 W Big Beaver |                    |                              |                     |  | LOCATION 2 (INTERSECTING STREET)  |   |  |                                    |                         |                |   |
| 04 | CITY<br>Troy   | STATE<br>MI        | ZIP<br>48084                 | CODE                | BUSINESS NAME<br>L V Maggiano's  | BUSINESS PHONE  |   |  |                                    |                         |                |   |
| 05 | BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION<br>Bar                             |                    |                              | ESTAB CODE<br>8660  | ORIGIN<br><input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT | HOW ACTIVATED<br><input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> DISP <input type="checkbox"/> OTHER | PATROL<br>07  | GEOGRAPHIC   |                                    |                         |                |   |
| 06 | NATURE OF OFFENSE #1<br>LCC Violation  |                    | ATT <input type="checkbox"/> | CRIME CLASS<br>2235 | ALCOHOL<br><input checked="" type="checkbox"/>   | DRUGS<br><input type="checkbox"/>   | COMP<br><input type="checkbox"/>  | BIAS<br><input type="checkbox"/>   | WEAPON<br><input type="checkbox"/> | # PREM<br>00            | ACTIVITY<br>00 | ACTIVITY TYPES (Maximum 3 Per Offense)<br>B BUYING / RECEIVING<br>C CULTIVATING / MANUFACTURING / PUBLISHING<br>D DISTRIBUTING / SELLING<br>E EXPLOITING CHILDREN<br>O OPERATING / PROMOTING / ASSISTING<br>P POSSESSING / CONCEALING<br>T TRANSPORTING / TRANSMITTING / IMPORTING<br>U USING / CONSUMING |
| 07 | NATURE OF OFFENSE #2   |                    | ATT <input type="checkbox"/> | CRIME CLASS         | ALCOHOL <input type="checkbox"/>   | DRUGS <input type="checkbox"/>  | COMP <input type="checkbox"/>   | BIAS <input type="checkbox"/>  | WEAPON <input type="checkbox"/>    | # PREM                  | ACTIVITY       |   |
| 08 | NATURE OF OFFENSE #3   |                    | ATT <input type="checkbox"/> | CRIME CLASS         | ALCOHOL <input type="checkbox"/>   | DRUGS <input type="checkbox"/>  | COMP <input type="checkbox"/>   | BIAS <input type="checkbox"/>  | WEAPON <input type="checkbox"/>    | # PREM                  | ACTIVITY       |   |
| 09 | NATURE OF OFFENSE #4   |                    | ATT <input type="checkbox"/> | CRIME CLASS         | ALCOHOL <input type="checkbox"/>   | DRUGS <input type="checkbox"/>  | COMP <input type="checkbox"/>   | BIAS <input type="checkbox"/>  | WEAPON <input type="checkbox"/>    | # PREM                  | ACTIVITY       | OFFENSE COMMENTS  |

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

|    |   |                |                                    |                    |  |               |           |
|----|---|----------------|------------------------------------|--------------------|--|---------------|-----------|
| 10 | CODE<br>8   | VICT #         | NAME (LAST, FIRST, MIDDLE, SUFFIX) | RAC<br>WF          | SEX<br>M                                       | DOB<br>052985 | AGE<br>19 |
| 11 | ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)<br>Troy PD |                |                                    | CITY               | STATE  | ZIP           |           |
| 12 | HOME PHONE  | BUSINESS PHONE | STATE                              | DRIVER'S LICENSE # | PERSON COMMENTS / OTHER I.D.<br>Decoy (served) |               |           |

|    |  |   |   |  |  |  |  |  |                                  |
|----|--|---|---|--|--|--|--|--|----------------------------------|
| 13 | VICTIM CONNECTED TO OFFENSE<br><input type="checkbox"/> 01 <input type="checkbox"/> 02 | VICTIM TYPE<br><input type="checkbox"/> 03 INDIVIDUAL<br><input type="checkbox"/> 04 BUSINESS | F <input type="checkbox"/> FINANCIAL<br>G <input type="checkbox"/> GOVERNMENT<br>R <input type="checkbox"/> RELIGIOUS | S <input type="checkbox"/> SOCIETY / PUBLIC<br>O <input type="checkbox"/> OTHER<br>P <input type="checkbox"/> POLICE OFFICER | VICTIM INJURY<br>N <input type="checkbox"/> NONE<br>B <input type="checkbox"/> BROKEN BONE | M <input type="checkbox"/> MINOR INJURY<br>O <input type="checkbox"/> MAJOR INJURY | I <input type="checkbox"/> POSS. INT. INJURIES<br>L <input type="checkbox"/> SEVERE LACERATION | T <input type="checkbox"/> LOSS OF TEETH<br>U <input type="checkbox"/> UNCONSCIOUSNESS | F <input type="checkbox"/> FATAL |
| 14 | RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY                                       |   |   | OUTSIDE FAMILY, BUT KNOWN  |  |  | NOT KNOWN<br>98 STRANGER<br>99 UNKNOWN   | REL / OFF #<br>/   | FELONIOUS ASSAULT CIRCUMSTANCES  |
| 15 | 01 SPOUSE<br>02 CL SPOUSE<br>03 PARENT<br>04 SIBLING                                   | 05 CHILD<br>06 GRANDPARENT<br>07 GRANDCHILD<br>08 IN-LAW                                      | 09 STEPPARENT<br>10 STEPCCHILD<br>11 STEPSIBLING<br>12 OTHER FAMILY   | 20 ACQUAINTANCE<br>21 FRIEND<br>22 NEIGHBOR<br>23 BABYSITEE (baby)   | 24 BOY / GIRL FRIEND<br>25 CHILD OF "BG" ABOVE<br>26 HOMOSEXUAL REL.<br>27 EX-SPOUSE       | 28 EMPLOYEE<br>29 EMPLOYER<br>30 OTHERWISE KNOWN<br>31 VICTIM WAS OFFENDER         |  |  |                                  |

|    |   |                |  |                         |             |                             |           |           |
|----|---|----------------|--|-------------------------|-------------|-----------------------------|-----------|-----------|
| 16 | CODE<br>501   | OFF #          | NAME (LAST, FIRST, MIDDLE, SUFFIX)<br>Kuciban, Angela, maria | RAC<br>WF               | SEX<br>F    | DOB<br>081577               | AGE<br>27 |           |
| 17 | ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)<br>16300 Kirkshire |                |  | CITY<br>Beverly Hills 1 | STATE<br>MI | ZIP<br>48025                |           |           |
| 18 | HOME PHONE  | BUSINESS PHONE | HEIGHT   | WEIGHT                  | EYES        | HAIR COLOR / LENGTH / STYLE | BUILD     | SKIN TONE |

|    |                            |             |  |       |
|----|----------------------------|-------------|--|-------|
| 19 | STATE<br>MI                | SOC. SEC. # | SID #                                  | FBI # |
| 20 | PERSON COMMENTS / CLOTHING |             | SUMMONS / CITATION NUMBER(S)<br>684275 |       |

|    |   |  |   |   |   |  |   |   |  |
|----|---|--|---|---|---|--|---|---|--|
| 21 | ARREST / SUMMONS DESCRIPTION<br>serve to person 4/21  | ARREST CHARGE 1<br>2220  | ARREST DATE<br>030405   | PLATOON<br>52   | BADGE 1<br>022  | BADGE 2<br>017   | FM<br>M   | DIS   | DEPARTMENT ARREST NUMBER   |
| 22 | ARREST / SUMMONS DESCRIPTION  | ARREST CHARGE 2  | ARREST DATE   | PLATOON   | BADGE 1   | BADGE 2  | FM  | DIS   | AFIS NUMBER  |
| 23 | ARREST TYPE<br><input checked="" type="checkbox"/> ON VIEW (No Warrant)<br><input checked="" type="checkbox"/> SUMMONS (No Custody)<br><input type="checkbox"/> CUSTODY (Warrant) | MULTIPLE ARREST INDICATOR<br><input type="checkbox"/> MULTIPLE<br><input type="checkbox"/> COUNT 1<br><input type="checkbox"/> N/A | CLEAR INDICATOR<br><input type="checkbox"/> CLEAR<br><input type="checkbox"/> N | UPON ARREST<br><input type="checkbox"/> ARMED WITH<br>(ENTER "A" IF AUTO) | 11 <input checked="" type="checkbox"/> UNARMED<br>12 <input type="checkbox"/> FIREARM | 13 <input type="checkbox"/> RIFLE<br>14 <input type="checkbox"/> SHOTGUN | 20 <input type="checkbox"/> LETHAL CUT INSTRUMENT<br>(e.g. Switchblade Knife, etc.) | 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES | ARREST ORIGIN<br><input checked="" type="checkbox"/> FOP<br><input type="checkbox"/> MDT<br><input type="checkbox"/> PER<br><input type="checkbox"/> TEL |

|    |   |                                |                          |  |                           |                   |              |                              |        |      |
|----|---|--------------------------------|--------------------------|--|---------------------------|-------------------|--------------|------------------------------|--------|------|
| 24 | CODES<br>A  | DESCRIPTION<br>Alcoholic Drink | PROPERTY TYPE            | QUANTITY   | YEAR                      | MAKE              | MODEL        |                              |        |      |
| 25 | STYLE   | COLOR(S) TOP / BOTTOM          | MONTH YEAR STATE LICENSE | SERIAL / VIN NUMBER / CONDITION / OTHER I.D.<br>Cosmopolitan |                           |                   |              |                              |        |      |
| 26 | STOLEN \$   | DAMAGED \$                     | RECOVERED \$             | PROPERTY TAG #<br>131017                                     | LOCATION PROPERTY<br>P.R. | 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)<br>mawilliams 22 / Garchee 17 | REVIEWED BY:<br>HJR | ATTENTION TO:<br>A.B. um |
|----|--|---------------------|--------------------------|

