

AGENDA

**Regular Meeting-Liquor Violation Hearings
of the**

**CITY COUNCIL
OF THE CITY OF TROY**

MARCH 3, 2004

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.

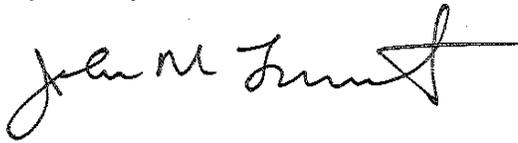
Identified below are goals for the City, which have been advanced by the governing body; and Agenda items submitted for your consideration are on course with these goals.

Goals

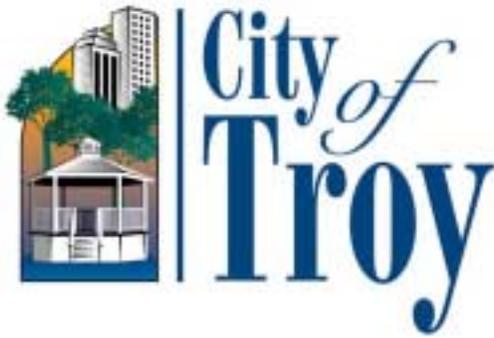
1. Minimize cost and increase efficiency of City government.
2. Retain and attract investment while encouraging redevelopment.
3. Effectively and professionally communicate internally and externally.
4. Creatively maintain and improve public infrastructure.
5. Protect life and property.

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John M. Lamerato". The signature is fluid and cursive, with a prominent loop at the end.

John M. Lamerato
Assistant City Manager/Finance and Administration



CITY COUNCIL

**Agenda-Regular Meeting
Liquor Violation Hearings
March 3, 2004 – 7:30 P.M.
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 Lambert	1
ROLL CALL	1
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PUBLIC COMMENT:	2
A. Items on the Current Agenda	2
PUBLIC HEARINGS	2
1.0 Liquor Violations (SDD-SDM): (a) Kelly’s Market, Inc. (dba: Kelly’s Market); (b) Rite Aid of Michigan, Inc. (dba: Rite Aid Discount Pharmacy #4268); (c) Shuwayhat Market, Inc. (dba: John’s Market); (d) Czaryd Enterprises, Inc. (dba: Troy Party Store); (e) Borman’s Inc. (dba: Farmer Jack Supermarket #789); (f) Rite Aid of Michigan, Inc. (dba: Rite-Aid Pharmacy #2731); and (g) Troy Paradise, Inc. (dba: Troy Paradise Party Store)	3
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NOTICE: People with disabilities needing accommodations for effective participation in this meeting should contact the City Clerk at (248) 524-3317 or via e-mail at clerk@ci.troy.mi.us at least two working days in advance of the meeting. An attempt will be made to make reasonable accommodations.

2.0 Liquor Violations (Class C): (a) Mon Jin Lau, Inc. (dba: Mon Jin Lau) and (b) Hooter's of Troy, Inc. (dba: Hooter's) 9

(a) Mon Jin Lau, Inc. (dba: Mon Jin Lau) 9

(b) Hooter's of Troy, Inc. (dba: Hooter's) 10

CALL TO ORDER

Invocation & Pledge of Allegiance – Mayor Pro Tem Lambert

ROLL CALL

Mayor Matt Pryor
Robin Beltramini
Cristina Broomfield
David Eisenbacher
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 public comment, 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:

Liquor Violations (SDD/SDM):

- a) Name: Kelly's Market, Inc. (dba: Kelly's Market)
Address: 6037 Rochester Road
License No.: SDD (15846-2002) & SDM (17017-2002)
- b) Name: Rite Aid of Michigan, Inc. (dba: Rite Aid Discount Pharmacy #4268)
Address: 3986 John R
License No.: SDD (11763-2002) & SDM (4339-2002)
- c) Name: Shuwayhat Market, Inc. (dba: John's Market)
Address: 75 E Square Lake
License No.: SDD (17367-2002) & SDM (17655-2002)
- d) Name: Czaryd Enterprises, Inc. (dba: Troy Party Store)
Address: 6990 John R
License No.: SDD (15685-2002) & SDM (11856-2002)
- e) Name: Bormans, Inc. (dba: Farmer Jack Supermarket #789)
Address: 2105 W South Blvd.
License No.: SDM (18011-2002)
- f) Name: Rite Aid of Michigan, Inc. (dba: Rite-Aid Pharmacy #2731)
Address: 1981 W South Blvd.
License No.: SDM (78430-2003)
- g) Name: Troy Paradise, Inc. (dba: Troy Paradise Party Store)
Address: 5945 John R
License No.: SDD (115945-2002) & SDM (115365-2002)

Postponed Liquor Violations (Class C):

- a) Name: Mon Jin Lau, Inc. (dba: Mon Jin Lau)
Address: 1515 E. Maple
License No.: Class C (353-2002)
- b) Name: Hooter's of Troy, Inc. (dba: Hooter's)
Address: 1686 John R
License No.: Class C (1737-2002)

1.0 Liquor Violations (SDD-SDM): (a) Kelly’s Market, Inc. (dba: Kelly’s Market); (b) Rite Aid of Michigan, Inc. (dba: Rite Aid Discount Pharmacy #4268); (c) Shuwayhat Market, Inc. (dba: John’s Market); (d) Czaryd Enterprises, Inc. (dba: Troy Party Store); (e) Borman’s Inc. (dba: Farmer Jack Supermarket #789); (f) Rite Aid of Michigan, Inc. (dba: Rite-Aid Pharmacy #2731); and (g) Troy Paradise, Inc. (dba: Troy Paradise Party Store)

(a) Kelly’s Market, Inc. (dba: Kelly’s Market)

Suggested Resolution

Resolution #2004-03-

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; and

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, March 3, 2004 for the following licensed establishment:

Name: Kelly’s Market, Inc. (dba: Kelly’s Market)
 Address: 6037 Rochester Road
 License No.: SDD (15846-2002) & SDM (17017-2002)

and having found violation of the following codes and/or regulations;

SALE TO MINOR (DPU-FOP), September 26, 2003 and **IMPROPER DISPLAY OF LICENSE** (FOP-Kocenda), December 26, 2003; and

WHEREAS, This licensee has had prior violations dated: November 28, 1987 – Sale to Minor; November 16, 1991 – Sale to Minor; March 28, 1995 – Sale to Minor (Seller found guilty at trial-\$100 fine); July 27, 1996 – Sale to Minor (Patrol Observation); February 21, 1997 – Sale to Minor (Patrol Observation); and October 28, 1998 – Sale to Minor (Compliance Test); and

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, March 3, 2004.

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 License Number SDD (15846-2002) & SDM (17017-2002 in the name of Kelly’s Market, Inc. 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:

(b) Rite Aid of Michigan, Inc. (dba: Rite Aid Discount Pharmacy #4268)

Suggested Resolution

Resolution #2004-03-

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; and

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, March 3, 2004 for the following licensed establishment:

Name: Rite Aid of Michigan, Inc. (dba: Rite Aid Discount Pharmacy #4268)
Address: 3986 John R
License No.: SDD (11763-2002) & SDM (4339-2002)

and having found violation of the following codes and/or regulations;

SALE TO MINOR (MLCC Compliance Test), July 11, 2003; and

WHEREAS, This licensee has had prior violations dated: December 9, 1996 – Sale to Minor (Compliance Insp.); October 28, 1998 – Sale to Minor (Compliance Insp.); October 27, 1999 – Sale to Minor (Compliance Test); April 24, 2001 – Sale to Minor (Compliance Test); February 28, 2002 - Sale to Minor (Compliance Test); and

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, March 3, 2004.

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 License Number SDD (11763-2002) and SDM (4339-2002) in the name of Rite Aid of Michigan, Inc. 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:

(c) Shuwayhat Market, Inc. (dba: John's Market)Suggested Resolution

Resolution #2004-03-

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; and

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, March 3, 2004 for the following licensed establishment:

Name: Shuwayhat Market, Inc. (dba: John's Market)

Address: 75 E Square Lake

License No.: SDD (17367-2002) & SDM (17655-2002)

and having found violation of the following codes and/or regulations; SALE TO MINOR, March 24, 2003 (Compliance Test); and

WHEREAS, This licensee has had prior violations dated: October 23, 1987 – Sale to Minor (Compliance Test); September 2, 1988 – Sale to Minor (Compliance Test); and May 10, 2001 – Sale to Minor (Compliance Test); and

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, March 3, 2004.

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 License Number SDD (17367-2002) and SDM (17655-2002) in the name of Shuwayhat Market, Inc. 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:

(d) Czaryd Enterprises, Inc. (dba: Troy Party Store)Suggested Resolution

Resolution #2004-03-

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; and

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, March 3, 2004 for the following licensed establishment:

Name: Czaryd Enterprises, Inc. (dba: Troy Party Store)
Address: 6990 John R
License No.: SDD (15685-2002) & SDM (11856-2002)

and having found violation of the following codes and/or regulations; SALE TO MINOR (Compliance Test), October 27, 2003; and

WHEREAS, This licensee has had prior violations dated: May 18, 1984 – Sale to Minor (Patrol Observ.); August 24, 1998 – Sale to Minor (MLCC Compliance Test); and

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, March 3, 2004.

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 License Number SDD (15685-2002) and SDM (11856-2002) in the name of Czaryd Enterprises, Inc. 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:

(e) Bormans, Inc. (dba: Farmer Jack Supermarket #789)

Suggested Resolution

Resolution #2004-03-

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; and

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, March 3, 2004 for the following licensed establishment:

Name: Bormans, Inc. (dba: Farmer Jack Supermarket #789)
Address: 2105 W South Blvd.
License No.: SDM (18011-2002)

and having found violation of the following codes and/or regulations; SALE TO MINOR (Compliance Test), March 24, 2003; and

WHEREAS, This licensee has had prior violations dated: October 24, 2000 – Sale to Minor (Compliance Test); April 24, 2001 – Sale to Minor (Compliance Test); and

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, March 3, 2004.

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 License Number SDM (18011-2002) in the name of Bormans, Inc. 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:

(f) Rite Aid of Michigan, Inc. (dba: Rite-Aid Pharmacy #2731)

Suggested Resolution

Resolution #2004-03-

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; and

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, March 3, 2004 for the following licensed establishment:

Name: Rite Aid of Michigan, Inc. (dba: Rite-Aid Pharmacy #2731)
Address: 1981 W South Blvd.
License No.: SDM (78430-2003)

and having found violation of the following codes and/or regulations; SALE TO MINOR (Compliance Test), June 19, 2003; and

WHEREAS, This licensee has had a prior violation dated: February 28, 2002 – Sale to Minor (Compliance Test); and

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, March 3, 2004.

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 License Number SDM (78430-2003) in the name of Rite Aid of Michigan, Inc. 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:

(g) Troy Paradise, Inc. (dba: Troy Paradise Party Store)

Suggested Resolution

Resolution #2004-03-

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; and

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, March 3, 2004 for the following licensed establishment:

Name: Troy Paradise, Inc. (dba: Troy Paradise Party Store)

Address: 5945 John R

License No.: SDD (115945-2002) & SDM (115365-2002)

and having found violation of the following codes and/or regulations; SALE TO MINOR (Compliance Test), March 24, 2003; and

WHEREAS, This licensee has had no prior violations; and

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, March 3, 2004.

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 License Number SDD (115945-2002) and SDM (115365-2002) in the name of Troy Paradise, Inc. 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:

POSTPONED PUBLIC HEARINGS

2.0 Liquor Violations (Class C): (a) Mon Jin Lau, Inc. (dba: Mon Jin Lau) and (b) Hooter's of Troy, Inc. (dba: Hooter's)

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

Resolution #2004-03-

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; and

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 18, 2004, for the following licensed establishment:

Name: Mon Jin Lau, Inc. (dba: Mon Jin Lau)
 Address: 1515 E. Maple
 License No.: Class C (353-2002)

and having found violation for the following codes and/or regulations: SALE TO MINOR (Compliance Test) on October 29, 2003; and

WHEREAS, This licensee had prior violations dated October 15, 1978 – Sale to Minor; June 17, 1992 – Sale to Minor (Compliance Test); August 11, 1994 – Sale to Minor (Compliance Test); October 19, 2000 – Sale to Minor (Compliance Test); and

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 18, 2004;

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 License Number 353-2002 (Class C) in the name of Mon Jin Lau, Inc., in the City of Troy, **BE RENEWED/NOT BE RENEWED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(b) Hooter's of Troy, Inc. (dba: Hooter's)Suggested Resolution

Resolution #2004-02-

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; and

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 18, 2004, for the following licensed establishment:

Name: Hooter's of Troy, Inc. (dba: Hooter's)
Address: 1686 John R
License No.: Class C (1737-2002)

and, having found violation for the following codes and/or regulations: SALE TO MINOR (Compliance Test) on April 23, 2003; and

WHEREAS, This licensee had a prior violation dated November 22, 2001 – Serve Intoxicated Person (Traffic Accident); and

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 18, 2004;

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 License Number 1737-2002 (Class C) in the name of Hooter's of Troy, Inc., in the City of Troy, **BE RENEWED/NOT BE RENEWED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

Respectfully submitted,

John Szerlag, City Manager

2003 LIQUOR VIOLATIONS

The 7/11/03 violation at Rite Aid (3986 John R) was conducted by the MLCC. A copy of the incident report is not available. However, a copy of the disposition is included in this package. It called for a \$1,000 fine and suspension of the license if all employees were not server trained within 90 days.

