City of Troy

CITY COUNCIL ACTION REPORT

November 6, 2006

TO: Phillip L. Nelson, City Manager

FROM: Chief Charles Craft
Captain Gary Mayer
Sergeant Chris Stout

SUBJECT: Application for Transfer of Class-SDM License for Norm's Field of Dreams

Background:

- NCJ Acquisitions, Inc., requests to transfer ownership of 2006 Class C-SDM licensed business with dance permit, located at 1090 Rochester, Troy, MI 48083, Oakland County, from MKC, Inc.; and request a new official permit (food).
  At its October 8th meeting, the Liquor Advisory Committee entertained this request. Present to answer questions from the Committee were attorney Kelly Allen, and new owners Norman and Carla Johnson. Mr. and Mrs. Johnson are purchasing the real estate and liquor license from the Corradi family, who has owned the business for over 30 years. The Johnsons have been operating the newly renovated restaurant under a management agreement for the past several months. They have fifteen employees and two well-qualified managers, and everyone has completed their TIPS/TAMS training. The Committee unanimously approved this request. The Police Department did not find any disqualifying factors for this request.

Financial Considerations:

- There are no financial considerations for the city.

Legal Considerations:

- City Council approval is required for the State to approve the transfer.

Policy Considerations:

- There are no policy considerations.

Options:

- The City Council can approve or deny the transfer.

9/5/06

Michigan Department of Labor & Economic Growth
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive, P.O. Box 30005
Lansing, Michigan 48909-7505

FOR MLCC USE ONLY
Request ID # 371055
Business ID # 178239

POLICE INSPECTION REPORT

[Authorized by MCL 436.1217 and R 436.1105; MAC]

Important: Please conduct your investigation as soon as possible and complete all four sections of this report. Return the completed report and fingerprint cards to the Commission.

BUSINESS NAME AND ADDRESS: (include zip code)
NCJ ACQUISITIONS, INC., 1090 ROCHESTER, TROY, MI 48084, OAKLAND COUNTY

REQUEST FOR:
REQUEST TO TRANSFER OWNERSHIP OF 2006 CLASS C-SDM LICENSED BUSINESS (IN ESCROW) WITH DANCE PERMIT FROM MKC INC.; AND REQUEST A NEW OFFICIAL PERMIT (FOOD).

Section 1. APPLICANT INFORMATION

APPLICANT #1:	APPLICANT #2:
NORMAN JOHNSON – STOCKHOLDER 204 OAKDALE ROYAL OAK, MI 48067 H(248)399-9779	
DATE FINGERPRINTED:	DATE FINGERPRINTED:
DATE OF BIRTH: Is the applicant a U.S. Citizen: ☐ Yes ☐ No* *Does the applicant have permanent Resident Alien status? ☐ Yes ☐ No* *Does the applicant have a Visa? Enter status:	DATE OF BIRTH: Is the applicant a U.S. Citizen: ☐ Yes ☐ No* *Does the applicant have permanent Resident Alien status? ☐ Yes ☐ No* *Does the applicant have a Visa? Enter status:

Attach the fingerprint card and $30.00 for each card and mail to the Michigan Liquor Control Commission

ARREST RECORD: ☐ **Felony** ☐ **Misdemeanor** Enter record of all arrests & convictions (attach a signed and dated report if more space is needed)	**ARREST RECORD:** ☐ **Felony** ☐ **Misdemeanor** Enter record of all arrests & convictions (attach a signed and dated report if more space is needed)

Section 2. INVESTIGATION OF BUSINESS AND ADDRESS TO BE LICENSED

Does applicant intend to have dancing, entertainment, topless activity, or extended hours permit?
☐ No ☐ Yes, complete LC-1636

Are gas pumps on the premises or directly adjacent? ☐ No ☐ Yes, explain relationship:

Section 3. LOCAL AND STATE CODES AND ORDINANCES, AND GENERAL RECOMMENDATIONS

Will the applicant's proposed location meet all appropriate state and local building, plumbing, zoning, fire, sanitation and health laws and ordinances, if this license is granted? ☐ Yes ☐ No

If you are recommending approval subject to certain conditions, list the conditions: (attach a signed and dated report if more space is needed)