TROY POLICE DEPARTMENT

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

PERSON REPORT

|    |        |     |       |         |         |         |   |  |      |                 |
|----|--------|-----|-------|---------|---------|---------|---|--|------|-----------------|
| 01 | DATE   | DAY | SHIFT | PLATOON | BADGE 1 | BADGE 2 | UCR STATUS  | E12 <input type="checkbox"/> EXTRADITION DECLINED  | YEAR | INCIDENT NUMBER |
|    | 030405 | FRI | 02S   | 2       | 022     | 017     | E10 <input type="checkbox"/> DEATH OF OFFENDER<br>E11 <input type="checkbox"/> PROSECUTION DECLINED | E13 <input type="checkbox"/> REFUSED TO COOPERATE<br>E14 <input type="checkbox"/> JUVENILE, NO CUSTODY | 05   | 7290            |

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) RESPONSE

|      |      |        |                                    |     |     |          |     |
|------|------|--------|------------------------------------|-----|-----|----------|-----|
| V 02 | CODE | VICT # | NAME (LAST, FIRST, MIDDLE, SUFFIX) | RAC | SEX | DOB      | AGE |
|      | 8    |        |                                    | W   | M   | 06/14/86 | 18  |

|      |         |  |      |       |     |
|------|---------|--|------|-------|-----|
| I 03 | ADDRESS | (DIRECTION, STREET, SUFFIX, QUALIFIER) | CITY | STATE | ZIP |
|      |         | Troy PD                                |      |       |     |

|      |            |                |       |                    |                              |
|------|------------|----------------|-------|--------------------|------------------------------|
| G 04 | HOME PHONE | BUSINESS PHONE | STATE | DRIVER'S LICENSE # | PERSON COMMENTS / OTHER I.D. |
|      |            |                |       |                    | Decoy w/ Hill                |

|      |   |   |   |  |   |  |  |  |                                |
|------|---|---|---|--|---|--|--|--|--------------------------------|
| T 05 | VICTIM CONNECTED TO OFFENSE                             | VICTIM TYPE   | F <input type="checkbox"/> FINANCIAL<br>G <input type="checkbox"/> GOVERNMENT<br>R <input type="checkbox"/> RELIGIOUS | S <input type="checkbox"/> SOCIETY / PUBLIC<br>O <input type="checkbox"/> OTHER<br>P <input type="checkbox"/> POLICE OFFICER | VICTIM INJURY   | M <input type="checkbox"/> MINOR INJURY<br>O <input type="checkbox"/> MAJOR INJURY<br>L <input type="checkbox"/> SEVERE LACERATION | I <input type="checkbox"/> POSS. INT. INJURIES<br>U <input type="checkbox"/> UNCONSCIOUSNESS | T <input type="checkbox"/> LOSS OF TEETH | F <input type="checkbox"/> FAT |
|      | 01 <input type="checkbox"/> 02 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> |   |  | N <input type="checkbox"/> NONE<br>B <input type="checkbox"/> BROKEN BONE |  |  |  |                                |

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

|      |      |        |                                    |     |     |     |     |
|------|------|--------|------------------------------------|-----|-----|-----|-----|
| V 08 | CODE | VICT # | NAME (LAST, FIRST, MIDDLE, SUFFIX) | RAC | SEX | DOB | AGE |
|      | 4    |        | Dierking, Thomas                   | W   | M   |     |     |

|      |         |  |      |       |     |
|------|---------|--|------|-------|-----|
| 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. |
|      |            | 248-205-1060   |       |                    | General Manager              |

|      |   |   |   |  |   |  |  |  |                                |
|------|---|---|---|--|---|--|--|--|--------------------------------|
| T 11 | VICTIM CONNECTED TO OFFENSE                             | VICTIM TYPE   | F <input type="checkbox"/> FINANCIAL<br>G <input type="checkbox"/> GOVERNMENT<br>R <input type="checkbox"/> RELIGIOUS | S <input type="checkbox"/> SOCIETY / PUBLIC<br>O <input type="checkbox"/> OTHER<br>P <input type="checkbox"/> POLICE OFFICER | VICTIM INJURY   | M <input type="checkbox"/> MINOR INJURY<br>O <input type="checkbox"/> MAJOR INJURY<br>L <input type="checkbox"/> SEVERE LACERATION | I <input type="checkbox"/> POSS. INT. INJURIES<br>U <input type="checkbox"/> UNCONSCIOUSNESS | T <input type="checkbox"/> LOSS OF TEETH | F <input type="checkbox"/> FAT |
|      | 01 <input type="checkbox"/> 02 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> |   |  | N <input type="checkbox"/> NONE<br>B <input type="checkbox"/> BROKEN BONE |  |  |  |                                |

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

|    |      |       |                                    |     |     |     |     |
|----|------|-------|------------------------------------|-----|-----|-----|-----|
| 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 TONE |
|      |            |                |        |        |      |                             |       |           |

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

|    |      |       |                                    |     |     |     |     |
|----|------|-------|------------------------------------|-----|-----|-----|-----|
| 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 TONE |
|      |            |                |        |        |      |                             |       |           |

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

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

**TROY POLICE DEPT.**500 W. Big Beaver, Troy, MI 48084  
ORI #M16378400**NARRATIVE REPORT**

\_ SUPP \_ CORR \_ DELETE

PAGE 3 OF 3

|    |                |            |             |            |               |               |   |            |            |      |
|----|----------------|------------|-------------|------------|---------------|---------------|---|------------|------------|------|
| 01 | DATE<br>3/5/05 | DAY<br>Fri | SHIFT<br>02 | PLAT<br>52 | BADGE 1<br>17 | BADGE 2<br>22 | INCIDENT STATUS<br>_ CLR ARREST _ UNF<br>_ CLR EXCEPT _ INACT | PRIM CLASS | YEAR<br>05 | 7290 |
|----|----------------|------------|-------------|------------|---------------|---------------|---|------------|------------|------|

INCIDENT: LCC Violation

LOCATION: Maggiano's, 2089 W. Big Beaver 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. We entered into the restaurant before the decoys and had a seat at the bar. The decoys, entered into the restaurant and had a seat at the other end of the bar. ordered a cosmopolitan. The bartender, Angela Kuciban, did not ask for identification and after a short time, returned with the alcoholic drink. walked over to where we were sitting at the bar and notified us of the violation. We identified ourselves as Troy Police officers to management and spoke with Thomas Derking who is the restaurant general manager. He along with Kuciban were informed about the violation. We completed a LCC violation report and Kuciban was issued a citation for serving alcohol to a minor/failing to make diligent inquiry, #684275. Derking was given an incident number and police department contact information.