The 9/26/03 violation at Kelly's Market (6037 Rochester) is to be heard by the MLCC on 2/23/03. The appearance ticket issued to the store clerk has not yet been adjudicated at District Court.

The 10/29/03 violation at Mon Jin Lau (1515 E. Maple) has not been adjudicated by the MLCC yet.

The 12/26/03 violation at Kelly's market (6037 Rochester) has not been adjudicated by the MLCC yet.

LCC Liquor Licensee History

Business name: **Kelly's Market**
 Address: 6037 Rochester Rd. (248) 879-8957
 Licensee: Majid Koza, Ron Asmar
 License type: **SDD** (15846-2002) **SDM** (17017-2002)
 Permits: Sunday Sales
 Comments: Licensed April 1987

Date	Troy Incident #	Type	Disposition	Date
5/25/85	85-14700	Sale to Minor	Fined \$100	11/18/85
*****UNDER OWNERSHIP OF KOZA & ASMAR*****				
11/28/87	87-37677	Sale to Minor	Fined \$400	1/19/88
01/19/89		Transfer to Ron Asmar		
11/16/91	91-34008	Sale to Minor	Fined \$400	5/18/92
3/28/95	95-10319	Sale to Minor (Seller found guilty at trial - \$100. fine)	Fined \$600	9/6/95
3/18/96	95-10319	Council hearing Received notice of compliance 11/23/96	TIPS train	
7/27/96	96-27200	Sale to Minor Patrol observation	Fined \$1300.	11/4/96
02/21/97	97-6609	Sale to Minor Patrol observation		
3/17/97	96-27200 97-6609	Council hearing: Recommend 14 day suspension to MLCC. MLCC refused.		
6/3/97	MLCC	Reported that Kelly's gave them an NSF check.		
7/25/97	97-6609	Fined \$1000. <u>and</u> five day suspension by MLCC (appealed).		
10/15/97	97-6609	MLCC appeal reduced suspension to Served 11/21 to 11/23/97	3 days \$1000 Fine	
10/28/98	98-43630	Sale to minor (Compliance test)	\$700 fine	03/17/99

01/13/99	99-01949	Liquor Inspection (Road Patrol)	NO VIOLATIONS
03/07/99	99-08866	Liquor Inspection (Road Patrol)	NO VIOLATIONS
03/22/99		City Council to recommend MLCC suspend license for 3 weeks and that all persons who sell alcohol be certified in TIPS/TAM BEFORE serving with proof being provided the Police Dept	
06/22/99	99-23600	Compliance Test	PASSED
08/11/99		Reminder letter sent for proof, deadline 09/01/99 Proof received 09/18/99	
07/25/00	none	Compliance Test	PASSED
08/27/00	00-31776	Liquor Inspection (Road Patrol)	NO VIOLATIONS
11/15/00	00-42348	Compliance Test	PASSED
01/13/01	01-01543	Liquor Inspection (Road Patrol)	NO VIOLATIONS
03/23/01	01-10008	Liquor Inspection (Road Patrol)	NO VIOLATIONS
04/24/01		Compliance Test	PASSED
06/15/01	01-21117	Liquor Inspection (Road Patrol)	NO VIOLATIONS
08/14/01	01-29114	Compliance Test	PASSED
09/01/01	01-31481	Liquor Inspection (Road Patrol)	NO VIOLATIONS
09/25/01	01-34500	Compliance Test	PASSED
10/16/01	01-37341	Liquor Inspection (Road Patrol)	NO VIOLATIONS
02/28/02	02-06379	Compliance Test	PASSED
05/12/02	02-14839	Liquor Inspection (Road Patrol)	NO VIOLATIONS
06/25/02	02-	Compliance Test	PASSED
07/07/02	02-21940	Liquor Inspection (Road Patrol)	NO VIOLATIONS
09/13/02	02-30330	Liquor Inspection (Road Patrol- Langbeen)	NO VIOLATIONS
10/16/02	02-34070	Compliance Test	PASSED
11/10/02	02-36718	Liquor Inspection (Road Patrol- Drewek)	NO VIOLATIONS
01/04/03	03-433	Liquor Inspection (Road Patrol- Drewek)	NO VIOLATIONS
03/06/03	03-6803	Liquor Inspection (Road Patrol- Drewek)	NO VIOLATIONS
03/24/03	03-8716	Compliance Test	PASSED
06/19/03	03-18534	Compliance Test	PASSED

07/15/03	03-21718	Liquor Inspection (Road Patrol- Barton)	NO VIOLATIONS
07/30/03	03-23564	Liquor Inspection (Road Patrol- Barton)	NO VIOLATIONS
09/09/03	03-28186	Liquor Inspection (Road Patrol- Barton)	NO VIOLATIONS
09/26/03	03-30013	Sale to Minor (DPU – FOP)	pending
10/27/03	03-33188	Compliance Test	PASSED
11/21/03	03-35857	Compliance Test	PASSED
12/26/03	03-39323	Improper Display of License (FOP- Kocenda)	pending

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED	TIMES(S) OCCURRED	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	03	30013
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)					LOCATION 2 (INTERSECTING STREET)				
04	CITY	STATE	ZIP	CODE	BUSINESS NAME	BUSINESS PHONE				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED	PATROL	GEOGRAPHIC	
06	NATURE OF OFFENSE #1		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
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 <input type="checkbox"/>	ACTIVITY	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
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 <input type="checkbox"/>	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 <input type="checkbox"/>	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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.		

T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE O <input type="checkbox"/> MAJOR INJURY L <input type="checkbox"/> SEVERE LACERATION	M <input type="checkbox"/> MINOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES	T <input type="checkbox"/> LOSS OF TEETH	F <input type="checkbox"/> FATAL
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES		
M 15	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	26 EMPLOYEE	98 STRANGER				
	02 CL-SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHLD 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 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER					

A 16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
A 17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY	STATE	ZIP		
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			

E 20	PERSON COMMENTS / CLOTHING			SUMMONS / CITATION NUMBER(S)					
S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

S 23	ARREST TYPE	FOR ON VIEW (No Warrant)	MULTIPLE ARREST INDICATOR	MULTIPLE <input type="checkbox"/> COUNT 1	CLEAR INDICATOR <input type="checkbox"/> N/A	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input checked="" 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"/> DISP
		<input type="checkbox"/> SUMMONS (No Custody)					11 <input type="checkbox"/> FIREARM	14 <input type="checkbox"/> SHOTGUN		<input checked="" type="checkbox"/> FOF	<input type="checkbox"/> PER
		<input checked="" type="checkbox"/> CUSTODY (Warrant)					12 <input type="checkbox"/> HANDGUN	15 <input type="checkbox"/> OTHER FIREARM	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	<input type="checkbox"/> MDT	<input type="checkbox"/> TEL

C 24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL	
A 25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.	
E 26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #		
R 27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED

S 28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	SEIZED DRUGS	TYPE	AMOUNT	MEAS
I 29	INVESTIGATING OFFICER(S)	REVIEWED BY:	ATTENTION TO:		

29 SAITTEFIELD / SGT. LIVINGSTON, BREWNE, NOVAL KOCKANA
 DB / Sgt. Gordon

PERSON REPORT

01	DATE 09 26 03	FR	SHIFT 09 99	PLATOON 025	BADGE 1 062	BADGE 2	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 30013
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CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITHN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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I 03	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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G 04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
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T 05	VICTIM CONNECTED TO OFFENSE 01 <input type="checkbox"/> 02 <input type="checkbox"/>	VICTIM TYPE 03 <input type="checkbox"/> INDIVIDUAL 04 <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	30 OTHERWISE KNOWN	REL / OFF #			
	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						

V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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I 09	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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G 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
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T 11	VICTIM CONNECTED TO OFFENSE 01 <input type="checkbox"/> 02 <input type="checkbox"/>	VICTIM TYPE 03 <input type="checkbox"/> INDIVIDUAL 04 <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 12	RELATIONSHIP OF VICTIM TO OFFENDER FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 13	01 SPOUSE	06 GRANDCHILD	10 STEPCCHILD	20 ACQUAINTANCE	25 CHILD OF "BG" PREVIOUS	30 OTHERWISE KNOWN	31 VICTIM WAS OFFENDER	REL / OFF #			
	02 C-L SPOUSE	07 GRANDCHILD	11 STEPSIBLING	21 FRIEND	26 HOMOSEXUAL REL.	32 FORMER DATING P/BG	33 RESIDENT (SAME HSEHLD)				
	03 PARENT	08 IN-LAW	12 OTHER FAMILY	22 NEIGHBOR	27 EX-SPOUSE	33 RESIDENT (SAME HSEHLD)	34 FORMER RESIDENT (SAME HSEHLD)				
	04 SIBLING	09 STEPPARENT	13 CHILD IN COMMON	23 BABYSITTEE (BABY)	28 EMPLOYEE						
	05 CHILD			24 DATING BOY / GIRL FRIEND	29 EMPLOYER						

V 14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 15	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> INDICATOR N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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V 22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 23	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> INDICATOR N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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30	INVESTIGATING OFFICER(S): SGT. LUDWIGSTON, NUNAK, SATTERFIELD, BROWNE	REVIEWED BY:	ATTENTION TO:
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TROY POLICE DEPARTMENT

PERSON REPORT

SUPP

500 W. Big Beaver - Troy, MI 48064-5285
ORI # MI6378400

PAGE 3 OF 7

01	DATE 09/26/03	DAY FR	SHIFT 27	PLATOON 49	BADGE 1 062	BADGE 2	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 30013
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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 02	CODE 2	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) ASHER RON	RAC W	SEX M	DOB 38	AGE
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I 03	ADDRESS 6037	(DIRECTION, STREET, SUFFIX, QUALIFIER) RUCHESTER	CITY TROY	STATE MI	ZIP 48098
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G 04	HOME PHONE (249) 350-9535	BUSINESS PHONE (249) 879-8957	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. OWNER OF BUSINESS
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T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 07	01 SPOUSE 02 CL SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	REL / OFF #		

V 06	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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G 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
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T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 13	01 SPOUSE 02 CL SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	REL / OFF #		

14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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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 (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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30	INVESTIGATING OFFICER(S): Sgt. LEWISTON	REVIEWED BY:	ATTENTION TO:
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TROY POLICE DEPARTMENT

PROPERTY REPORT

SUPP

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M18378400

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
	092603	FRI	09	09	207	025	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	03	30013

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 BEER		1394		BUDWEISER					
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 #					
	\$	\$	\$	123925	LOCKER #9						
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

07	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL				
		E I.D.		1		M.S.U.					
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 #					
	\$	\$	\$	123996	#9						
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				
		E BEER		2		COORS, BUDWEISER					
13	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.				
				2			4002				
14	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #					
	\$	\$	\$	123793	#9						
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:
	SGT. LIVINGSTON		

NARRATIVE REPORT

01	DATE 092603	DAY Fri	SHIFT 09	PLAT 99	BADGE 1 207	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	30013
----	----------------	------------	-------------	------------	----------------	---------	---	------------	------------	-------

I was in the area of 6037 Rochester to investigate reports of the business, Kelly's Party Store, selling alcoholic beverages to minors, particularly students at Troy High School.

At about 7:30 PM this date I saw a silver 2002 Honda (VZX336) enter the parking lot at Emerald Square located at Square Lake and Rochester Roads in the City of Troy. The vehicle was occupied by two w/m's who, in my judgment, appeared to be under the age of 21 years. The vehicle backed into a parking space northeast of the entrance to Kelly's. The passenger in the vehicle, later identified as _____ exited the vehicle and walked into the store. Mr. _____ was wearing a red down vest type jacket with a long sleeve white shirt underneath it. A short time after Mr. _____ entered the store I saw him place a case of Budweiser Beer on the counter directly in front of the cashier, Luay Meram. Mr. _____ handed some money to Mr. Meram, who was speaking on a phone. After the transaction was complete Mr. _____ exited the store and walked toward the Honda still occupied by the driver, later identified as Mr. _____. Mr. _____ was carrying two cases of Budweiser Beer and a plastic bag containing two other large bottles. As Mr. _____ approached the trunk of the vehicle the trunk lid began to rise. It appeared that the trunk was opened from within the car because Mr. _____ hands were full and he had no key. I was in a parked vehicle three spaces south of where the Honda was parked and had a clear view of the vehicle. After the beer was placed inside the trunk the trunk was closed and Mr. _____ entered the passenger side of the vehicle. The vehicle then left the lot and entered westbound Square Lake Road at a high rate of speed. I followed the vehicle west on Square Lake and caught up to the vehicle as it was stopped at a red light at Livernois. I notified dispatch to have a marked police unit respond to the area for a traffic stop. Officer Kocenda responded to the call and eventually stopped the vehicle on Square Lake just west of Coolidge.