Section 4. RECOMMENDATION

From your investigation:

1. Is this applicant qualified to conduct this business if licensed? ☐ Yes ☐ No
2. Is the proposed location satisfactory for this business? ☐ Yes ☐ No
3. Should the Commission grant this request? ☐ Yes ☐ No
4. If any of the above 3 questions were answered no, state your reasons: (Attach a signed and dated report if more space is needed)

Signature (Sheriff or Chief of Police) Date
TROY POLICE DEPARTMENT

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

9/5/06

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MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive, P.O. Box 30005
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Business ID # 178239

LAW ENFORCEMENT RECOMMENDATION

[Authorized by MCL 436.1916, R 436.1105(2)(d) and R 436.1403]

August 22, 2006

TO: TROY PD
CHIEF OF POLICE
500 WEST BIG BEVER
TROY, MI 48084

Re: NCJ ACQUISITIONS, INC.

We have received a request from the above licensee for the type of permit indicated below. Please make an investigation and submit your report and/or recommendation, as requested below, to the offices of the Michigan Liquor Control Commission at the above address. Questions about this request should be directed to the MLCC Licensing Division at (517) 322-1400.

☒ OFFICIAL PERMIT FOR EXTENDED HOURS OF OPERATION FOR: FOOD

Weekdays _____ A.M. to _____ A.M.

Sundays 9:00 A.M. to 12:00 P.M.

☐ Recommended ☐ Recommended, subject to final inspection ☐ Not Recommended

Note: If the applicant is requesting two separate extended hours permits and the permits are for **different hours** you must complete the box below. If additional space is needed please use reverse side of this form.

☐ OFFICIAL PERMIT FOR EXTENDED HOURS OF OPERATION FOR:

Weekdays _____ A.M. to _____ A.M.

Sundays _____ A.M. to _____ A.M./P.M.

☐ Recommended ☐ Recommended, subject to final inspection ☐ Not Recommended

☒ DANCE PERMIT

☐ Recommended ☐ Recommended, subject to final inspection ☐ Not Recommended

☐ ENTERTAINMENT PERMIT

☐ Recommended ☐ Recommended, subject to final inspection ☐ Not Recommended

☐ TOPLESS ACTIVITY PERMIT

☐ Recommended ☐ Recommended, subject to final inspection ☐ Not Recommended

☐ OUTDOOR SERVICE

☐ Recommended ☐ Recommended, subject to final inspection ☐ Not Recommended

☐ PARTICIPATION PERMIT

☐ Recommended ☐ Recommended, subject to final inspection ☐ Not Recommended

☐ ADDITIONAL BAR PERMIT

☐ Recommended ☐ Recommended, subject to final inspection ☐ Not Recommended

☐ OTHER

☐ Recommended ☐ Recommended, subject to final inspection ☐ Not Recommended

Signed:

_____

Signature and Title
TROY POLICE DEPARTMENT

Date: _____

9/5/06

Req ID #371055

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LIQUOR CONTROL COMMISSION

RESOLUTION

At a _____ meeting of the _____
(Regular or Special) (Township Board, City or Village Council)

called to order by _____ on _____ at _____ P.M.

The following resolution was offered:

Moved by _____ and supported by _____

That the request TO TRANSFER OWNERSHIP OF 2006 CLASS C LICENSED BUSINESS WITH DANCE PERMIT, LOCATED IN ESCROW AT 1090 ROCHESTER, TROY, MI 48084, OAKLAND COUNTY, FROM MKC INC., TO NCJ ACQUISITIONS, INC.

be considered for _____
(Approval or Disapproval)

APPROVAL	**DISAPPROVAL**
Yeas: _____	Yeas: _____
Nays: _____	Nays: _____
Absent: _____	Absent: _____

It is the consensus of this legislative body that the application be:

_____ for issuance
(Recommended or not Recommended)

State of Michigan _____)

County of _____)

I hereby certify that the foregoing is a true and complete copy of a resolution offered and

adopted by the _____ at a _____
(Township Board, City or Village Council) (Regular or Special)

meeting held on _____ .
(Date)

SEAL

(Signed)_____
(Township, City of Village Clerk)

_____
(Mailing address of Township, City of Village)