We confiscated the cosmopolitan from the restaurant and it was tagged into evidence, tag #131017. Photos of the decoys, the server, and the cosmopolitan are attached to the report.

|   |             |                   |              |
|---|-------------|-------------------|--------------|
| INVESTIGATING OFFICER(S)<br>Garcher, P.McWilliams | REVIEWED BY | ASSIGNED TO/BADGE | ATTENTION TO |
|---|-------------|-------------------|--------------|



COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06  
XFER TKT# 01 05 684275  
CASE 05 001038 PS 01 TYPE OM DEF NAME ANGELA, MARIA, KUCIBAN,  
SOC SEC 000000000 SEX F RACE DOB 081577 LIC # MI  
ATTY BAR # P10154 NAME CASEY K. AMBROSE

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 030405 CONV CODE  
CHARGE CODE JUDGE 10  
DISP PUA B PLEA UNDER ADVISEMENT AT BENCH TRIAL COND DATE 051205  
SENTENCE DATE 051205 ARREST DATE JUDGMENT PRINT DATE 000000  
FINES & COSTS 125.00 TO BE PAID BY 061205 REST .00 OTHER .00  
JSA .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 12M TOT POE W/R W/E BEG DTE 000000  
OTHER: NON-REPORTING PROBATION  
NO DRINKING AND DRIVING

CIRC: TCN# PROB OFFICER:  
CTN # SID # CLEMIS # 057290 JAIL #  
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB  
PS YR 05 NO 001038 MSP PDC C001 SEQ FUNCTION DS MODE I

**Violation History of Business:152954 MAGGIANO'S/CORNER BAKERY HOLDING CORPO  
(A DELAWARE CORPORATION)**

| Violation Date | MLCC Complaint Number | Violation Description   | Decision or Event  |
|----------------|-----------------------|---|--|
| 3/4/05         | 87933                 | SALE TO MINOR -<br>(19): (TROY PD/ /CK ANGELA<br>MARIA KUCIBAN) | 6/08/2005 HEARING HELD MOURNING/DICKERSON<br>NEG SETTLEMENT COST \$18.15<br>6/20/2005 \$500 OR 25 DAYS SUSP - SEC 801(2) &<br>COSTS FOR A TOTAL OF \$518.15. NEGOTIATED SETI |

# LCC Liquor Licensee History

Business name: **Maggiano's Little Italy**  
 Address: 2089 W. Big Beaver  
 Licensee: Maggiano's/Corner Bakery Holding  
 License type: Class C, SDM  
 Permits: OP (food), SS  
 Comments:

| Date            | Troy Incident # | Type  | Disposition       | Date            |
|-----------------|-----------------|---|-------------------|-----------------|
| 06/21/04        |                 | Council approves transfer of Class C – new SDM from Rio Bravo |                   |                 |
| 12/10/04        | 04-39254        | Liquor Inspection (Road Patrol- Smith)                        | NO VIOLATIONS     |                 |
| 02/10/05        | 05-04654        | Liquor Inspection (Road Patrol- Smith)                        | NO VIOLATIONS     |                 |
| <b>03/04/05</b> | <b>05-07290</b> | <b>Sale to Minor (Compliance test)</b>                        | <b>\$500 fine</b> | <b>06/20/05</b> |
| 07/15/05        | 05-24545        | Liquor Inspection (Road Patrol-Vandekerckhove)                | NO VIOLATIONS     |                 |
| 08/17/05        | 05-29058        | Liquor Inspection (Road Patrol- Smith)                        | NO VIOLATIONS     |                 |
| 11/22/05        | 05-41257        | Liquor Inspection (Road Patrol- Shuler)                       | NO VIOLATIONS     |                 |

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

|   |            |                              |  |                          |   |  |  |                     |   |
|---|------------|------------------------------|--|--------------------------|---|--|--|---------------------|---|
| DATE  | DAY        | SHIFT                        | PLATOON                                | BADGE 1                  | BADGE 2   | UCR STATUS   | E12 <input type="checkbox"/> EXTRADITION DECLINED  | YEAR                | INCIDENT NUMBER   |
| 01 030405                                     | FRI        | 02                           | S2                                     | 022                      | 017   | E10 <input type="checkbox"/> DEATH OF OFFENDER<br>E11 <input type="checkbox"/> PROSECUTION DECLINED  | E13 <input type="checkbox"/> REFUSED TO COOPERATE<br>E14 <input type="checkbox"/> JUVENILE, NO CUSTODY | 05                  | 7302  |
| RECEIVED                                      | DISPATCHED | ARRIVED                      | COMPLETED                              | DATE(S) OCCURED          |   | TIMES(S) OCCURED   |  | ASSIGNED HOUR / DAY |   |
| 02 2140                                       | 2140       | 2140                         | 0030                                   | 030405                   |   | 2135   |  | 211 FRI             |   |
| LOCATION / ADDRESS                            |            |                              | (DIRECTION, STREET, SUFFIX, QUALIFIER) |                          |   | LOCATION 2 (INTERSECTING STREET)   |  |                     |   |
| 03 5113                                       |            |                              | Rochester                              |                          |   |  |  |                     |   |
| CITY  | STATE      | ZIP                          | CODE                                   | BUSINESS NAME            |   | BUSINESS PHONE   |  |                     |   |
| 04 Troy                                       | MI         | 48085                        | L                                      | Mayor Indian Cuisine     |   |  |  |                     |   |
| BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION |            |                              |  | ESTAB CODE               | ORIGIN  | HOW ACTIVATED  |  | PATROL              | GEOGRAPHIC  |
| 05 Bar  |            |                              |  | 8660                     | <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911<br><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<br><input type="checkbox"/> DISP <input type="checkbox"/> OTHER |  | 05                  |   |
| NATURE OF OFFENSE #1                          |            | ATT <input type="checkbox"/> | CRIME CLASS                            | ALCOHOL/DRUGS COMP       | BIAS  | WEAPON   | # PREM   | ACTIVITY            | ACTIVITY TYPES (Maximum 3 Per Offense)  |
| 06 LCC Violation                              |            |                              | 2235                                   | <input type="checkbox"/> | 00  | 00   |  |                     | B BUYING / RECEIVING<br>C CULTIVATING / MANUFACTURING / PUBLISHING<br>D DISTRIBUTING / SELLING<br>E EXPLOITING CHILDREN<br>O OPERATING / PROMOTING / ASSISTING<br>P POSSESSING / CONCEALING<br>T TRANSPORTING / TRANSMITTING / IMPORTING<br>U USING / CONSUMING |
| NATURE OF OFFENSE #2                          |            | ATT <input type="checkbox"/> | CRIME CLASS                            | ALCOHOL/DRUGS COMP       | BIAS  | WEAPON   | # PREM   | ACTIVITY            |   |
| 07  |            |                              |  | <input type="checkbox"/> |   |  |  |                     |   |
| NATURE OF OFFENSE #3                          |            | ATT <input type="checkbox"/> | CRIME CLASS                            | ALCOHOL/DRUGS COMP       | BIAS  | WEAPON   | # PREM   | ACTIVITY            |   |
| 08  |            |                              |  | <input type="checkbox"/> |   |  |  |                     |   |
| NATURE OF OFFENSE #4                          |            | ATT <input type="checkbox"/> | CRIME CLASS                            | ALCOHOL/DRUGS COMP       | BIAS  | WEAPON   | # PREM   | ACTIVITY            | OFFENSE COMMENTS  |
| 09  |            |                              |  | <input type="checkbox"/> |   |  |  |                     |   |

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

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

|  |   |                 |   |   |  |               |  |   |   |                                  |
|--|---|-----------------|---|---|--|---------------|--|---|---|----------------------------------|
| 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 |
| 13   | <input type="checkbox"/> 02 <input type="checkbox"/> 04 |                 |   |   |  |               |  |   |   |                                  |
| 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  | 96 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   |               |  |   |   |                                  |

|                            |                |  |                              |      |                             |       |           |
|----------------------------|----------------|--|------------------------------|------|-----------------------------|-------|-----------|
| CODE                       | OFF #          | NAME (LAST, FIRST, MIDDLE, SUFFIX)     | RAC                          | SEX  | DOB                         | AGE   |           |
| 16                         | 501            | Balasubramanian, Radhakrishnan         | W                            | M    | 071167                      | 37    |           |
| ADDRESS                    |                | (DIRECTION, STREET, SUFFIX, QUALIFIER) | CITY                         |      | STATE                       | ZIP   |           |
| 17                         |                | 1184 Chesapeake                        | Rochester Hills              |      | MI                          | 48307 |           |
| HOME PHONE                 | BUSINESS PHONE | HEIGHT                                 | WEIGHT                       | EYES | HAIR COLOR / LENGTH / STYLE | BUILD | SKIN TONE |
| 18                         |                |  |                              |      |                             |       |           |
| STATE                      | SOC. SEC. #    | SID #                                  | FBI #                        |      |                             |       |           |
| 19                         | MI             |  |                              |      |                             |       |           |
| PERSON COMMENTS / CLOTHING |                |  | SUMMONS / CITATION NUMBER(S) |      |                             |       |           |
| 20                         |                |  | 684276                       |      |                             |       |           |

|                              |   |                           |   |                 |   |  |   |   |  |   |
|------------------------------|---|---------------------------|---|-----------------|---|--|---|---|--|---|
| ARREST / SUMMONS DESCRIPTION | ARREST CHARGE 1   | ARREST DATE               | PLATOON   | BADGE 1         | BADGE 2   | FM   | DIS   | DEPARTMENT ARREST NUMBER  |  |   |
| 21 serve to person 0121      | 2230  | 030405                    | S2  | 022             | 017   | M  |   |   |  |   |
| ARREST / SUMMONS DESCRIPTION | ARREST CHARGE 2   | ARREST DATE               | PLATOON   | BADGE 1         | BADGE 2   | FM   | DIS   | AFIS NUMBER   |  |   |
| 22                           |   |                           |   |                 |   |  |   |   |  |   |
| 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 type="checkbox"/> N | UPON ARREST ARMED WITH (ENTER "A" IF AUTO) | <input checked="" type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDGUN <input type="checkbox"/> 12 OTHER FIREARM | <input type="checkbox"/> 13 RIFLE <input type="checkbox"/> 14 SHOTGUN <input type="checkbox"/> 15 CLUB / BRASS KNUCKLES | <input type="checkbox"/> 20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) <input type="checkbox"/> 30 | ARREST ORIGIN <input type="checkbox"/> DISP <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PER <input type="checkbox"/> MDT |
| 23                           | S   |                           |   |                 |   |  |   |   |  |   |