Officer Kocenda spoke with both occupants and determined that neither of them was 21 years of age. Mr. _____ assisted Officer Kocenda in retrieving the beer from the trunk of the vehicle. The beer was confiscated and tagged # 123793 (2-40 ounce bottles of beer) as evidence. The two 18-pack Budweiser Beer cases were tagged # 123925 and 123794 as evidence.

During the investigation on the street Mr. _____ wrote a statement indicating that as he approached the counter with the beer he threw his Michigan State ID card on the counter. There is no DOB on the card. Mr. _____ said that the cashier was on the phone and did not ask him any questions related to his age nor did he ask for any ID. Mr. _____ paid for the beer and exited the store.

Mr. _____ told me at the scene that this is about the third time that he has bought beer at Kelly's and he was successful every time he bought.

A check of Mr. _____ showed that he is wanted on a felony warrant for manufacturing marijuana. The warrant was confirmed by MSP.

Officer Kocenda located a false Colorado Drivers License in Mr. _____'s name showing him to be 22 years of age.

Mr. _____ insisted that he used his Michigan State student ID card tonight, as indicated in his narrative.

The Michigan State ID card was confiscated and tagged # 123996 as evidence.

INVESTIGATING OFFICER(S) Sgt. David Livingston #207	REVIEWED BY <i>ADL #207</i>	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT

01	DATE 092603	DAY Fri	SHIFT 09	PLAT 99	BADGE 1 207	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	30013
----	----------------	------------	-------------	------------	----------------	---------	---	------------	------------	-------

The bogus Colorado Drivers license was confiscated and tagged # 123995 as evidence.

Mr. [redacted] was issued summons # 658475 for #1 minor in possession and #2 unlawful possession of fictitious license.

Mr. [redacted] was issued summons # 658474 for #1 transport of alcoholic beverage in a motor vehicle and a CI for speeding 55 in a 45 zone. (I paced him at over 55 MPH as he was traveling west on Square Lake from Livernois and again from Crooks before he was stopped by Ofc. Kocenda.)

Mr. [redacted] was transported to the Troy lockup facility by Ofc. Kocenda. Mr. [redacted] posted \$ 233.00 bond on the Troy charges and was held pending pickup by MSP on 09-27-03.

See Ofc. Kocenda supplement for further information.

Mr. Meram was issued summons # 646363 for #1 Fail to make diligent inquiry as to a persons age and #2 Sell alcohol to a person under the age of 21.

A LCC violation form was completed and will be submitted the Liquor Control Commission for review.

INVESTIGATING OFFICER(S) Sgt. David Livingston #207	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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State of Michigan Uniform Law Citation Ticket No. **658475** Victim Involved

US DOT # Incident No. **025-30013** Dept. No. **784**

The People of the State of Michigan Township City Village County Local Use/Arrest No. Detection Device **DSP**

OF TROY BAC **1st**

THE UNDERSIGNED SAYS THAT ON Month **09** Day **26** Year **03** At approximately A.M. P.M. Date of Birth Month **06** Day **18** Year **84**

State **MI** Driver's License Number Social Security No.

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First Middle Last) **W M**

City **Troy** State **MI** Zip Code **48063**

Vehicle Plate No. **VZK 336** Year **03** State **MI** Vehicle Description (Year, Make, Color) **Honda Civic SI PA** Type **PA**

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

UPON **W/B SQUARE LK**

AT OR NEAR **CRASH**

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COURTY 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"/> Authorization pend.	98.10.03	MIP - Possession	
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Waiv	100.5.64(1)	Unauthorized Poss of Firearms	
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.		OPS (FRESH)	
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Waiv		COLORADO	

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

FELONY WARRANT - MARIJUANA SALES - MSP LANSING ENTERED 8/03

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$ **TRD**
 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 **10/08/03 @ 2:30 PM**
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 48064
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 **Kevin Livingston** Month **09** Day **26** Year **03**

Officer's Name (printed) **KACENOR / Livingston** Officer's ID No. **301207**

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

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

Ticket No. **658475**

Name

Case No.

State of Michigan Uniform Law Citation Ticket No. **658474** Victim Involved

US DOT # _____ Incident No. **23-3007** Dept. No. **784**

The People of the State of Michigan Local Use/Arrest No. _____ Detention Device **DISP**

Township City Village County OF: **TROY** BAC _____ of _____

THE UNDERSIGNED SAYS THAT ON: Month **09** Day **26** Year **03** At approximately A.M. P.M. Date of Birth Month **11** Day **11** Year **83**

State **MI** Driver's License Number _____ Social Security No. _____

Race **W** Sex **M** Height _____ Weight _____ Hair _____ Eyes _____ Occupation/Employer _____

City **TROY** State **MI** Zip Code **48068**

Vehicle Plate No. **2X 336** Year **MI** Vehicle Description (Year, Make, Color) **Honda Civic Silver** Type **Passenger**

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

UPON **MB SOURCE IR**

AT OR NEAR **Accidjidge**

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING Charge

Type	Ordinance	Description (include any bond amount collected on each charge)	No.
<input checked="" type="checkbox"/> Misd	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.	
<input type="checkbox"/> Fel	<input type="checkbox"/> Fug	<input type="checkbox"/> Authorization pend.	
<input type="checkbox"/> Fel	<input type="checkbox"/> Warn	106 Speeding 55/45	1
<input checked="" type="checkbox"/> C/I	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.	
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug	<input type="checkbox"/> Authorization pend.	
<input type="checkbox"/> Fel	<input type="checkbox"/> Warn	98.10.05 UNDER ILLI TRANSPORT IN MOTOR VEH	2
<input type="checkbox"/> C/I	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.	
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug		3
<input type="checkbox"/> Fel	<input type="checkbox"/> Warn		

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) 1 _____ 2 _____ 3 _____

Key (or Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive Weiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks **FACEO by Sgt Livingston**

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 **10/22/03 @ 9:30**

Hearing Date (if applicable) on _____ Contact Court

Juvvenile Traffic Misc. (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 48064
PHONE: (248) 528-0400

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable _____ Month **09** Day **26** Year **03**

Officer's Name (printed) **ROSEMARY, LIVINGSTON** Officer's ID No. **301207**

Agency ORI _____ Agency Name **TROY POLICE DEPARTMENT**

MI-6378400 UC-01a (rev. 9/02) Court Copy-1

Ticket No. **658474** Name _____ Case No. _____

The People of the State of Michigan Local Use/Arrest No. 132 Detection Device

Township City Village County

OF: **TROY** BAC 1 of 1

THE UNDERSIGNED SAYS THAT ON: Month 07 Day 20 Year 03 At approximately A.M. P.M. Date Month 12 Day 17 Year 01

State MI Driver's License Number M1250 320 788457 Social Security No. _____

Race _____ Sex _____ Height _____ Weight _____ Hair _____ Eyes _____ Occupation/Employer _____

Name (First, Middle, Last) ADAY SAKIM NERAM

Street 27025 SHELBORNE

City TROY State MI Zip Code 48063

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 6037 ROAKESTER

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"/> Authorization pend.	<u>10.11</u>	<u>FAIL TO LOCATE AS TO AGE</u>	<u>1</u>
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Waiv	<u>10.00</u>	<u>SELL RECORDS TO PERSON UNDER 21</u>	<u>2</u>
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			<u>3</u>
<input type="checkbox"/> Misd <input type="checkbox"/> Fug			
<input type="checkbox"/> Fel <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s)
 1 MISD 2 MISD 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 on or before 07-15-2003 8:30 AM

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 received a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
 I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable _____ Month 09 Day 20 Year 03

Officer's Name (printed) N. LEVINSKY Officer's ID No. 162

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

UC-01a (rev. 11/95) Court Copy 1

Ticket No. **646363**
 Name

Case No.

NARRATIVE REPORT

01	DATE 9-26-03	DAY FRI	SHIFT 02	PLAT 02	BADGE 1 030	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEA R 03	30013
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Incident: Assist to Directed Patrol Unit

Location: Square Lake and Coolidge Rd.

Information:

Writer responded to the listed location to assist DPU Sgt Livingston for a requested traffic stop on a motor vehicle. U/A to the area, writer observed Sgt Livingston approaching the intersection headed W/B on Square Lake. Writer was advised that the vehicle was to be stopped for a 10 MPH 55/45 speeding violation and for Minor in Possession of Intoxicants.

Writer stopped the vehicle just west of Coolidge on Square Lake. Writer approached and made contact with the driver, and the lone passenger. The vehicle involved was a silver Honda Civic (Mi/vzx336). Writer requested the driver's information (license, registration and proof of insurance). provided his Mich. Temp Ops from a previous Zero Tolerance arrest out of Troy in June 2003, registration and proof of insurance. Writer inquired about their being any intoxicants in the vehicle. denied same stating that there was no intoxicants in the vehicle. Writer advised him that it was known that there was beer in the vehicle and that based on his operators license, he was 19 years old and should not possess these items then answered that the beer was in the trunk and it was his. Writer requested his license. He replied that he did not have it with him. He presented his Michigan State University Student identification card.

Sgt. Livingston arrived at the scene. Writer spoke to outside the vehicle. He advised writer that he entered Kelly's Party Store at Rochester and Square Lk, selected the two cases of beer and the bottled beer, proceeded to the register where a white male with a "goatee" processed the sale. He stated that he produced his MSU student I.D. that did not have any birth date printed on its face or back of the card. The sale was rung up and he was allowed to take the beer and leave. He stated further that he has done this at least two possibly three other occasions with the same white male clerk conducting the sale voluntarily completed a witness statement indicating the events surrounding the purchase of

INVESTIGATING OFFICER(S) Kocenda #30	REVIEWED BY <i>[Signature]</i>	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT

01	DATE 9-26-03	DAY FRI	SHIFT 02	PLAT 02	BADGE 1 030	BADGE 2	INCIDENT STATUS _ CLR ARREST _ UNF _ CLR EXCEPT _ INACT	PRIM CLASS	YEA R 03	30013
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the intoxicants at Kelly's. [redacted] is currently on probation out of the 52-3 District Ct in Rochester for MIP. He has another MIP prior to that out of our court. This offense is MIP #3. While checking [redacted] in LEIN, he returned with a felony warrant out of MSP E. Lansing for "Delivery of Marijuana" bond \$1000. The warrant was confirmed as valid. Writer placed [redacted] under arrest on the warrant, handcuffed same DLTC, searched him and placed him in the rt. rear of vehicle 965. Writer returned to the vehicle and conducted a search of the area immediately within the control of [redacted] while inside the vehicle.

Upon checking the interior, writer observed a Colorado Ops with a derivative configuration of [redacted] s real name jammed down between the front passenger seat and the center console (area immediately adjacent to [redacted] s left hand and arm while seated in the vehicle). The Colorado Ops has the name [redacted] DOB:01-21-1981 with an address of [redacted] Leadville, Co. 80461" In comparison to [redacted] real identity: Blake is his middle name, the address [redacted] is his real street address here in Troy. Writer is unsure at this time if Leadville Colorado exists.

The ops was confiscated and placed into evidence on tag#123995.

At the station, [redacted] was processed. He was issued citation 658475 A-B for MIP (possession) and Unlawful Possession of a Fictitious Ops. A court date of 10-08-03 was assigned. The driver, [redacted] was issued citation 658474 A-B for speeding 55/45 and Unlawful Transport of Intoxicants while Under 21 in a Motor Vehicle. [redacted] nas \$233 on his person at arrest. That money was received with permission as bond in full on our charges per Sgt. Schaufler reduced from \$250 scheduled bond. MSP was notified by Communications. They advised that they would be making arrangements to pickup later tonight or in the morning.