|  |                       |                 |                |                   |                   |  |                              |      |        |      |
|--|-----------------------|-----------------|----------------|-------------------|-------------------|--|------------------------------|------|--------|------|
| YES (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 | CODES                 | DESCRIPTION     | PROPERTY TYPE  | QUANTITY          | YEAR              | MAKE   | MODEL                        |      |        |      |
| 24   | E                     | Alcoholic Drink |                | 1                 |                   |  |                              |      |        |      |
| STYLE  | COLOR(S) TOP / BOTTOM | MONTH           | YEAR           | STATE             | LICENSE           | SERIAL / VIN NUMBER / CONDITION / OTHER I.D. |                              |      |        |      |
| 25   |                       |                 |                |                   |                   | Budweiser beer Bottle                        |                              |      |        |      |
| STOLEN   | DAMAGED               | RECOVERED       | PROPERTY TAG # | LOCATION PROPERTY | LEIN / NCIC REF # |  |                              |      |        |      |
| 26   |                       |                 | 131018         | P.R.              |                   |  |                              |      |        |      |
| REC BADGE  | REC BADGE 2           | LEO             | RECOVERY DATE  | NOTIFY BADGE      | NOTIFY DATE       | NOTIFY TIME                                  | PERSON / DEPARTMENT NOTIFIED |      |        |      |
| 27   |                       |                 |                |                   |                   |  |                              |      |        |      |
| COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK  |                       |                 |                |                   |                   |  | SEIZED DRUGS                 | TYPE | AMOUNT | MEAS |
| 28   |                       |                 |                |                   |                   |  |                              |      |        |      |
| INVESTIGATING OFFICER(S):  |                       |                 |                |                   | REVIEWED BY:      | ATTENTION TO:                                |                              |      |        |      |
| 29 McWilliams 22 / Garcher 17  |                       |                 |                |                   | MJK               | wm   |                              |      |        |      |

PERSON REPORT

|  |  |  |                                    |   |   |  |   |   |   |   |   |                               |   |
|--|--|--|------------------------------------|---|---|--|---|---|---|---|---|-------------------------------|---|
| 01   | DATE<br>030405                                   | DAY<br>FRI   | SHIFT<br>02                        | PLATOON<br>S2   | BADGE 1<br>022  | BADGE 2<br>017   | UCR STATUS<br>E10 <input type="checkbox"/> DEATH OF OFFENDER<br>E11 <input type="checkbox"/> PROSECUTION DECLINED | E12 <input type="checkbox"/> EXTRADITION DECLINED<br>E13 <input type="checkbox"/> REFUSED TO COOPERATE<br>E14 <input type="checkbox"/> JUVENILE, NO CUSTODY | YEAR<br>05  | INQDENT NUMBER<br>7302  |   |                               |   |
| 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   | VICT #   | NAME                               | ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)  |   |  | CITY  | STATE   | ZIP   | RAC   | SEX   | DOB                           | AGE   |
| I 03   | TROY PD  |  |                                    |   |   |  |   |   |   |   |   |                               |   |
| G 04   | HOME PHONE                                       | BUSINESS PHONE   | STATE                              | DRIVER'S LICENSE #  | PERSON COMMENTS / OTHER I.D.<br>Decoy, was served   |  |   |   |   |   |   |                               |   |
| T 05   | VICTIM CONNECTED TO OFFENSE                      | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4                            | VICTIM TYPE                        | <input type="checkbox"/> 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 FA |   |
| I 06   | RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY |  |                                    | OUTSIDE FAMILY, BUT KNOWN   |   |  | NOT KNOWN   |   | REL / OFF #   |   | FELONIOUS ASSAULT CIRCUMSTAN  |                               |   |
| M 07   | 01 SPOUSE  | 05 CHILD   | 09 STEPPARENT                      | 20 ACQUAINTANCE   | 24 BOY / GIRL FRIEND  | 28 EMPLOYEE  | 98 STRANGER   | /   |   | /   |   | 99 UNKNOW                     |   |
| V 08   | 02 C-L SPOUSE                                    | 06 GRANDPARENT   | 10 STEPCCHILD                      | 21 FRIEND   | 25 CHILD OF "BG" ABOVE  | 29 EMPLOYER  | REL / OFF #   |   | /   |   | /   |                               |   |
| I 09   | 03 PARENT  | 07 GRANDCHILD  | 11 STEPSIBLING                     | 22 NEIGHBOR   | 26 HOMOSEXUAL REL.  | 30 OTHERWISE KNOWN   | REL / OFF #   |   | /   |   | /   |                               |   |
| G 10   | 04 SIBLING                                       | 08 IN-LAW  | 12 OTHER FAMILY                    | 23 BABYSITEE (baby)   | 27 EX-SPOUSE  | 31 VICTIM WAS OFFENDER   | REL / OFF #   |   | /   |   | /   |                               |   |
| T 11   | VICTIM CONNECTED TO OFFENSE                      | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4                            | VICTIM TYPE                        | <input type="checkbox"/> 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 FA |   |
| I 12   | RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY |  |                                    | OUTSIDE FAMILY, BUT KNOWN   |   |  | NOT KNOWN   |   | REL / OFF #   |   | FELONIOUS ASSAULT CIRCUMSTAN  |                               |   |
| M 13   | 01 SPOUSE  | 05 CHILD   | 09 STEPPARENT                      | 20 ACQUAINTANCE   | 24 BOY / GIRL FRIEND  | 28 EMPLOYEE  | REL / OFF #   |   | /   |   | /   |                               |   |
| V 14   | 02 C-L SPOUSE                                    | 06 GRANDPARENT   | 10 STEPCCHILD                      | 21 FRIEND   | 25 CHILD OF "BG" ABOVE  | 29 EMPLOYER  | REL / OFF #   |   | /   |   | /   |                               |   |
| I 15   | 03 PARENT  | 07 GRANDCHILD  | 11 STEPSIBLING                     | 22 NEIGHBOR   | 26 HOMOSEXUAL REL.  | 30 OTHERWISE KNOWN   | REL / OFF #   |   | /   |   | /   |                               |   |
| G 16   | 04 SIBLING                                       | 08 IN-LAW  | 12 OTHER FAMILY                    | 23 BABYSITEE (baby)   | 27 EX-SPOUSE  | 31 VICTIM WAS OFFENDER   | REL / OFF #   |   | /   |   | /   |                               |   |
| A 17   | STATE  | DRIVER'S LICENSE #   | SOC. SEC. #                        | SID #   | FBI #   | PERSON COMMENTS / CLOTHING   |   |   |   |   |   |                               |   |
| R 18   | SUMMONS / CITATION NUMBER(S)                     |  |                                    |   |   |  |   |   |   |   |   |                               |   |
| R 19   | ARREST / SUMMONS DESCRIPTION                     |  |                                    | ARREST CHARGE 1   | ARREST DATE   | PLATOON  | BADGE 1   | BADGE 2   | FM  | DIS   | DEPARTMENT ARREST NUMBER  |                               |   |
| R 20   | ARREST / SUMMONS DESCRIPTION                     |  |                                    | ARREST CHARGE 2   | ARREST DATE   | PLATOON  | BADGE 1   | BADGE 2   | FM  | DIS   | AFIS NUMBER   |                               |   |
| E 21   | ARREST TYPE                                      | <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant) | MULTIPLE ARREST INDICATOR          | <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A | CLEAR INDICATOR   | <input type="checkbox"/> Y <input type="checkbox"/> N  | UPON ARREST   | <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)   | 01 <input type="checkbox"/> UNARMED   | 13 <input type="checkbox"/> RIFLE   | 20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)    | ARREST ORIGIN                 | <input type="checkbox"/> FOP <input type="checkbox"/> MDT |
| A 22   | CODE   | OFF #  | NAME (LAST, FIRST, MIDDLE, SUFFIX) | ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)  |   |  | CITY  | STATE   | ZIP   | RAC   | SEX   | DOB                           | AGE   |
| R 23   | HOME PHONE                                       | BUSINESS PHONE   | HEIGHT                             | WEIGHT  | EYES  | HAIR COLOR / LENGTH / STYLE  | BUILD   | SKIN TON  | PERSON COMMENTS / CLOTHING  |   |   |                               |   |
| R 24   | STATE  | DRIVER'S LICENSE #   | SOC. SEC. #                        | SID #   | FBI #   | SUMMONS / CITATION NUMBER(S)   |   |   |   |   |   |                               |   |
| E 25   | ARREST / SUMMONS DESCRIPTION                     |  |                                    | ARREST CHARGE 1   | ARREST DATE   | PLATOON  | BADGE 1   | BADGE 2   | FM  | DIS   | DEPARTMENT ARREST NUMBER  |                               |   |
| R 26   | ARREST / SUMMONS DESCRIPTION                     |  |                                    | ARREST CHARGE 2   | ARREST DATE   | PLATOON  | BADGE 1   | BADGE 2   | FM  | DIS   | AFIS NUMBER   |                               |   |
| S 27   | 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   | 13 <input type="checkbox"/> RIFLE   | 20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)    | ARREST ORIGIN                 | <input type="checkbox"/> FOP <input type="checkbox"/> MDT |
| T 28   | STATE  | DRIVER'S LICENSE #   | SOC. SEC. #                        | SID #   | FBI #   | PERSON COMMENTS / CLOTHING   |   |   |   |   |   |                               |   |
| E 29   | ARREST / SUMMONS DESCRIPTION                     |  |                                    | ARREST CHARGE 1   | ARREST DATE   | PLATOON  | BADGE 1   | BADGE 2   | FM  | DIS   | DEPARTMENT ARREST NUMBER  |                               |   |
| R 30   | ARREST / SUMMONS DESCRIPTION                     |  |                                    | ARREST CHARGE 2   | ARREST DATE   | PLATOON  | BADGE 1   | BADGE 2   | FM  | DIS   | AFIS NUMBER   |                               |   |