INVESTIGATING OFFICER(S) Kocenda #30	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT
WITNESS STATEMENT

SUPP CORR DELETE

01	DATE 092603	DAY FR	SHIFT 09	PLAT 019	BADGE 1 089	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 30013
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02 Statement of: DOB 6/18/84 Home Phone: 248 874-7030

03 Address: _____ Business Phone: _____

04 City: Troy State: MI Zip: 48098

05 _____

06 I walked into Kelly's, then proceeded to the back cooler.
07 I picked up 2 18-packs, and 2 40oz's beers. At then
08 proceeded to register, and waited in line. After waiting for
09 the machine to be fixed, I was then waited on. At then paid for
10 the beer and walked out of the store.
11

12 The owner was about 30-40 and was a heavier build. He
13 had a goatee.
14

15 I used my Michigan state ^{student} ID and it did not have my
16 birthdate on it.
17

18

19

20

21

22

23

24

25

26

27

28 Taken By: [Signature] 30 [Signature]
(SIGNATURE) (SIGNATURE)

29 Place: _____ Date: _____ Time: _____

INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO
SATTERFIELD/KOCENDA

Jon



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 15846-2003 SS Business ID 11456 File # _____

1. Name of Licensee KELLY'S MARKET, INC. 2. Doing Business As Kelly's Market

3. Mailing Address (street, city, zip code) 6037 Rochester Road

4. Township Troy 5. County Oakland

6. Type of License(s) & Permit(s) SDD/SDM

7. Date of Violation: Friday 09/26/03 7:30 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 06/18/84 Was this a DECOY ? Yes No If no, you MUST answer below:
If above minor violation was NOT a decoy describe enforcement action taken:
Summons #658475 issued for (1) minor in possession and (2) unlawful possession of fictitious license

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 03-30013

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

Officer Signature [Signature] Name and Title (print) Patrick Browne, Officer

Officer Signature [Signature] Name and Title (print) David Livingston, Sergeant

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

WITNESSES

1. Name Sergeant David Livingston Address 500 West Big Beaver Road; Troy MI

Will testify to: Sale of alcohol to minor

2. Name Officer Patrick Browne Address 500 West Big Beaver Road; Troy MI

Will testify to: Information from liquor license and violation issued

3. Name Officer David Kocenda Address 500 West Big Beaver Road; Troy MI

Will testify to: Traffic stop and recovery of beer

4. Name : _____ Address (_____

Will testify to: Purchase of beer

5. Name _____ Address _____

Will testify to:

EVIDENCE

Location Held (Explain): Two 40-ounce bottles of beer (Tag #123793)
One 18-pack Budweiser beer (Tag #123925)
One 18-pack Budweiser beer (Tag #123794)
One Michigan State University ID card (Tag #123996)

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/31
XFER TKT# 01 03 646363 A
CASE 03 004155 PS 01 TYPE OM DEF NAME LUAY, SALIM, MERAM,
SOC SEC 000000000 SEX M RACE DOB 121772 LIC # MI M650560758957
ATTY BAR # P60737 NAME ANDRE MARION SOKOLOWSKI

OFFENSE 2690 000 FAIL TO INQUIRE AS TO AGE DATE 092603 CONV CODE
CHARGE CODE JUDGE 10
DISP AT COND DATE 013104
SENTENCE DATE 013104 ARREST DATE JUDGMENT PRINT DATE 000000
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 SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN#
CTN # SID # CLEMIS # 003-30013 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 004155 MSP PDC C001 SEQ FUNCTION DS MODE

Improper Display of License

LCC Liquor Licensee History

Business name: **Kelly's Market**
Address: 6037 Rochester Rd. (248) 879-8957
Licensee: Majid Koza, Ron Asmar
License type: **SDD** (15846-2002) **SDM** (17017-2002)
Permits: Sunday Sales
Comments: Licensed April 1987

Date	Troy Incident #	Type	Disposition	Date
5/25/85	85-14700	Sale to Minor	Fined \$100	11/18/85
*****UNDER OWNERSHIP OF KOZA & ASMAR*****				
11/28/87	87-37677	Sale to Minor	Fined \$400	1/19/88
01/19/89		Transfer to Ron Asmar		
11/16/91	91-34008	Sale to Minor	Fined \$400	5/18/92
3/28/95	95-10319	Sale to Minor (Seller found guilty at trial - \$100. fine)	Fined \$600	9/6/95
3/18/96	95-10319	Council hearing Received notice of compliance 11/23/96	TIPS train	
7/27/96	96-27200	Sale to Minor Patrol observation	Fined \$1300.	11/4/96
02/21/97	97-6609	Sale to Minor Patrol observation		
3/17/97	96-27200 97-6609	Council hearing: Recommend 14 day suspension to MLCC. MLCC refused.		
6/3/97	MLCC	Reported that Kelly's gave them an NSF check.		
7/25/97	97-6609	Fined \$1000. <u>and</u> five day suspension by MLCC (appealed).		
10/15/97	97-6609	MLCC appeal reduced suspension to Served 11/21 to 11/23/97	3 days \$1000 Fine	
10/28/98	98-43630	Sale to minor (Compliance test)	\$700 fine	03/17/99

01/13/99	99-01949	Liquor Inspection (Road Patrol)	NO VIOLATIONS
03/07/99	99-08866	Liquor Inspection (Road Patrol)	NO VIOLATIONS
03/22/99		City Council to recommend MLCC suspend license for 3 weeks and that all persons who sell alcohol be certified in TIPS/TAM BEFORE serving with proof being provided the Police Dept	
06/22/99	99-23600	Compliance Test	PASSED
08/11/99		Reminder letter sent for proof, deadline 09/01/99 Proof received 09/18/99	
07/25/00	none	Compliance Test	PASSED
08/27/00	00-31776	Liquor Inspection (Road Patrol)	NO VIOLATIONS
11/15/00	00-42348	Compliance Test	PASSED
01/13/01	01-01543	Liquor Inspection (Road Patrol)	NO VIOLATIONS
03/23/01	01-10008	Liquor Inspection (Road Patrol)	NO VIOLATIONS
04/24/01		Compliance Test	PASSED
06/15/01	01-21117	Liquor Inspection (Road Patrol)	NO VIOLATIONS
08/14/01	01-29114	Compliance Test	PASSED
09/01/01	01-31481	Liquor Inspection (Road Patrol)	NO VIOLATIONS
09/25/01	01-34500	Compliance Test	PASSED
10/16/01	01-37341	Liquor Inspection (Road Patrol)	NO VIOLATIONS
02/28/02	02-06379	Compliance Test	PASSED
05/12/02	02-14839	Liquor Inspection (Road Patrol)	NO VIOLATIONS
06/25/02	02-	Compliance Test	PASSED
07/07/02	02-21940	Liquor Inspection (Road Patrol)	NO VIOLATIONS
09/13/02	02-30330	Liquor Inspection (Road Patrol- Langbeen)	NO VIOLATIONS
10/16/02	02-34070	Compliance Test	PASSED
11/10/02	02-36718	Liquor Inspection (Road Patrol- Drewek)	NO VIOLATIONS
01/04/03	03-433	Liquor Inspection (Road Patrol- Drewek)	NO VIOLATIONS
03/06/03	03-6803	Liquor Inspection (Road Patrol- Drewek)	NO VIOLATIONS
03/24/03	03-8716	Compliance Test	PASSED
06/19/03	03-18534	Compliance Test	PASSED

07/15/03	03-21718	Liquor Inspection (Road Patrol- Barton)	NO VIOLATIONS
07/30/03	03-23564	Liquor Inspection (Road Patrol- Barton)	NO VIOLATIONS
09/09/03	03-28186	Liquor Inspection (Road Patrol- Barton)	NO VIOLATIONS
09/26/03	03-30013	Sale to Minor (DPU – FOP)	pending
10/27/03	03-33188	Compliance Test	PASSED
11/21/03	03-35857	Compliance Test	PASSED
12/26/03	03-39323	Improper Display of License (FOP- Kocenda)	pending

INCIDENT REPORT

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRACTION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR	INCIDENT NUMBER	
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED		TIMES(S) OCCURRED		ASSIGNED HOUR / DAY		
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						LOCATION 2 (INTERSECTING STREET)				
04	CITY	STATE	ZIP	CODE	BUSINESS NAME			BUSINESS PHONE			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL	GEOGRAPHIC		
06	NATURE OF OFFENSE #1	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING		
07	NATURE OF OFFENSE #2	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# 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	WEAPON	# 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	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS		

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBL

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
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.					

T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 CL SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN	REL / OFF #		

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
A 17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)		CITY					STATE	ZIP		
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE		
R 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #						
E 20	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)				

S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER	
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input 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 ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL	

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
26	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #				
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK						SEIZED DRUGS	TYPE	AMOUNT	MEAS

29	INVESTIGATING OFFICER(S):	REVIEWED BY:	ATTENTION TO:
	Kirana #30	JR	DB - LLC (owner) Det. Gordon

NARRATIVE REPORT

01	DATE 12-26-03	DAY Fri	SHIFT 02	PLAT 02	BADGE 1 030	BADGE 2	INCIDENT STATUS _ CLR ARREST _ UNF _ CLR EXCEPT _ INACT	PRIM CLASS	YEA R 03	39323
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Incident: LCC Inspection
 LCC Violation – Fail to Display Licenses in Prominent Manner

Location: Kelly's Market
 6037 Rochester Rd.

Information:

Writer and the afternoon shift members were assigned establishments with liquor licenses to conduct routine unannounced inspections of the premises in an infrequent manner. This date, writer conducted an inspection at the listed location along with one other that was assigned to me.

Upon arriving at the location, writer entered the establishment and observed a portion of a transaction between Meram and a younger looking female. As the female exited, writer verified her age through her Michigan driver's license. She was found to be within allowable age limits for sales of intoxicants. Writer waited for Meram to complete his counter sales with the remaining customers. I advised him that I was there to conduct a routine liquor establishment inspection. He allowed writer to inspect behind the counter.

Writer observed sitting on the counter a beer bottle in a brown plastic bag with approx 2-3 oz of beer remaining in the bottle. None of the customers in the establishment claimed the bottle during their transactions. The bottle was cool, uncapped and sitting in plain view on the counter. Writer asked Meram why the bottle was on the counter. He stated that it belonged to a customer, but never indicated that the customer had conducted a return for deposit on the bottle. He began asserting that the bottle was only there a short time. He then reviewed his security camera surveillance with writer. It was noted that the bottle was on the counter undisturbed for 5 minutes. During the 5-minute period, Meram waited on customers on an irregular basis affording him ample opportunity to remove the bottle. During the video it was noted that he walked past the bottle at least once without tending to it. This presents a possible LCC rule violation under section 1511.(1). The rule specifically states that "an off premises licensee who is not licensed as an on-premises licensee shall not have open containers of alcoholic liquor on the premises except for defective or sample bottles." Writer did not issue a violation under this section since it is possible that the bottle was left by a patron and discarded for disposal as asserted by Meram later. However, it should be noted that this establishment has a history of lax management tendencies. Meram should exercise better care in the management of his sales counter during his shift and was verbally advised of same.

Writer made another note during the inspection. Writer noted that the establishment licenses were not prominently displayed as required under section 1015.(1). It states "Licenses issued by the commission shall be signed by the licensee, shall be framed under transparent material, and **shall be prominently displayed** in the license premises." Writer had to ask Meram where his licenses were located. They were not readily visible and had to be pointed out to writer by Meram. The license was packaged as required but it was not prominently displayed. It was placed on the window side of the cash register in the corner on a stack of personal items and store property behind a clock along the corner of the window and south wall of the store. Meram acknowledged knowing that this was improper. Last summer, writer was in the store on a non-inspection related incident and warned a younger w/m who was working the counter then that the licenses needed to be placed in a proper manner. Approximately 5 months has elapsed and writer made the observation once again during this inspection. When violations are pointed out to staff members, officers are met with excuses and

INVESTIGATING OFFICER(S) KOCENDA #30	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT

SUPP CORR DELETE

01	DATE 12-26-03	DAY Fri	SHIFT 02	PLAT 02	BADGE 1 030	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEA R 03	39323
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assurances that the employee will make sure the violation is corrected. In all past dealings with the establishment, little or no corrective action takes place and store staff is tolerant of officers at best.

Writer will refer the matter to the Detective Bureau for a violation report.

INVESTIGATING OFFICER(S) KOCENDA #30	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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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. SDM17017-2003 Business ID 11456 File # _____
SDD15846-2003-SS

1. Name of Licensee KELLY'S MARKET INC 2. Doing Business As Kelly's Market

3. Mailing Address (street, city, zip code) 6037 Rochester Road; Troy; 48085

4. Township _____ 5. County Oakland

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

7. Date of Violation: _____ Friday 12/26/03 8:50 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: Failure to display license

if MINOR: Birth date _____ Was this a DECOY ? Yes No If no, you MUST answer below:
If above minor violation was NOT a decoy describe enforcement action taken:
Verbally advised clerk

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 03-39323

D-58194
Oakland
D-132.5

See attached report

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

Officer Signature *David Kocenda* Name and Title (print) David Kocenda, Officer

Officer Signature _____ Name and Title (print) _____

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

WITNESSES

1. Name _____ Address _____

Will testify to:

2. Name _____ Address _____

Will testify to:

3. Name _____ Address _____

Will testify to:

4. Name _____ Address _____

Will testify to:

5. Name _____ Address _____

Will testify to:

EVIDENCE

Location Held (Explain): No property taken from the premises as evidence.

D. Prohibited Conduct (continued)
- Off-premise licensees -

MLCC RULES:

Open containers, consumption

Rule 1511. (1) An off-premise licensee who is not licensed as an on-premise licensee shall not have open containers of alcoholic liquor on the premises except for a defective or sample bottle or can.

(2) An off-premise licensee who is not licensed as an on-premise licensee shall not allow the consumption of alcoholic liquor on the licensed premises, except for the consumption of the contents of sample bottles or cans. Only an off-premise licensee, or the clerk, servant, agent or employee of the off-premise licensee, may consume the contents of sample bottles or cans on the licensed premises. *[Off-premise Rules R 436.1511]*

Rule 1523. (1) An off-premise licensee shall not give bottle or can openers to purchasers and shall not open bottles or cans of alcoholic liquor for purchasers on the licensed premises.