30 McWilliams 22 / Garchee 17

REVIEWED BY: ATTENTION TO:

# NARRATIVE REPORT

SUPP  CORR  DELETE

|    |        |     |       |      |         |         |  |            |      |      |
|----|--------|-----|-------|------|---------|---------|--|------------|------|------|
| 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<br><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)<br>Garcher, P.McWilliams | REVIEWED BY | ASSIGNED TO/BADGE | ATTENTION TO |
|---|-------------|-------------------|--------------|

**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  
 OF **TROY** BAC \_\_\_\_\_ of \_\_\_\_\_

THE UNDERSIGNED SAYS THAT ON Month Day Year At approximately  A.M.  P.M. Date of Birth Month Day Year  
03 04 05 9:55 07 01 67  
 State MI Social Security No. \_\_\_\_\_

Race WM 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"/> Waiv | <u>10.11 Sell Alcohol to minor</u>                             | <u>1</u> |
| <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"/> Waiv | <u>Fail to make diligent inquiry</u>                           | <u>2</u> |
| <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"/> Waiv |  | <u>3</u> |

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 05/30/05 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) T. Gardner 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.



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| 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<br>4/18/2005 \$500<br>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

---

| Date     | Troy<br>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 |          |

Name: BUSCEMI'S

Date: 2/11/05

Nature: SALE TO MINOR

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

# **Liquor Contact Info**

**Business Name:** Buscemis

**Address:** 3296 Rochester Troy, MI 48083

**Contact Names:**

1. David Buscemi
2. Paul Buscemi
- 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. SDD 73920 2004 SS Business ID 16590 File # \_\_\_\_\_  
SDM 14525-2004

1. Name of Licensee JILL-NICK CORP 2. Doing Business As BUSCEMI'S

3. Mailing Address (street, city, zip code) 3296 Rochester Road; Troy 48083

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

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

7. Date of Violation: Friday 02/11/05 1930  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 10/24/85 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 # 05-4767

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

Officer Signature  Name and Title (print) Patrick McWilliams, Police Officer

Officer Signature  Name and Title (print) Robert Redmond, Police Sergeant

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

WITNESSES

1. Name \_\_\_\_\_ Address 500 W Big Beaver Road; Troy 48084

Will testify to: Purchase of alcohol with no inquiry for identification

2. Name Katia McKenzie Address 1405 Stonetree; Troy 48098

Will testify to: Sale of alcohol without asking for identification

3. Name Paul Buscemi Address 3296 Rochester Road; Troy 48083

Will testify to: Manager at Buscemi's

4. Name Sergeant Robert Redmond Address 500 W Big Beaver Road; Troy 48084

Will testify to: Officer in charge of LCC inspection

5. Name \_\_\_\_\_ Address \_\_\_\_\_

Will testify to:

EVIDENCE

Location Held (Explain): Property Tag No. 130763 6-pack of Heineken  
Property Tag No. 130764 Audio tape of incident

# INCIDENT REPORT

|    |   |                    |                              |                   |   |   |   |  |            |                         |  |
|----|---|--------------------|------------------------------|-------------------|---|---|---|--|------------|-------------------------|--|
| 01 | DATE<br>02/11/05  | DAY<br>FRI         | SHIFT<br>02                  | PLATOON<br>52     | BADGE 1<br>022                              | BADGE 2<br>017  | UCR STATUS<br>E10 <input type="checkbox"/> DEATH OF OFFENDER<br>E11 <input type="checkbox"/> PROSECUTION DECLINED   | E12 <input type="checkbox"/> EXTRACTION DECLINED<br>E13 <input type="checkbox"/> REFUSED TO COOPERATE<br>E14 <input type="checkbox"/> JUVENILE, NO CUSTODY | YEAR<br>05 | INCIDENT NUMBER<br>4767 |  |
| 02 | RECEIVED<br>1930  | DISPATCHED<br>1930 | ARRIVED<br>1930              | COMPLETED<br>2130 | DATE(S) OCCURRED<br>02/11/05                |   | TIMES(S) OCCURRED<br>1930   | ASSIGNED HOUR / DAY<br>19 FRI  |            |                         |  |
| 03 | LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)<br>3296 Rochester |                    |                              |                   |   |   | LOCATION 2 (INTERSECTING STREET)  |  |            |                         |  |
| 04 | CITY<br>Troy  | STATE<br>MI        | ZIP<br>48083                 | CODE<br>L         | BUSINESS NAME<br>Bosemils                   |   |   | BUSINESS PHONE   |            |                         |  |
| 05 | BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION<br>PARTY STORE                |                    |                              |                   | ESTAB CODE<br>4200                          | ORIGIN<br><input checked="" type="checkbox"/> FOP<br><input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911<br><input type="checkbox"/> OTHER <input type="checkbox"/> MDT | HOW ACTIVATED<br><input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT<br><input type="checkbox"/> DISP <input type="checkbox"/> OTHER | PATROL<br>05   | GEOGRAPHIC |                         |  |
| 06 | NATURE OF OFFENSE #1<br>LCC Violation                                       |                    | 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   |                         |  |
| 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   |                         |  |
| 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   |                         |  |
| 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   |                         |  |

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<br>148  | VICT #  | NAME (LAST, FIRST, MIDDLE, SUFFIX)  |  |  |  |  | RAC<br>WM  | SEX<br>M                               | DOB<br>102485 | AGE<br>19                       |
| I 11 | ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)   |   |   |  |  |  | CITY   |  | STATE                                  | ZIP           |                                 |
| G 12 | HOME PHONE   | BUSINESS PHONE  | STATE   | DRIVER'S LICENSE #   | PERSON COMMENTS / OTHER I.D.<br>Decoy  |  |  |  |  |               |                                 |
| T 13 | VICTIM CONNECTED TO OFFENSE<br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> | VICTIM TYPE<br>1 <input type="checkbox"/> INDIVIDUAL<br>2 <input type="checkbox"/> BUSINESS | F <input type="checkbox"/> FINANCIAL<br>G <input type="checkbox"/> GOVERNMENT<br>R <input type="checkbox"/> RELIGIOUS | S <input type="checkbox"/> SOCIETY / PUBLIC<br>O <input type="checkbox"/> OTHER<br>P <input type="checkbox"/> POLICE OFFICER | VICTIM INJURY<br>N <input type="checkbox"/> NONE<br>B <input type="checkbox"/> BROKEN BONE | M <input type="checkbox"/> MINOR INJURY<br>O <input type="checkbox"/> MAJOR INJURY | I <input type="checkbox"/> POSS. INT. INJURIES<br>L <input type="checkbox"/> SEVERE LACERATION | T <input type="checkbox"/> LOSS OF TEETH<br>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<br>98 STRANGER<br>99 UNKNOWN | REL / OFF #   | FELONIOUS ASSAULT CIRCUMSTANCES |
| M 15 | 01 SPOUSE  | 05 CHILD  | 09 STEPPARENT   | 20 ACQUAINTANCE  | 24 BOY / GIRL FRIEND   | 28 EMPLOYEE  | 30 OTHERWISE KNOWN   |  |  |               |                                 |
|      | 02 C-L SPOUSE  | 06 GRANDPARENT  | 10 STEPCCHILD   | 21 FRIEND  | 25 CHILD OF "BG" ABOVE   | 29 EMPLOYER  | 31 VICTIM WAS OFFENDER   |  |  |               |                                 |
|      | 03 PARENT  | 07 GRANDCHILD   | 11 STEPSIBLING  | 22 NEIGHBOR  | 26 HOMOSEXUAL REL.   |  |  |  |  |               |                                 |
|      | 04 SIBLING   | 08 IN-LAW   | 12 OTHER FAMILY   | 23 BABYSITTEE (baby)   | 27 EX-SPOUSE   |  |  |  |  |               |                                 |

|      |   |                |  |        |      |                             |   |           |             |               |           |
|------|---|----------------|--|--------|------|-----------------------------|---|-----------|-------------|---------------|-----------|
| 16   | CODE<br>S   | OFF #          | NAME (LAST, FIRST, MIDDLE, SUFFIX)<br>Mckenzie, Katia, Ann |        |      |                             |   | RAC<br>WF | SEX<br>F    | DOB<br>090381 | AGE<br>23 |
| A 17 | ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)<br>1405 Stone tree |                |  |        |      |                             | CITY<br>Troy                            |           | STATE<br>MI | ZIP<br>48083  |           |
| R 18 | HOME PHONE  | BUSINESS PHONE | HEIGHT   | WEIGHT | EYES | HAIR COLOR / LENGTH / STYLE | BUILD                                   | SKIN TONE |             |               |           |
| R 19 | STATE<br>MI   | SOC. SEC. #    | SID #  | FBI #  |      |                             |   |           |             |               |           |
| E 20 | PERSON COMMENTS / CLOTHING  |                |  |        |      |                             | SUMMONS / CITATION NUMBER(S)<br>6083629 |           |             |               |           |

|      |   |  |   |  |   |   |   |  |                          |  |  |
|------|---|--|---|--|---|---|---|--|--------------------------|--|--|
| S 21 | ARREST / SUMMONS DESCRIPTION<br>Fail Inq, vire asto Age   | ARREST CHARGE 1  | ARREST DATE<br>02/11/05   | PLATOON<br>52  | BADGE 1<br>022  | BADGE 2<br>017  | FM<br>M   | 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<br><input checked="" type="checkbox"/> ON VIEW (No Warrant)<br><input checked="" type="checkbox"/> SUMMONS (No Custody)<br><input type="checkbox"/> CUSTODY (Warrant) | MULTIPLE ARREST INDICATOR<br><input type="checkbox"/> MULTIPLE<br><input type="checkbox"/> COUNT 1<br><input type="checkbox"/> N/A | CLEAR INDICATOR<br><input type="checkbox"/> Y<br><input type="checkbox"/> N | UPON ARREST<br>11 <input type="checkbox"/> FIREARM<br>12 <input type="checkbox"/> HANDGUN<br>(ENTER "A" IF AUTO) | 01 <input checked="" type="checkbox"/> UNARMED<br>13 <input type="checkbox"/> RIFLE<br>14 <input type="checkbox"/> SHOTGUN<br>15 <input type="checkbox"/> OTHER FIREARM | 20 <input type="checkbox"/> LETHAL CUT INSTRUMENT<br>(e.g. Switchblade Knife, etc.) | 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES | ARREST ORIGIN<br><input checked="" type="checkbox"/> FOP<br><input type="checkbox"/> MDT<br><input type="checkbox"/> TEL |                          |  |  |

|    |            |                            |               |                          |                   |                   |  |                              |
|----|------------|----------------------------|---------------|--------------------------|-------------------|-------------------|--|------------------------------|
| 24 | CODES<br>E | DESCRIPTION<br>6 Pack Beer | PROPERTY TYPE | QUANTITY<br>1            | YEAR              | MAKE<br>Heineken  | MODEL  |                              |
| 25 | STYLE      | COLOR(S) TOP / BOTTOM      | MONTH         | YEAR                     | STATE             | LICENSE           | SERIAL / VIN NUMBER / CONDITION / OTHER I.D. |                              |
| 26 | STOLEN     | DAMAGED                    | RECOVERED     | PROPERTY TAG #<br>130763 | LOCATION PROPERTY | 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):<br>mcwilliams 22 / Garcher 17 | REVIEWED BY: | ATTENTION TO: |
|----|---|--------------|---------------|

|  |   |                       |           |               |                |               |   |  |                   |                 |        |      |
|--|---|-----------------------|-----------|---------------|----------------|---------------|---|--|-------------------|-----------------|--------|------|
| 01   | DATE  | DAY                   | SHIFT     | PLATOON       | BADGE 1        | BADGE 2       | UCR STATUS  | E12 <input type="checkbox"/> EXTRADITION DECLINED  | YEAR              | INCIDENT NUMBER |        |      |
|  | 021105  | FRI                   | 0252      | 022           | 017            |               | E10 <input type="checkbox"/> DEATH OF OFFENDER<br>E11 <input type="checkbox"/> PROSECUTION DECLINED | E13 <input type="checkbox"/> REFUSED TO COOPERATE<br>E14 <input type="checkbox"/> JUVENILE, NO CUSTODY | 05                | 4767            |        |      |
| 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 |   |                       |           |               |                |               |   |  |                   |                 |        |      |
| 02   | CODES   | DESCRIPTION           |           |               |                | PROPERTY TYPE | QUANTITY  | YEAR   | MAKE              | MODEL           |        |      |
|  |   | E Audio Tape          |           |               |                |               | 1   |  |                   |                 |        |      |
| 03   | STYLE   | COLOR(S) TOP / BOTTOM | MONTH     | YEAR          | STATE          | LICENSE       | SERIAL / VIN NUMBER / CONDITION / OTHER I.D.  |  |                   |                 |        |      |
| 04   | STOLEN  | DAMAGED               | RECOVERED |               | PROPERTY TAG # |               | LOCATION PROPERTY   |  | LEIN / NCIC REF # |                 |        |      |
|  | \$  | \$                    | \$        |               | 130764         |               | Dep   |  |                   |                 |        |      |
| 05   | REC BADGE   | REC BADGE 2           | LEO       | RECOVERY DATE | NOTIFY BADGE   | NOTIFY DATE   | NOTIFY TIME   | PERSON / DEPARTMENT NOTIFIED   |                   |                 |        |      |
| 06   | COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK |                       |           |               |                |               |   |  | SEIZED DRUGS      | TYPE            | AMOUNT | MEAS |
|  | of LCC violation                                  |                       |           |               |                |               |   |  |                   |                 |        |      |
| 07   | CODES   | DESCRIPTION           |           |               |                | PROPERTY TYPE | QUANTITY  | YEAR   | MAKE              | MODEL           |        |      |
| 08   | STYLE   | COLOR(S) TOP / BOTTOM | MONTH     | YEAR          | STATE          | LICENSE       | SERIAL / VIN NUMBER / CONDITION / OTHER I.D.  |  |                   |                 |        |      |
| 09   | STOLEN  | DAMAGED               | RECOVERED |               | PROPERTY TAG # |               | LOCATION PROPERTY   |  | LEIN / NCIC REF # |                 |        |      |
|  | \$  | \$                    | \$        |               |                |               |   |  |                   |                 |        |      |
| 10   | REC BADGE   | REC BADGE 2           | LEO       | RECOVERY DATE | NOTIFY BADGE   | NOTIFY DATE   | NOTIFY TIME   | PERSON / DEPARTMENT NOTIFIED   |                   |                 |        |      |
| 11   | COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK |                       |           |               |                |               |   |  | SEIZED DRUGS      | TYPE            | AMOUNT | MEAS |
| 12   | CODES   | DESCRIPTION           |           |               |                | PROPERTY TYPE | QUANTITY  | YEAR   | MAKE              | MODEL           |        |      |
| 13   | STYLE   | COLOR(S) TOP / BOTTOM | MONTH     | YEAR          | STATE          | LICENSE       | SERIAL / VIN NUMBER / CONDITION / OTHER I.D.  |  |                   |                 |        |      |
| 14   | STOLEN  | DAMAGED               | RECOVERED |               | PROPERTY TAG # |               | LOCATION PROPERTY   |  | LEIN / NCIC REF # |                 |        |      |
|  | \$  | \$                    | \$        |               |                |               |   |  |                   |                 |        |      |
| 15   | REC BADGE   | REC BADGE 2           | LEO       | RECOVERY DATE | NOTIFY BADGE   | NOTIFY DATE   | NOTIFY TIME   | PERSON / DEPARTMENT NOTIFIED   |                   |                 |        |      |
| 16   | COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK |                       |           |               |                |               |   |  | SEIZED DRUGS      | TYPE            | AMOUNT | MEAS |
| 17   | CODES   | DESCRIPTION           |           |               |                | PROPERTY TYPE | QUANTITY  | YEAR   | MAKE              | MODEL           |        |      |
| 18   | STYLE   | COLOR(S) TOP / BOTTOM | MONTH     | YEAR          | STATE          | LICENSE       | SERIAL / VIN NUMBER / CONDITION / OTHER I.D.  |  |                   |                 |        |      |
| 19   | STOLEN  | DAMAGED               | RECOVERED |               | PROPERTY TAG # |               | LOCATION PROPERTY   |  | LEIN / NCIC REF # |                 |        |      |
|  | \$  | \$                    | \$        |               |                |               |   |  |                   |                 |        |      |
| 20   | REC BADGE   | REC BADGE 2           | LEO       | RECOVERY DATE | NOTIFY BADGE   | NOTIFY DATE   | NOTIFY TIME   | PERSON / DEPARTMENT NOTIFIED   |                   |                 |        |      |
| 21   | COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK |                       |           |               |                |               |   |  | SEIZED DRUGS      | TYPE            | AMOUNT | MEAS |
| 22   | CODES   | DESCRIPTION           |           |               |                | PROPERTY TYPE | QUANTITY  | YEAR   | MAKE              | MODEL           |        |      |
| 23   | STYLE   | COLOR(S) TOP / BOTTOM | MONTH     | YEAR          | STATE          | LICENSE       | SERIAL / VIN NUMBER / CONDITION / OTHER I.D.  |  |                   |                 |        |      |
| 24   | STOLEN  | DAMAGED               | RECOVERED |               | PROPERTY TAG # |               | LOCATION PROPERTY   |  | LEIN / NCIC REF # |                 |        |      |
|  | \$  | \$                    | \$        |               |                |               |   |  |                   |                 |        |      |
| 25   | REC BADGE   | REC BADGE 2           | LEO       | RECOVERY DATE | NOTIFY BADGE   | NOTIFY DATE   | NOTIFY TIME   | PERSON / DEPARTMENT NOTIFIED   |                   |                 |        |      |
| 26   | COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK |                       |           |               |                |               |   |  | SEIZED DRUGS      | TYPE            | AMOUNT | MEAS |
| 27   |   |                       |           |               |                |               |   |  |                   |                 |        |      |
| 28   |   |                       |           |               |                |               |   |  |                   |                 |        |      |
| 29   | INVESTIGATING OFFICER(S):                         |                       |           |               |                |               | REVIEWED BY:  |  | ATTENTION TO:     |                 |        |      |
|  | McWilliams 22 / Carlier 17                        |                       |           |               |                |               |   |  |                   |                 |        |      |