(2) An off-premise licensee shall not knowingly allow a person to consume alcoholic liquor on property owned, leased, or possessed by the licensee adjacent to the licensed premises. *[Off-premise Rules R 436.1523]*

Delivery to minors

Rule 1527 An off-premise licensee shall not make a delivery of alcoholic liquor to any person under 21 years of age. *[MLCC Off-premise Rules R436.1527]*

Rule 1011. (6) A retail licensee shall not sell any alcoholic liquor off the licensed premises except for:

(b) An off-premise licensee may deliver a pre-ordered quantity of alcoholic liquor; however, a delivery shall not be made to any customer on the campus of any college or university unless the customer is licensed by the commission. *[MLCC General Rules R 436.1011]*

ON THE VIOLATION REPORT:

1. Indicate where, when and what type of alcoholic beverage was being consumed or delivered.
2. List any physical evidence seized (such as opened or unopened containers, or samples analyzed).

shall not refuse, fail or neglect to cooperate with a law enforcement officer, commission inspector or investigator in the performance of his or her duties to enforce the act or commission rules. [MLCC General Rules R436.1011]

✓ **NOTE:**

Due to the seriousness with which this charge is treated by the MLCC, it is advised that Rule 1011 be applied only in those instances where there is direct and deliberate interference with the officer's attempt to obtain evidence or information necessary to enforce the LCC or Rules. (Examples would include pushing or blocking movement of an officer outside or inciting customers to threaten an officer.) This charge should not be made when the lack of cooperation occurs as a result of a criminal investigation not related to the Liquor Control Code or MLCC Rules.

Display of license, permits

Rule 1015. (1) Licenses issued by the commission shall be signed by the licensee, shall be framed under transparent material, and shall be prominently displayed in the licensed premises.

(2) Permits issued by the commission to a licensee shall be framed under transparent material, and displayed prominently in the licensed premises adjacent to the liquor license. [MLCC General Rules R 436.1015]

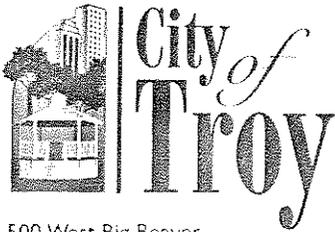
Suspension of license

Rule 1031. (1) A licensee shall not sell, offer for sale, furnish, consume, or allow the consumption of, alcoholic liquor on the licensed premises during the period that the license is suspended by the commission or an individual commissioner.

(2) During the time of suspension of a license by the commission, the notice of the suspension shall be continuously posted in a conspicuous place on the licensed premises in full view of the public.

[MLCC General Rules R 436.1031]

Rule 1061. Any permit issued to a licensee by the commission or any privilege granted to a licensee by the commission may be revoked or suspended by the commission or a hearing commissioner, after due notice and proper hearing, if the licensee or establishment no longer qualifies for the permit or the privilege or if the licensee is found to be in violation of the act or a commission rule which directly pertains to the permit issued or the privilege granted. [MLCC General Rules R 436.1061]



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

February 18, 2004

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Operations
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Technology
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

Kelly's Market, Inc.
 6037 Rochester Road
 Troy, Michigan 48085

Re: Liquor License: Kelly's Market
 6037 Rochester Road
 Troy, Michigan 48085

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, March 3, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD (15846-2002) SDM (17017-2002)
Violation Name: Sale to Minor & Improper Display of License
Violation Date(s): 9/26/2003 - 12/26/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes

Barbara A. Holmes, CMC
 Deputy City Clerk

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7002 1000 0004 9357 0718

TO: _____
 FROM: _____

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

Kelly's Market, Inc.
 6037 Rochester Road
 Troy, Michigan 48085

LCC

Liquor Licensee History

Business name: **Rite Aid Discount Pharmacy #4268**

Address: 3986 John R (313) 334-1300

Licensee: Rite Aid of Michigan, Inc.

License type: **SDD** (11763-2002) **SDM** (4339-2002)

Permits: Sunday Sales

Comments: Scott Reusze, Mgr. (5/99)

Date	Troy Incident #	Type	Disposition	Date
8/20/84		Council approved transfer of license to Paul Gabbara		
6/17/85		Council approved transfer of license to new building		
10/4/85	85-29395	Sale to minor	Dismissed	5/2/86
1/30/87	87-3181	Sale to minor	Dismissed	7/10/87
10/17/90	90-32241	Sale to minor (compliance test)	Fined \$200	10/21/91
5/23/91	91-14211	Sale to minor (compliance test)	Fined \$400	10/21/91
8/1/91		Request to transfer license to Sam Kilano	Withdrawn	3/20/92
11/4/92	92-33960	Sale to minor (compliance test)	Fined \$1000 & 3 day suspension	3/19/93
9/27/95	95-35601	Sale to minor (Compliance Insp)	Fined \$1000 & 3 day suspension	1/1/96
1/11/96		Request to transfer license to Rite Aid		
3/18/96	95-35601	Council hearing: No action, "Paul's Wine Cellar" closed, transfer to Rite Aid in process		
*****UNDER OWNERSHIP OF RITE AID OF MICHIGAN*****				
08/19/96		Council approves transfer to Rite Aid of Michigan		
12/9/96	96-45544	Sale to Minor (Compliance Insp.)	Fined \$400.	3/6/97
3/17/97	96-45544	Council hearing: Employee's not TIPS or TAM trained in last 90 days to be trained.		

10/28/98	98-43638	Sale to Minor (Compliance Insp.)	\$600	3/19/99
02/25/99	99-07624	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/08/99	99-08960	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/22/99		City Council recommends MLCC suspend license for 3 weeks and that all employees be TIPS/TAM trained BEFORE serving and proof be provided the Police Dept of same.		
05/??/99		Scott Reusze replaces Paul Gabarra as manager per Rite Aid Legal		
05/18/99	99-18438	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/22/99	99-23604	Compliance Test - PASSED		
08/11/99		Reminder letter sent for proof, deadline 09/01/99 Proof received 08/30/99		
10/27/99	99-41269	Sale to Minor (Compliance Test)	\$700	03/24/00
12/04/99	99-46310	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/25/00	none	Compliance Test	PASSED	
11/15/00	00-42336	Compliance Test	PASSED	
04/24/01	01-14106	Sale to Minor (Compliance Test)	DISMISSED Student Aide FTA	
08/14/01	01-29118	Compliance Test	PASSED	
09/25/01	01-34502	Compliance Test	PASSED	
10/17/01	01-37394	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/02/02	02-00112	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/19/02	02-05289	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/27/02	Council	Public Hearings for 2001 Violation(s)-Resolution requiring TIPS/TAM training for all employees who sell alcohol; proof to PD within 60 days; increased police surveillance; and this history file published in newspaper		
02/28/02	02-06351	Sale to Minor (Compliance Test)	\$900	7/3/02
04/19/02		Proof Received		
04/20/02	02-12147	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/13/02	02-18618	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/25/02	02-	Compliance Test	PASSED	
08/31/02	02-28780	Liquor Inspection (Road Patrol-Garcher)	NO VIOLATIONS	

10/16/02	02-34075	Compliance Test	PASSED
11/24/02	02-38173	Liquor Inspection (Road Patrol-Nastasi)	NO VIOLATIONS
01/03/03	03-281	Liquor Inspection (Road Patrol-Nastasi)	NO VIOLATIONS
02/10/03	03-4221	Liquor Inspection (Road Patrol-Nastasi)	NO VIOLATIONS
02/26/03	Council	Public Hearings for 2002 Violation(s)-Resolution to MLCC recommending that license NOT BE RENEWED; violations to be published monthly for one year in newspaper; re-certify all employees who sell alcohol in TIPS/TAMS; proof to PD within 90 days; provide PD with results of internal sting operation; PD to increase decoy operations to once per month for one year.	
03/24/03	03-8725	Compliance Test	PASSED
04/23/03	03-12094	Compliance Test	PASSED
05/26/03	03-15614	Liquor Inspection (Road Patrol-Owczarzak)	NO VIOLATIONS
05/29/03		Compliance Test	PASSED
06/16/03	03-18021	Liquor Inspection (Road Patrol-Owczarzak)	NO VIOLATIONS
06/19/03	03-18544	Compliance Test	PASSED
07/11/03	MLCC	Sale to Minor (MLCC Compliance Test)	pending
09/01/03	03-27316	Liquor Inspection (Road Patrol-Owczarzak)	NO VIOLATIONS
09/10/03		Compliance Test	PASSED
10/27/03	03-33199	Compliance Test	PASSED
11/21/03	03-35854	Compliance Test	PASSED



**City of
Troy**

Charles T. Craft, Chief of Police

**Gary G. Mayer, Captain
Edward J. Murphy, Captain
Dane M. Slater, Captain**

500 W. Big Beaver Troy, Michigan 48084 (248) 524-3443

Support Services Division Memorandum

TO: Chief Craft

FROM: Sgt. T. Gordon

DATE: July 15, 2003

RE: City Council resolutions regarding Rite Aid

On February 26, 2003, City Council held its Show Cause hearings for all of the liquor violations of 2002. A total of seven licensee's appeared before Council, and it was resolved that each establishment was to train their employee's in an approved server training program, and forward proof of this training to the police department. Each licensee was given 90 days to complete this training. To date, five of the seven businesses have forwarded proof of this; the exceptions being the Rite Aid located at 1981 W. South Blvd, and the Rite Aid at 3986 John R.

On May 27, 2003, I mailed notice to both stores that the time limit had passed, and that I had not received proof of the server training. I indicated that they were still responsible to complete this training even though the 90 days had lapsed. I have received no correspondence from either Rite Aid store.

It should be noted that on June 19, 2003, the Rite Aid at 1981 W. South Blvd was again cited for furnishing alcohol to a minor, as a result of a police department decoy operation. Today, I received notice that the Rite Aid at 3986 John R was also cited for furnishing alcohol to minor during a July 11, 2003, MLCC decoy operation.

MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION
7150 Harris Drive
P.O. Box 30005
Lansing, MI 48909

NOTIFICATION OF VIOLATION REPORT
(Authorized by MCL 436.33 & MAC 436.1905)

TO: Troy Police Department
Chief of Police
500 W. Big Beaver
Troy, Michigan 48084

DATE: July 14, 2003

This is to advise you that violation reports have been submitted by investigators of the Michigan Liquor Control Commission against the following licensees:

Name of Licensee: Rite Aid of Michigan, Inc.
D/b/a Rite Aid
3986 John R
Troy, Michigan 48083

on July 11, 2003 at 3:59 P.M.

The licensee has been charged with the following: 436.1801 Sec. 801 (2) - A retail licensee shall not sell, furnish or give alcoholic liquor to a minor. (controlled buy)

You will be notified of the disposition of the alleged violation after a hearing has been held and a decision has been made. If you have any questions, please contact the Enforcement Division at 517-322-1370.

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: RITE AID OF MICHIGAN, INC.
D/B/A RITE AID DISCOUNT PHARMACY #4268
3986 JOHN R
TROY, MI 48063

HEARING: OCTOBER 10, 2003
PLACE: FARMINGTON
COMPLAINT NO: 3-75119
BUSINESS ID NO. 9794
SDD SDM SS

CHARGES - JULY 11, 2003

- (1) Sold or furnished alcoholic liquor to unnamed minor decoy, X-117, date of birth January 18, 1984, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

NEGOTIATED SETTLEMENT

This matter comes before the Commission as a proposed negotiated settlement, the state being represented by Linda Pytel McDowell, Assistant Attorney General, and the Licensed Corporation being represented by Attorney Michael Brown. The presence of an officer of the Licensed Corporation was waived. Pursuant to Section 903 of the Michigan Liquor Control Code, MCL 436.1903, and Rule 436.1909 of the Michigan Liquor Control Commission (MLCC), the parties stipulated and agreed that:

- (1) the Licensed Corporation would acknowledge responsibility to the Charge in the Complaint;
- (2) the Administrative Law Judge will enter the Violation Report of the case and attachments thereto into the record as substantive evidence without objection and will further

take notice of the prior record of this Licensed Corporation since being licensed by the MLCC at the above location under current ownership;

(3) the Licensed Corporation would pay a maximum fine of \$1,000, with a three days suspension that will be waived upon presenting proof that all employees who sell alcohol are certified by TIPS or TAM or an equivalent alcohol management program within 90 days of this order;

(4) there would be no appeal of this decision to the Appeal Board or to any court of law, and if not approved, the hearing officer would not recuse himself upon a contested hearing of the matter.

ORDER

The Licensed Corporation has been licensed at this location since October 4, 1996 and after reviewing the Licensed Corporation's past record and the Violation Report setting forth the facts of this case, the Administrative Law Judge accepts the terms of the Negotiated Settlement and orders as follows:

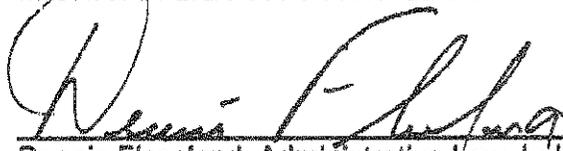
- (1) the plea acknowledging the Charge in this case be accepted;
- (2) the Violation Report and attachments are accepted as substantive evidence;
- (3) based upon the Violation Report and statements at the hearing, the Administrative Law Judge finds that the Licensed Corporation did violate Section 801(2) of the Michigan Liquor Control Code, MCL 436.1801(2) as alleged in the Charge in the Complaint;
- (4) for the charge for which a violation was found the Licensed Corporation is fined \$1,000;

(5) a suspension of 50 continuous days be imposed if the total fine of \$1,000 is not paid, with this suspension to be served consecutively and not concurrently with any other suspensions ordered by the MLCC for the Licensed Corporation;

(6) all licenses and permits issued by the Michigan Liquor Control Commission to this Licensed Corporation at this location be suspended for three consecutive days, the suspension will be waived upon presenting proof that all employees who sell alcoholic liquor are certified by TIPS or TAM or an equivalent alcohol management program within 90 days of this order;

(7) this Negotiated Settlement is a full and final disposition of the matter before the MLCC, recognizing that as to the Complaint, there is no further right of administrative or judicial appeal, either to the MLCC or a court of law and that there are no promises, stipulations, understandings or agreements other than those stated in the record, and this Order represents the final agreed settlement.