# NARRATIVE REPORT

|    |                 |            |             |            |                |                |   |               |            |      |
|----|-----------------|------------|-------------|------------|----------------|----------------|---|---------------|------------|------|
| 01 | DATE<br>2-11-05 | DAY<br>FRI | SHIFT<br>02 | PLAT<br>52 | BADGE 1<br>022 | BADGE 2<br>017 | INCIDENT STATUS<br><input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF<br><input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT | PRIM<br>CLASS | YEAR<br>05 | 4767 |
|----|-----------------|------------|-------------|------------|----------------|----------------|---|---------------|------------|------|

Officer Garcher and I were conducting an LCC compliance operation with 19-year-old decoy \_\_\_\_\_ We went to Buscemi's at 3296 Rochester and sent \_\_\_\_\_ in to attempt to buy alcohol. \_\_\_\_\_ had a tape recorder and a microphone on his person to record any conversation. He went into the store and came out a short time later with a 6 pack of Heineken. He said he picked the 6 pack out of the cooler and brought it to the register. The female at the register rang him up and said \$9.07. \_\_\_\_\_ paid and walked out. The clerk never asked for ID.

Officer Garcher and I entered Buscemi's and identified ourselves. The clerk at the register identified herself as the person who sold the beer. She provided her DL that identified her as Katia McKenzie. I issued her a summons for failing to inquire as to age (683629). Manager Paul Buscemi provided the store license and was notified of the violation.

The 6 pack of Heineken and the audio tape were tagged and placed into evidence. A photo the clerk is attached to this report.

|   |             |                   |              |
|---|-------------|-------------------|--------------|
| INVESTIGATING OFFICER(S)<br>McWilliams 22 | REVIEWED BY | ASSIGNED TO/BADGE | ATTENTION TO |
|---|-------------|-------------------|--------------|

NARRATIVE REPORT  
WITNESS STATEMENT

|    |                  |            |             |            |                |                |   |            |            |                    |
|----|------------------|------------|-------------|------------|----------------|----------------|---|------------|------------|--------------------|
| 01 | DATE<br>02/11/05 | DAY<br>FRI | SHIFT<br>02 | PLAT<br>52 | BADGE 1<br>022 | BADGE 2<br>017 | INCIDENT STATUS<br><input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF<br><input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT | PRIM CLASS | YEAR<br>05 | INCIDENT #<br>4767 |
|----|------------------|------------|-------------|------------|----------------|----------------|---|------------|------------|--------------------|

02 Statement of: 10-24-1985 Home Phone: \_\_\_\_\_

03 Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

04 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

05 \_\_\_\_\_

06 I was working as a decoy for  
07 the Troy Police Dept. They took me to  
08 Buscemi's at Rochester and Torpey. I  
09 entered the store, walked to the back,  
10 took a 6-pack of Heineken from the  
11 cooler, and took it to the front counter.  
12 The lady behind the counter scanned the  
13 beer and told me it was 9.07. I  
14 paid her and took the beer outside to  
15 the officers. The woman never asked  
16 for an ID.

17 \_\_\_\_\_  
18 \_\_\_\_\_  
19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

27 X: \_\_\_\_\_  
28 Taken By: P. McWilliams [Signature] (SIGNATURE)

29 Place: Station Date: 2-11-05 Time: 2045 hrs

INVESTIGATING OFFICER(S) newilliams 22 / Corcler 17 REVIEWED BY \_\_\_\_\_ ASSIGNED TO / BADGE \_\_\_\_\_ ATTENTION TO \_\_\_\_\_

State of Michigan  
Uniform Law Citation

Ticket No. **683629**  Victim Involved

US DOT # \_\_\_\_\_ Incident No. \_\_\_\_\_ Dept. No. **784**  
 Local Use/Arrest No. \_\_\_\_\_ Detection Device \_\_\_\_\_  
 The People of  the State of Michigan  
 Township  City  Village  County  
 OF **TROY** BAC \_\_\_\_\_ of \_\_\_\_\_

THE UNDERSIGNED SAYS THAT ON Month **2** Day **11** Year **05** At approximately  A.M.  P.M. Date of Birth Month **9** Day **3** Year **81**  
 Social Security No. \_\_\_\_\_

State **MI**  
 Race **W** Sex **F** Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

Name (First, Middle, Last) **Katia ANN McKenzie**  
 Street **1405 Stone tree**

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

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

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

UPON **AT OR NEAR 3296 Rockster**

WITHIN  CITY  VILLAGE  TOWNSHIP OF **TROY**  
 COUNTY OF **OAKLAND** DID THE FOLLOWING

| Type                                     | Ordinance                     | Description (include any bond amount collected on each charge) | No.      |
|--|-------------------------------|--|----------|
| <input checked="" type="checkbox"/> Misd | <input type="checkbox"/> Warn | <b>98.16.11 FAIL INQUIRE AS TO AGE</b>                         | <b>1</b> |
| <input type="checkbox"/> Fel             | <input type="checkbox"/> Fug  |  | <b>2</b> |
| <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 **Alcohol Sell to MINOR**

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 **3-9-05**  
 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.

Signature and receipt if applicable **[Signature]** Month **2** Day **11** Year **05**  
 Officer's Name (Print) **P. Williams** Officer's ID No. **22117**

Agency ORI **MI-6378400** Agency Name **TROY POLICE DEPARTMENT**  
 UC-01a (rev. 9/02) Court Copy-1