MICHIGAN LIQUOR CONTROL COMMISSION



Dennis Flessland, Administrative Law Judge

Dated: November 18, 2003

Linda Fytel McDowell
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

Michael J. Brown
Attorney at Law
The Phoenix Building, Suite 500
222 N. Washington Square
Lansing, MI 48933-1817

DF: 3-75119



City of
Troy

Charles T. Craft, Chief of Police

Gary G. Mayer, Captain
Edward J. Murphy, Captain
Dane M. Slater, Captain

500 W. Big Beaver Troy, Michigan 48084 (248) 524-3443

Support Services Division Memorandum

TO: Chief Craft

FROM: Sgt. Gordon

DATE: February 16, 2004

RE: Suspension of Liquor License at Rite Aid (3986 John R Rd.)

I have received an order from the Liquor Control Commission to confiscate the SDD-SDM liquor license held by Rite Aid at 3986 John R for a three-day period, beginning on Friday morning, February 20, 2004. This order was made during a negotiated settlement with Rite Aid, for an MLCC initiated decoy operation, which resulted in a sale to minor violation last summer. The order calls for a \$1,000 fine, along with mandatory TIPS/TAPMS training for all employees'. The suspension was to be waived if this training had occurred within 90 days. It does not appear that this was completed. I will personally confiscate the license, and will post an orange sign on the building indicating that the store was being sanctioned for its sale of alcohol to minors. I will pass this information along to the road patrol, so that the store can be monitored during the weekend.



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

February 18, 2004

- Area code (248)
- Assessing
524-3311
- Bldg. Inspections
524-3344
- Bldg. Operations
524-3368
- City Clerk
524-3316
- City Manager
524-3330
- Community Affairs
524-1147
- Engineering
524-3383
- Finance
524-3411
- Fire-Administration
524-3419
- Human Resources
524-3339
- Information Technology
619-7279
- Law
524-3320
- Library
524-3545
- Parks & Recreation
524-3484
- Planning
524-3364
- Police-Administration
524-3443
- Public Works
524-3370
- Purchasing
524-3338
- Real Estate & Development
524-3498
- Treasurer
524-3334
- General Information
524-3300

Rite Aid of Michigan, Inc.
 3986 John R
 Troy, Michigan 48083

Re: Liquor License: Rite Aid Discount Pharmacy #4268
 3986 John R
 Troy, Michigan 48083

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, March 3, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD (11763-2002) SDM (4339-2002)
Violation Name: Sale to Minor- MLCC
Violation Date(s): 7/11/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
 Deputy City Clerk

7002 1000 0004 9357 0701

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	
Rite Aid of Michigan, Inc. 1981 W South Blvd Troy, Michigan 48098	

LCC

Liquor Licensee History

Business name: **John's Market**

Address: 75 E. Square Lake (248) 879-8367

Licensee: Shuwayhat Market, Inc.

License type: **SDD (17367-2002) SDM (17655-2002)**

Permits: Sunday Sales

Comments:

Date	Troy Incident #	Type	Disposition	Date
10/29/77	77-22689	Sale to Minor	\$300 fine 7 day Suspension	02/10/78
02/10/79	79-02988	Sale to Minor	\$300 fine	
05/23/79	79-10823	Sale to Minor	\$150 fine	
01/03/86	86-00261	Sale to Minor	Nolle Prosse Minor in Army	01/29/87
*****UNDER OWNERSHIP OF MILA SHUWAYHAT*****				
10/23/87	87-33768	Sale to Minor (Compliance Test)	\$200 fine	07/21/88
09/02/88	88-27744	Sale to Minor (Compliance Test)	\$700 fine	11/21/88
06/22/99	99-23599	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/27/99	NONE	Compliance Test	PASSED	
07/25/00	none	Compliance Test	PASSED	
11/15/00	00-42355	Compliance Test	PASSED	
04/22/01	01-13768	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/24/01		Compliance Test	PASSED	
05/10/01	MLCC	Sale to Minor (Compliance Test)	pending	
07/08/01	01-24239	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/14/01	01-29113	Compliance Test	PASSED	
09/13/01	01-32944	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
09/25/01	01-34499	Compliance Test	PASSED	

10/31/01	01-39264	Liquor Inspection (Road Patrol)	NO VIOLATIONS
01/16/02	02-01628	Liquor Inspection (Road Patrol)	NO VIOLATIONS
02/28/02	02-06369	Compliance Test	PASSED
03/01/02	02-06442	Liquor Inspection (Road Patrol)	NO VIOLATIONS
04/08/02	02-11129	Liquor Inspection (Road Patrol)	NO VIOLATIONS
06/25/02	02-	Compliance Test	PASSED
07/06/02	02-21809	Liquor Inspection (Road Patrol)	NO VIOLATIONS
07/19/02	02-23388	Liquor Inspection (Road Patrol)	NO VIOLATIONS
08/28/02	02-28418	Liquor Inspection (Road Patrol-Klute)	NO VIOLATIONS
10/16/02	02-34066	Compliance Test	PASSED
12/16/02	02-40582	Liquor Inspection (Road Patrol-Wieg)	NO VIOLATIONS
01/13/03	03-1282	Liquor Inspection (Road Patrol-Wieg)	NO VIOLATIONS
02/10/03	03-4214	Liquor Inspection (Road Patrol-Wieg)	NO VIOLATIONS
03/24/03	03-8702	Sale to Minor (Compliance Test)	\$700 fine
06/19/03	03-18530	Compliance Test	PASSED
06/25/03	03-19306	Liquor Inspection (Road Patrol-Denny)	NO VIOLATIONS
09/12/03	03-28470	Liquor Inspection (Road Patrol-Denny)	NO VIOLATIONS
10/26/03	03-33022	Liquor Inspection (Road Patrol-Wolfe)	NO VIOLATIONS
10/27/03	03-33186	Compliance Test	PASSED
01/06/04	04-00477	Liquor Inspection (Road Patrol-Wolfe)	NO VIOLATIONS

INCIDENT REPORT

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER		
	032403	MON	09	99	006	089	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	05	8702		
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED	TIMES(S) OCCURRED	ASSIGNED HOUR / DAY					
	1905				032403	1905	19 MON					
03	LOCATION 1 / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)					LOCATION 2 (INTERSECTING STREET)						
	75 E. SQUARE LAKE					LIVERNOIS						
04	CITY	STATE	ZIP	CODE	BUSINESS NAME			BUSINESS PHONE				
	TROY	MI	48085		JOHN'S MARKET			248 879-8367				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED			PATROL	GEOGRAPHIC	
	LIQUOR STORE				4200	<input type="checkbox"/> PHONE <input checked="" type="checkbox"/> FOP	<input type="checkbox"/> PERSON <input checked="" type="checkbox"/> OTHER	<input type="checkbox"/> 911 <input type="checkbox"/> DISP	<input type="checkbox"/> PERSON <input type="checkbox"/> MDT	<input type="checkbox"/> MDT <input type="checkbox"/> OTHER	05	
06	NATURE OF OFFENSE #1		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)		
	LCC VIOLATION				COMP <input type="checkbox"/>					B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING		
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY			
					COMP <input type="checkbox"/>							
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY			
					COMP <input type="checkbox"/>							
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	OFFENSE COMMENTS		
					COMP <input type="checkbox"/>							

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	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE		
		48						WF		103083	19		
I 11	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY	STATE	ZIP				
	500	W. BIG BEAVER					TROY	MI	48084				
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.								
		248 524-3477			STUDENT ENFORCEMENT AIDE								
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	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	
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER						
	02 C-L 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							
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER							

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
		4301	KNACK, KEITH BRENT					WM		091473	29
A 17	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY	STATE	ZIP		
	47290	SUSAN DR.					MACOMB TWP.	MI	48044		
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
		248 879-8367									
R 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #						
	MI	K520465	098714								

E 20	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)						
	RAN REGISTER - NOT A PAID EMPLOYEE					632130						
S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER			
	FURNISH ALCOHOL TO A MINOR		032403	99	006	089MS						
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER			
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input 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 ARMED WITH (ENTER "A" IF AUTO)	01 UNARMED 11 FIREARM 12 HANDGUN	13 RIFLE 14 SHOTGUN 15 OTHER FIREARM	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PER <input type="checkbox"/> TEL

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED											
24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL				
	E	ALCOHOLIC BEVERAGE		6		BUDWEISER	BUD LIGHT				
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.				
		RED SIL									
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #					
				121605							
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
	6 PACK OF BUD LIGHT										
29	INVESTIGATING OFFICER(S)					REVIEWED BY:	ATTENTION TO:				
	BRAGG / SATTERFIELD										

PERSON REPORT

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
	032403	MON	09	99	006	089	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	03	8702

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 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	24		SHUWYAHAT, DAN	WM		033166	36

I 03	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	75	E. SQUARE LAKE	TROY	MI	48098

C 04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
					STORE OWNER

T 05	VICTIM CONNECTED TO OFFENSE	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE O <input type="checkbox"/> MAJOR INJURY	M <input type="checkbox"/> MINOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4							

I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	
	02 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 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

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

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

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

T 11	VICTIM CONNECTED TO OFFENSE	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE O <input type="checkbox"/> MAJOR INJURY	M <input type="checkbox"/> MINOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4							

I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	
	02 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 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

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

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

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

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

F 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

T 21	ARREST TYPE	ON VIEW (No Warrant)	SUMMONS (No Custody)	CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	MULTIPLE COUNT 1	N/A	CLEAR INDICATOR	Y	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 UNARMED	11 FIREARM	12 HANDGUN	13 RIFLE	14 SHOTGUN	15 OTHER FIREARM	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	30 CLUB / BRASS KNUCKLES	ARREST ORIGIN	DISP	

V 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 #

F 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

T 29	ARREST TYPE	ON VIEW (No Warrant)	SUMMONS (No Custody)	CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	MULTIPLE COUNT 1	N/A	CLEAR INDICATOR	Y	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 UNARMED	11 FIREARM	12 HANDGUN	13 RIFLE	14 SHOTGUN	15 OTHER FIREARM	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	30 CLUB / BRASS KNUCKLES	ARREST ORIGIN	DISP	

I 30	INVESTIGATING OFFICER(S)	REVIEWED BY:	ATTENTION TO:
	BRAGG / SATTERFIELD		

NARRATIVE REPORT

01	DATE 3/24/03	DAY Mon	SHIFT 9	PLAT 99	BADGE 1 89	BADGE 2 006	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 8702
----	-----------------	------------	------------	------------	---------------	----------------	---	---------------	------------	--------------------

RE: LCC Violation

Directed Patrol Unit working a Liquor Compliance Check with Student Enforcement Aide (19 yrs).

entered the John's Market store (75 E. Square Lake) and selected a 6 pack of Bud Light canned beer. presented the beer to the cashier Keith Knack. Knack rang up the sale without asking for I.D. or inquiring about age. paid for the beer and exited the store with the merchandise.

Knack stated that he is not a full time employee with the store; he is a wine salesman who happened to be in the store at the time. Knack was asked to fill in briefly by the owner, Dan Shuwyahat, who was busy at the time.

Knack stated that he thought was over 21 and he has not been TIPS/ TAMS trained.

Knack was issued a citation for furnishing alcohol to a minor (cit# 632130).

The owner, Dan Shuwyahat, was on scene and advised of the situation.

The LCC violation form was completed.

The beer was tagged into evidence with the grocery bag on tag # 121605.

INVESTIGATING OFFICER(S) Satterfield / Bragg	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
---	-------------	-------------------	--------------

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48084

ORI # MI6378400

NARRATIVE REPORT
WITNESS STATEMENT

SUPP

CORR

DELETE

PAGE 1 OF 1

01	DATE 03/24/03	DAY MON	SHIFT 09	PLAT 99	BADGE 1 006	BADGE 2 089	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 8702
----	------------------	------------	-------------	------------	----------------	----------------	---	--	------------	------------	--------------------

02 Statement of: _____ Home Phone: _____

03 Address: 500 W. Big Beaver (PLEASE PRINT) Business Phone: 524-3431

04 City: Troy State: MI Zip: 48064

05 I entered John's Market and took a 6-pack of Bud Light.

06 from the cooler. I brought it up to the register and a young

07 man came out from the back to ring up my purchase. His head

08 was shaved and he wore a gray college sweat shirt. He didn't ask

09 for ID, age, or birthday. He told me the amount and I payed him,

10 completing the sale

11

12

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23

24

25

26

27 X: _____ (SIGNATURE)

28 Taken By: *[Signature]* #6

29 Place: 500 W 16 TROY MI 48084 Date: 3/24/03 Time: 2030

INVESTIGATING OFFICER(S) *BRASS/SATTERFIELD* REVIEWED BY _____ ASSIGNED TO / BADGE _____ ATTENTION TO _____

State of Michigan Uniform Law Citation Ticket No. **No 632130** Victim Involved

US DOT # Incident No. **03-8702** Dept. No. **784**

The People of: the State of Michigan City Village County
 Township City Village County BAC **1** of **1**

OF: **TROY**
 THE UNDERSIGNED: Month **3** Day **24** Year **03** At approximately A.M. P.M. Date Month **9** Day **14** Year **73**
 SAYS THAT ON:

State **MI** Driver's License Number **K 520 465 098 714** Social Security No. _____

Race **W** Sex **M** Height _____ Weight _____ Hair _____ Eyes _____ Occupation/Employer _____

Name (First, Middle, Last) **KEITH BRENT KNACK**

Street **47290 SUSAN DR.**

City **MACOMB TWP.** State **MI** Zip Code **48044**

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 **JUNNS MARKET**

AT OR NEAR **75 E. SQUARE LAKE**

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fel	98.10.06	FURNISHING ALCOHOL TO A MINOR	1
<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"/> Fug <input type="checkbox"/> Waiv		2
<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"/> Fug <input type="checkbox"/> Waiv		3

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code **98.10.06** 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 **WINE SALESMAN**

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 **APRIL 23 2003 8:00 AM**
 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: **Keith Brent Knack** Month **3** Day **24** Year **03**

Officer's Name (printed): **BRACK, KATTERLIU** Officer's ID No: **06 089**

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

UC-01a (rev. 11/95) Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES
 ORDER BY FORM NO. M76 (Revised 11/95)
 FIDLAR DOUBLEDAY KALAMAZOO, MI

Victim Involved

Ticket No. **No 632130**
 Name

Case No.



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

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)

* Officers Please Obtain This Information From The License *

License No. SDD 17367-2002 55 Business ID 12089 File #
SDM 17655-2002

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee JOHN'S MARKET, SHUWAYHAT MARKET INC2. Doing Business As PARTY STORE

3. Mailing Address (street, city, zip code) 75 E. SQUARE LANE, TROY, MI 48066

4. Township _____ 5. County OAKLAND

6. Type of License(s) & Permit(s) SDD, SDM, SUNDAY SALES

7. Date of Violation: MONDAY 3-24-03 630 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: [X] 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 10-30-83 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 # 03-8702

Officer Signature [Signature] #89 Name and Title (print) ANDREW SATTERFIELD POLICE OFFICER

Officer Signature _____ Name and Title (print) RUSSELL BRAGG POLICE OFFICER

Department Name TROY P.D. Phone # 246-524-3477

WITNESSES

1. Name DAN SHAWYAHAT 3-31-66 Address 75 E. SQUARE LAKE, TROY, MI 48098

Will testify to: OWNER OF STORE

2. Name KEITH BRENT KNACK 9-14-73 Address 8746 ANTWERP DR. STERLING HGTS 48311

Will testify to: SOLD TO MINOR

3. Name OFC. RUSS BRAGG Address 500 W. 16 TROY MI 48084

Will testify to: ISSUING OFFICER

4. Name OFC. ANDREW SATTERFIELD Address 500 W. 16 TROY MI 48084

Will testify to: ISSUING OFFICER

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: _____

JENNIFER GRANHOLM
GOVERNOR



JUDITH M. ALLEN
CHAIRWOMAN

June 18, 2003

STATE OF MICHIGAN
LIQUOR CONTROL COMMISSION
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
DAVID C. HOLLISTER, DIRECTOR

SHUWAYHAT MARKET, INC.
D/B/A JOHN'S MARKET
75 E. SQUARE LAKE
TROY, MI 48098

3-700
fine

RE: Complaint No. 3-72739

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than July 21, 2003 as indicated on your Invoice No. 81981. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid, as only fines assessed are alternative to a suspension.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

A handwritten signature in cursive script that reads "Susan K. Conklin".

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:wls

Enclosure

cc: J Troy PD

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: SHUWAYHAT MARKET, INC.
D/B/A JOHN'S MARKET
75 E. SQUARE LAKE
TROY, MI 48098

HEARING: MAY 7, 2003
PLACE: FARMINGTON
COMPLAINT NO: 3-72739
BUSINESS ID NO. 12089
SDD SDM SS

CHARGES – MARCH 24, 2003

- (1) Sold or furnished alcoholic liquor to decoy _____, date of birth October 30, 1983, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

Daniel Shuwayhat, Treasurer of the above-named Licensed Corporation, appeared before this Commissioner and after being advised of his constitutional right to be represented by an attorney pursuant to Rule 436.1909(2), as promulgated in the Michigan Administrative Code, waived right to legal counsel and entered a plea of acknowledgment to the one charge stated in Case No. 3-72739 pursuant to Section 903 of the Michigan Liquor Control Code, MCL 436.1903 and Rule 436.1909(1) of the Michigan Liquor Control Commission (MLCC).

The Commissioner accepted said plea of acknowledgment after being assured it was entered voluntarily and with the full understanding of its meaning and implications.

On Motion of Linda McDowell, who represented all law enforcement in this matter, the Commissioner entered the Violation Report of this case and attachments thereto into the

record as evidence without objection.

The Commissioner believes and finds as fact, on the basis of the Violation Report, that one [REDACTED] while under the direction of the Troy Police Department, entered the above-named licensed establishment on March 24, 2003, and purchased alcoholic liquor from a temporary employee of the above-named Corporation without showing proper proof of age.

The Commissioner further believes and finds as fact, on the basis of her statements, that [REDACTED] was nineteen (19) years of age at the time of the incident. The Commissioner further concluded from her appearance at the hearing that said decoy looked her true age of 19; the Commissioner also concluded that a prudent person would not mistake said Elizabeth Spix of being of legal drinking age without making a further diligent inquiry.

The Commissioner further finds that the employee of the Corporation in this case neither demanded, nor was shown proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

CONCLUSION

Based upon the aforementioned Plea and Findings of Fact, the Commissioner concluded that the Corporation in Case No. 3-72739 did violate MCL 436.1801(2), as cited in the one charge of the Complaint in this matter.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Corporation's total record, which shows one previous violation since being licensed on November 30, 1990 at the above location under the current ownership.

The Commissioner, therefore, Orders a fine of \$700 as penalty in this matter. The Commissioner further Orders that a suspension of thirty-five (35) continuous days be imposed if the fine is not paid with this suspension, if served, to run consecutively and not concurrently with any other suspension Ordered by the Michigan Liquor Control Commission for this Corporation.

In addition, the Commissioner Orders the Licensed Corporation to pay total cost of \$10.00 for witness fees involved in connection with the hearing.

MICHIGAN LIQUOR CONTROL COMMISSION



Ena Weathers, Commissioner

Dated: June 13, 2003

Linda Pytel McDowell
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

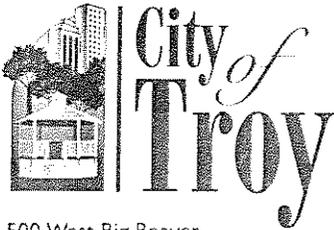
EW: 3-72739

copy

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/30
XFER TKT# 01 03 632130
CASE 03 001339 PS 01 TYPE OM DEF NAME KEITH, BRENT, KNACK,
SOC SEC 000000000 SEX M RACE DOB 091473 LIC # MI K520465098714
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 032403 CONV CODE
CHARGE CODE JUDGE 30
DISP PG B PLEA OF GUILTY AT BENCH TRIAL COND DATE 042303
SENTENCE DATE 042303 ARREST DATE JUDGMENT PRINT DATE 042303
FINES & COSTS 100.00 TO BE PAID BY 042303 REST OTHER 50
JSA JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN#
CTN # SID # CLEMIS # 000038702 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 001339 MSP PDC C001 SEQ FUNCTION DS MODE



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

February 18, 2004

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Operations
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Technology
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

Shuwayhat Market, Inc.
 75 E Square Lake
 Troy, Michigan 48098

Re: Liquor License: John's Market
 75 E Square Lake
 Troy, Michigan 48098

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, March 3, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD (17367-2002) SDM (17655-2002)
Violation Name: Sale to Minor
Violation Date(s): 3/24/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
 Deputy City Clerk

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only. No Insurance Coverage Provided)</i>			
Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
7002 1000 0000 9357 0695		Shuwayhat Market, Inc. 75 E Square Lake Troy, Michigan 48098	

LCC

Liquor Licensee History

Business name: **Troy Party Store**

Address: 6990 John R. (248) 879-2550

Licensee: Czaryd Enterprises, Inc.

License type: **SDD** (15685-2002) **SDM** (11856-2002)

Permits: Sunday Sales

Comments:

Date	Troy Incident #	Type	Disposition	Date
6/10/80		SDM License Issued		
6/17/81		SDD License issued		
2/28/83	83-2146	Sale to Minor (Patrol Obs.)	Dismissed Witness DNA	6/21/83
10/26/83		Licenses transferred to Czaryd Enterprises, Inc.		
5/18/84	Unk	Sale to Minor (Patrol Obs.)	Fined \$300.	6/28/84
1997		Buscemi's applied to transfer License	Canceled	4/11/97
8/24/98	MLCC	Sale to Minor (MLCC Compliance Test)	Pending	
06/22/99	99-23607	Compliance Test	PASSED	
10/27/99	none	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/27/00	00-14284	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/06/00	00-24196	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/25/00	none	Compliance Test	PASSED	
08/02/00	00-28191	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/25/00	00-38640	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/15/00	00-42349	Compliance Test	PASSED	
01/24/01	none	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/13/01	none	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/21/01	01-13667	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

04/24/01		Compliance Test	PASSED	
07/07/01	01-24146	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/14/01	01-29125	Compliance Test	PASSED	
09/09/01	01-32429	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
09/25/01	01-34503	Compliance Test	PASSED	
10/21/01	01-37973	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/05/02	02-00509	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/28/02	02-06385	Compliance Test	PASSED	
03/14/02	02-07972	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/02	02-20094	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/25/02	02-	Compliance Test	PASSED	
08/24/02	02-27914	Liquor Inspection (Road Patrol-LaForest)	NO VIOLATIONS	
10/16/02	02-34072	Compliance Test	PASSED	
12/10/02	02-39965	Liquor Inspection (Road Patrol-Breidenich)	NO VIOLATIONS	
01/22/03	03-2285	Liquor Inspection (Road Patrol-Breidenich)	NO VIOLATIONS	
03/06/03	03-6796	Liquor Inspection (Road Patrol-Breidenich)	NO VIOLATIONS	
03/24/03	03-8720	Compliance Test	PASSED	
05/06/03	03-13495	Liquor Inspection (Road Patrol-Wolfe)	NO VIOLATIONS	
06/19/03	03-18535	Compliance Test	PASSED	
08/12/03	03-24963	Liquor Inspection (Road Patrol-Wolfe)	NO VIOLATIONS	
09/09/03	03-28135	Liquor Inspection (Road Patrol-Wolfe)	NO VIOLATIONS	
10/27/03	03-33131	Sale to Minor (compliance test)	\$500 fine	01/06/04
11/12/03	03-34873	Liquor Inspection (Road Patrol-Kerezi)	NO VIOLATIONS	
01/21/04	04-02120	Liquor Inspection (Road Patrol-Kerezi)	NO VIOLATIONS	

INCIDENT REPORT

01	DATE 10/27/03	DAY MON	SHIFT 09	PLATOON 99	BADGE 1 207	BADGE 2	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 33131
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 10/27/03	TIMES(S) OCCURRED 1630	ASSIGNED HOUR / DAY 14 MON			
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 6990 JOHN R					LOCATION 2 (INTERSECTING STREET)				
04	CITY Troy	STATE MI	ZIP 48098	CODE	BUSINESS NAME Troy Party Stores	BUSINESS PHONE				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION Party Stores					ESTAB CODE	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL	GEOGRAPHIC
06	NATURE OF OFFENSE #1 LCC VIOLATION	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)	
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	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING	
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) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE 148	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB WM 06/22/83	AGE 20			
I 11	ADDRESS 500 W. BIG BEAVER	CITY Troy		STATE MI	ZIP 48098					
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AFD					
T 13	VICTIM CONNECTED TO OFFENSE 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/>	VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	L <input type="checkbox"/> SEVERE LACERATION	U <input type="checkbox"/> UNCONSCIOUSNESS	T <input type="checkbox"/> LOSS OF TEETH	F <input type="checkbox"/> FATAL
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES	
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN	REL / OFF #		

A 16	CODE 45	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) RYDZENSKI, DANIEL	RAC	SEX	DOB WM 05/21/66	AGE 37	
A 17	ADDRESS 6745 JOHN R RD	CITY Troy		STATE MI	ZIP 48098			
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT 507	WEIGHT 175	EYES BRN	HAIR COLOR / LENGTH / STYLE BRN SHORT	BUILD MED	SKIN TONE MED
R 19	STATE DRIVER'S LICENSE # MI R322135014384	SOC. SEC. #	SID #	FBI #	PERSON COMMENTS / CLOTHING BEARD, WEAR, GREEN SHIRT, JEANS			
E 20	SUMMONS / CITATION NUMBER(S) 650522							

S 21	ARREST / SUMMONS DESCRIPTION SOLD TO MINOR (C)	ARREST CHARGE 1	ARREST DATE 10/27/03	PLATOON 09	BADGE 1 207	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER N/A
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input 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"/> UNARMED WITH <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL

24	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	DESCRIPTION 6 Corona Beer	PROPERTY TYPE	QUANTITY 6	YEAR	MAKE CORONA	MODEL BOTTLED BEER	
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.	
26	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG # 124407	LOCATION PROPERTY PROPERTY ROOM	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 800 purchase from Troy Party Stores by DeLoaf	SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S): SGT. LIVINGSTON #207	REVIEWED BY: DPU	ATTENTION TO: N/A		

NARRATIVE REPORT

01	DATE 102703	DAY Mon	SHIFT 09	PLAT 99	BADGE 1 207	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	33131
----	----------------	------------	-------------	------------	----------------	---------	---	------------	------------	-------

The City of Troy Police Department Directed Patrol Unit (DPU) was assigned to conduct liquor inspections on all liquor establishments within the City of Troy. The method in which the inspections were carried out was the use of underage decoys.