Ticket **683629**  
 Name \_\_\_\_\_  
 Case No. \_\_\_\_\_

**Violation History of Business:16590 JILL-NICK CORP.**

| Violation Date | MLCC Complaint Number | Violation Description   | Decision or Event   |
|----------------|-----------------------|---|---|
| 10/17/90       | 42823                 | SELL (18) (TROY PD) 22(3) 0-2186  | 2/08/1991 LAGGIS<br>3/21/1991 \$200 OR 10 DAYS S  |
| 4/12/00        | 53504                 | REC'D - 1) SELL OR TRF IN THE AGGREGATE MORE THAN 10% OF THE STK OF THE LIC CORP W/OUT PRIOR APPROVAL OF MLCC: ON OR ABOUT 1-1-97; 2) ALLOW PERSON, DAVID BUSCEMI, WHOSE NAME DOES NOT APPEAR ON THE LIC TO DERIVE USE OR BENEFIT FROM THE LIC: ON OR ABOUT 1-1-97 & THEREAFTER; 3) ALLOW PERSON, PAUL BUSCEMI, WHOSE NAME DOES NOT APPEAR ON THE LIC TO DERIVE USE OR BENEFIT FROM THE LIC: ON OR ABOUT 1-1-97 & THEREAFTER; 4) ALLOW PERSON, ANTHONY BUSCEMI, WHOSE NAME DOES NOT APPEAR ON THE LIC TO DERIVE USE OR BENEFIT FROM THE LIC: ON OR ABOUT 1-1-97 & THEREAFTER: (LCC INV SZLATENYI) | 11/07/2000 STEP 1 -STOCK TR WHEREIN DAVID, PAUL & ANTI BUSCEMI ARE ADDED AS STOCI COMPLETE & STEP 2 WHEREIN S. BUSCEMI IS DROPPED AS STOCKHOLDER COMPLETE. LIC COMPLIANCE.<br>8/08/2000 LIC ACK - COMM W 8/09/2000 1) \$250; 3)4) MERI \$250 - TOTAL \$500 OR 25 DAY: ALSO, COMM ORDERS LIC & PE SUSP 11/15/00, WAIVED IF LI RECEIVES APPROVAL FROM ML THE UNREPORTED STOCK TRF; 2/1/01 IF SUSP NOT WAIVED. |
| 5/11/01        | 61029                 |   | 5/11/2001 PASSED CONTROLL OPERATION ON 5/10/01 (ALEXANDER/PETERS/X-099/)  |
| 4/24/02        | 69646                 | NSF CHECK (1256.08): (LCC)  | 6/06/2002 \$50.00<br>6/06/2002 LIC ACK - COMM ST  |
| 10/6/03        | 76706                 |   | 10/06/2003 PASSED CONTROL OPERATION ON 10-04-03 (SAULSBERRY,SLOAT/X-110).   |
| 2/11/05        | 87322                 | SALE TO MINOR- 19): (TROY PD, /CK KATIA MCKENZIE)   | 3/21/2005 LIC ACK - COMM ST<br>3/24/2005 \$500 OR 25 DAY SI SEC.801(2)  |

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06  
XFER TKT# 01 05 683629  
CASE 05 000712 PS 01 TYPE OM DEF NAME KATIA,ANN,MCKENZIE,  
SOC SEC 000000000 SEX F RACE DOB 090381 LIC #  
ATTY BAR # P25640 NAME DOUGLAS J. SCHROEDER

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 021105 CONV CODE  
CHARGE CODE JUDGE 10  
DISP PUA B PLEA UNDER ADVISEMENT AT BENCH TRIAL COND DATE 041405  
SENTENCE DATE 041405 ARREST DATE JUDGMENT PRINT DATE 111705  
FINES & COSTS 250.00 TO BE PAID BY 041405 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 # JAIL #  
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB  
PS YR 05 NO 000712 MSP PDC C001 SEQ FUNCTION DS MODE I

# LCC

## Liquor Licensee History

Business name: **Buscemi's Party Shoppe**  
 Address: 3296 Rochester (248) 689-5959  
 Licensee: Jill-Nick Corporation  
 License type: **SDD (73920-2002) SDM (14525-2002)**  
 Permits: Sunday Sales  
 Comments:

| Date       | Troy Incident # | Type   | Disposition       | Date            |
|------------|-----------------|--|-------------------|-----------------|
| 03/12/90   |                 | Council approves transfer of license to Jill-Nick Corporation (Anthony A. Buscemi) from Saddle, Inc. |                   |                 |
| 10/17/90   |                 | <b>Sale to Minor (Compliance Test)</b>   | <b>\$200 fine</b> | <b>03/21/91</b> |
| 10/05/92   |                 | Applies for SDD. Council recommends NO SDD be issued by MLCC due to limited number                   |                   |                 |
| 01/28/99   | 99-03952        | Liquor Inspection (Road Patrol)  | NO VIOLATIONS     |                 |
| 02/04/99   |                 | Applies to transfer SDD from JADE DISTRIBUTING, withdraws request due to Jade's tax delinquency      |                   |                 |
| 06/22/99   | 99-23595        | Compliance Test  | PASSED            |                 |
| 10/27/99   | none            | Compliance Test  | PASSED            |                 |
| 01/04/2000 |                 | MLCC approves transfer of SDD from RAZOOK, INC. after appeal of original denial.                     |                   |                 |
| 03/21/00   | <b>MLCC</b>     | <b>Charged with "...transfer interest without prior approval" on or about 01/01/97</b>               | <b>\$500</b>      |                 |
| 04/10/00   |                 | Council approves stock transfer (All) to Buscemi sons Paul, Anthony, & David Buscemi                 |                   |                 |
| 04/27/00   | 00-14306        | Liquor Inspection (Road Patrol)  | NO VIOLATIONS     |                 |
| 07/25/00   | none            | Compliance Test  | PASSED            |                 |
| 08/27/00   | 00-31758        | Liquor Inspection (Road Patrol)  | NO VIOLATIONS     |                 |
| 11/15/00   | 00-42339        | Compliance Test  | PASSED            |                 |
| 02/08/01   | 01-04629        | Liquor Inspection (Road Patrol)  | NO VIOLATIONS     |                 |
| 03/17/01   | 01-09238        | Liquor Inspection (Road Patrol)  | NO VIOLATIONS     |                 |

|          |          |   |               |
|----------|----------|---|---------------|
| 04/24/01 |          | Compliance Test                           | PASSED        |
| 06/06/01 | 01-19810 | Liquor Inspection (Road Patrol)           | NO VIOLATIONS |
| 08/14/01 | 01-29107 | Compliance Test                           | PASSED        |
| 08/28/01 | 01-30948 | Liquor Inspection (Road Patrol)           | NO VIOLATIONS |
| 09/25/01 | 01-34492 | Compliance Test                           | PASSED        |
| 10/16/01 | 01-37338 | Liquor Inspection (Road Patrol)           | NO VIOLATIONS |
| 02/28/02 | 02-06378 | Compliance Test                           | PASSED        |
| 05/11/02 | 02-14745 | Liquor Inspection (Road Patrol)           | NO VIOLATIONS |
| 06/25/02 | 02-      | Compliance Test                           | PASSED        |
| 07/07/02 | 02-21937 | Liquor Inspection (Road Patrol)           | NO VIOLATIONS |
| 09/07/02 | 02-29605 | Liquor Inspection (Road Patrol- Langbeen) | NO VIOLATIONS |
| 10/16/02 | 02-34077 | Compliance Test                           | PASSED        |
| 10/24/02 | 02-34942 | Liquor Inspection (Road Patrol- Kocenda)  | NO VIOLATIONS |
| 12/12/02 | 02-40226 | Liquor Inspection (Road Patrol-Kocenda)   | NO VIOLATIONS |
| 02/23/03 | 03-5646  | Liquor Inspection (Road Patrol-Kocenda)   | NO VIOLATIONS |
| 03/24/03 | 03-8738  | Compliance Test                           | PASSED        |
| 06/19/03 | 03-18547 | Compliance Test                           | PASSED        |
| 07/08/03 | 03-20909 | Liquor Inspection (Road Patrol-Dimaria)   | NO VIOLATIONS |
| 08/12/03 | 03-25007 | Liquor Inspection (Road Patrol-Dimaria)   | NO VIOLATIONS |
| 09/08/03 | 03-28044 | Liquor Inspection (Road Patrol-Dimaria)   | NO VIOLATIONS |
| 10/27/03 | 03-33168 | Compliance Test                           | PASSED        |
| 11/28/03 | 03-36392 | Liquor Inspection (Road Patrol-Cole)      | NO VIOLATIONS |
| 01/20/04 | 04-01965 | Liquor Inspection (Road Patrol-Cole)      | NO VIOLATIONS |
| 02/17/04 | 04-04918 | Liquor Inspection (Road Patrol-Cole)      | NO VIOLATIONS |
| 03/22/04 | 04-08397 | Compliance Test                           | PASSED        |
| 05/19/04 | 04-14714 | Liquor Inspection (Road Patrol-Dimaria)   | NO VIOLATIONS |
| 10/21/04 | 04-33348 | Liquor Inspection (Road Patrol-Swift)     | NO VIOLATIONS |
| 11/15/04 | 04-36313 | Liquor Inspection (Road Patrol-Swift)     | NO VIOLATIONS |
| 01/24/05 | 05-02701 | Liquor Inspection (Road Patrol-Swift)     | NO VIOLATIONS |

|          |          |   |                   |          |
|----------|----------|---|-------------------|----------|
| 02/11/05 | 05-04767 | <b>Sale to Minor (Compliance Test)</b>        | <b>\$500 fine</b> | 03/24/05 |
| 08/02/05 | 05-26933 | Liquor Inspection (Road Patrol-Giorgi)        | NO VIOLATIONS     |          |
| 09/22/05 | 05-33634 | Liquor Inspection (Road Patrol-Minton/Giorgi) | NO VIOLATIONS     |          |
| 10/13/05 |          | Compliance Test                               | PASSED            |          |
| 12/31/05 | 05-46221 | Liquor Inspection (Road Patrol-Ersig)         | NO VIOLATIONS     |          |