The decoy(s) used in this incident was _____, 06-22-83. Mr. _____ entered the Troy Party Store located at 6990 John R in the City of Troy. Upon entering the establishment Mr. _____ went to a cooler and selected a six-pack of Corona beer. The paper container only had five (5) bottles of beer in it. Mr. _____ approached the cashier and indicated that there were only five (5) bottles of beer in the container. The cashier, later identified as Daniel Rydzewski, 05-21-66, told Mr. _____ that he would get him another bottle. Mr. Rydzewski went to the back of the store and returned a short time later with a full bottle of Corona beer to add to the holder. Mr. Rydzewski asked if there was anything else he wished to buy and Mr. _____ indicated that he did not wish to purchase anything else. Without asking for any identification or asking Mr. _____ his age, Mr. Rydzewski rang up the sale for \$ 8.00. Mr. _____ handed a ten-dollar bill to Mr. Rydzewski and received two one-dollar bills in return. Mr. Rydzewski wished Mr. _____ a good day and Mr. _____ exited the store with the six-pack of Corona beer.

I entered the store a short time late and identified myself to Mr. Rydzewski. I asked to see the stores liquor license. Mr. Rydzewski produced the license along with his operator's license. I copied the information from the liquor license onto a green Liquor Control Commission report form. I also issued Mr. Rydzewski a civil infraction (650522) under state law for sale of alcohol to minor under the age of twenty-one.

Mr. Rydzewski indicated to me that he usually asks people their age but indicated that he could not remember if he asked Mr. _____ his age. He said that he has been very busy today and that may be why he did not ask Mr. _____ his age.

Mr. Rydzewski was very cooperative during the investigation.

Mr. _____ completed a witness statement detailing the incident immediately after he exited the store.

The beer was taken to the station and placed on property tag # 124407 and placed into property.

INVESTIGATING OFFICER(S) Sgt. David Livingston #207	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
--	-------------	-------------------	--------------

NARRATIVE REPORT
WITNESS STATEMENT

01	DATE 10-27-03	DAY MON	SHIFT 9P	PLAT 99	BADGE 1 207	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 33131
----	------------------	------------	-------------	------------	----------------	---------	---	------------	------------	---------------------

02 Statement of: [Signature] 06-22-1983 Home Phone:

03 Address: 500 W. Big beaver Business Phone:

04 City: Troy State: MI Zip: 48084

06 I walked into troy party store on 10-27-03
 07 at 4:28pm. There were two men behind the
 08 counter. The 1st mans description: 5"9, Brownish-red
 09 beard, short hair, Green shirt. 2nd mans description:
 10 5"10 short hair, clean shaved. I approached the
 11 cooler door and picked up a 6 pack of beer
 12 (corona), walked in front of the register
 13 and started feeling around my pockets as
 14 if I was looking for my identification. To
 15 my notice there was one bottle of corona
 16 missing. I asked the cashier (Brownish-red beard)
 17 if he had another bottle in the back because
 18 there was no more corona in the cooler.
 19 He said, "sure, I'll go and get it for you."
 20 He came back from the back room with
 21 my bottle of corona, he asked me if that
 22 was all? I told him yes, and he told me
 23 \$8.00. I gave him a \$10.00 bill and he gave
 24 me \$200 back, and said have a nice day.
 25 He did not ask me for my I.D.

28 Taken By: [Signature] (SIGNATURE)

29 Place: 500 W. Big Beaver Date: 10-27-03 Time: 2300 hrs

INVESTIGATING OFFICER(S) Sgt. LIVINGSTON #507	REVIEWED BY [Signature]	ASSIGNED TO / BADGE	ATTENTION TO
--	----------------------------	---------------------	--------------

State of Michigan Uniform Law Citation Ticket No. **650522** Victim Involved

US DOT # Incident No. **03-33131** Dept. No. **784**

The People of the State of Michigan Township City Village County OF **TROY** BAC **1 of 1**

THE UNDERSIGNED SAYS THAT ON Month **10** Day **27** Year **03** At approximately **4:30** A.M. P.M. Date of Birth Month **05** Day **21** Year **66**

State **MI** Driver's License Number **R 322 135 014 384** Social Security No. **W M 507 175 680 680**

Race **W** Sex **M** Height **507** Weight **175** Hair **BRN** Eyes **BRN** Occupation/Employer

Name (First, Middle, Last) **DANIEL RYDZBUSKI**

Street **6745 JOHN R RD** City **Troy** State **MI** Zip Code **48098**

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

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule UPON **6990 JOHN R**

AT OR NEAR **Troy Party Store** WITHIN CITY VILLAGE TOWNSHIP OF **TROY** COUNTY OF **OAKLAND**

Type	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"/> Authorization pend	
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug	MCL 436.1701(1) SALE OF ALCOHOL TO MINOR (UNDER 21 YRS)	1
<input type="checkbox"/> Fel	<input type="checkbox"/> Warn		2
<input type="checkbox"/> C/I	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend	
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug		3
<input type="checkbox"/> Fel	<input type="checkbox"/> Warn		

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed. Offense Code(s)

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 **DECEY OPERATION**

CHECK IF APPROPRIATE: Vehicle Impounded Injury Traffic Crash Death Person in Active Military Service Yes No Local Court Bond \$ License Posted in Lieu of Bond Appearance Certificate None

SEE DATE BELOW SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS Appearance Date on or before **11-12-03 @ 8:30 AM** Hearing Date (if applicable) on Juvenile Traffic Misd. (Court will Notify) Formal Hearing Required (Court will Notify) Contact Court (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 **[Signature]** Month **10** Day **27** Year **03**

Officer's Name (printed) **SGT DAVID LIVINGSTON** Officer's ID No. **207**

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

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

Ticket No. **650522**

Name

Case No.



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 15685 2003 SS Business ID 11416 File # _____

1. Name of Licensee CZARYD ENTERPRISES INC 2. Doing Business As TROY PARTY STORE

3. Mailing Address (street, city, zip code) 6990 John R; Troy 48098

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) SDD 15685 2003 SS SDM 11856 2003 Sunday Sales

7. Date of Violation: Monday 10/27/03 4:30 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 06/22/83 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 # 03-33131

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

Officer Signature David Livingston Name and Title (print) David Livingston, Sergeant

Officer Signature _____ Name and Title (print) _____

Department Name Troy Police Department Phone # 248-524-3431

WITNESSES

1. Name _____ Address 500 West Big Beaver Road; Troy 48084

Will testify to: Purchase of 6-pack of Corona beer

2. Name Daniel Rydzewski _____ Address 6745 John R; Troy 48098

Will testify to: Sale of 6-pack of Corona beer to decoy Adam Habbo

3. Name Sgt. David Livingston _____ Address 500 West Big Beaver Road; Troy 48084

Will testify to: Initiating LCC violation and issuing ticket to Daniel Rydzewski

4. Name _____ Address _____

Will testify to:

5. Name _____ Address _____

Will testify to:

EVIDENCE

Location Held (Explain): City of Troy Property Room
-One 6-pack of Corona beer purchased from Troy Party Store



STATE OF MICHIGAN
LIQUOR CONTROL COMMISSION
DEPARTMENT OF LABOR & ECONOMIC GROWTH
DAVID C. HOLLISTER, DIRECTOR

JENNIFER M. GRANHOLM
GOVERNOR

NIDA R. SAMONA
CHAIRPERSON

January 14, 2004

Czaryd Enterprises, Inc.
6990 John R
Troy MI 48098

RE: Complaint No. 3-77748

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than February 17, 2004 as indicated on your Invoice No. 83282. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,
MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:alf
Enclosures

cc: Joseph P. Ciaramitaro, Attorney
Troy Police Department

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

IN RE: CZARYD ENTERPRISES, INC.
D/B/A TROY PARTY STORE
6990 JOHN R
TROY, MI. 48098

COMPLAINT NO. 3-77748
BUSINESS I.D. NO. 11416

SDD SDM

CHARGE - October 27, 2003

- (1) Sell, furnish or give away alcoholic liquor to a person, one who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Stanley H. Rydzewski, an officer of the above-named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 3-77748 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that [REDACTED], while under the direction of the Troy Police Department, entered the above named licensed establishment during October 27, 2003 and purchased alcoholic liquor from an employee of the above-named Licensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that [REDACTED] was 20 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted to the MLCC by Attorney Joseph P. Ciaramitaro, Jr. on behalf of the above-named Licensee.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 3-77748 did violate MCL 436.1801(2), as cited.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows two prior violations which are similar to the Charge in this Complaint, the latest of which occurred in 1998, since being licensed by the MLCC on November 23, 1983 at the above-named location under the current ownership; further, the Commissioner notes that the above-named Licensee has successfully passed several controlled buy operations conducted by the MLCC and the Troy Police Department.

The Commissioner, therefore, Orders a fine of \$500.00 as penalty in this matter. The Commissioner further Orders that a suspension of 25 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: January 6, 2004

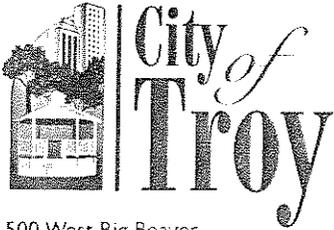


Ena Weathers, Commissioner

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/31
XFER TKT# 01 03 650522
CASE 03 004623 PS 01 TYPE OI DEF NAME DANIEL,,RYDZEWSKI,
SOC SEC 000000000 SEX M RACE DOB 052166 LIC # MI R322135014384
ATTY BAR # P41977 NAME MARK G. CARDELLIO

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 102703 CONV CODE
CHARGE CODE JUDGE 30
DISP PUA B PLEA UNDER ADVISEMENT AT BENCH TRIAL COND DATE 122203
SENTENCE DATE 122203 ARREST DATE JUDGMENT PRINT DATE 000000
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 SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER: 3 MTHS PUA/NO SUPERVISION

CIRC: TCN#
CTN # SID # CLEMIS # 000333131 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 004623 MSP PDC C001 SEQ FUNCTION DS MODE



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

February 18, 2004

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Operations
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Technology
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

Czaryd Enterprises, Inc.
 6990 John R
 Troy, Michigan 48098

Re: Liquor License: Troy Party Store
 6990 John R
 Troy, Michigan 48098

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, March 3, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD (15685-2002) SDM (11856-2002)
Violation Name: Sale to Minor
Violation Date(s): 10/27/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes

Barbara A. Holmes, CMC
 Deputy City Clerk

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7002 1000 0004 9357 0689

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

to
 Ser Czaryd Enterprises, Inc.
 Str 6990 John R
 or Troy, Michigan 48098
 Clr

LCC

Liquor Licensee History

Business name: **Farmer Jack Supermarket**

Address: 2105 W. South Blvd. (248) 353-1212

Licensee: Borman's Inc.

License type: **SDM (18011-2002)**

Permits:

Comments:

Date	Troy Incident #	Type	Disposition	Date
03/14/99	99-09752	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/03/99	99-20606	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/99	99-23654	Compliance Test	PASSED	
08/25/99	99-32729	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/27/99	none	Compliance Test	PASSED	
12/01/99	99-45835	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/25/00	none	Compliance Test	PASSED	
10/24/00	00-39408	Sale to Minor (Compliance Test)	\$500	
11/15/00	00-42363	Compliance Test	PASSED	
02/28/01		Council resolves to require TIPS/TAM for all employees selling alcohol and provide proof to PD within 6 months		
04/24/01	00-14112	Sale to Minor (Compliance Test)	DISMISSED SEA FTA	
08/14/01	01-29135	Compliance Test	PASSED	
09/25/01	01-34508	Compliance Test	PASSED	
10/21/01	01-37970	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/06/02	02-00590	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/19/02	02-05303	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/27/02	Council	Public Hearings for 2001 Violation(s)-Resolution requiring TIPS/TAM training for all employees who sell alcohol with proof to the PD within 60 days ****Received 04/01/02****		

02/28/02	02-06374	Compliance Test	PASSED
04/01/02		Proof Received TAM	
04/08/02	02-10625	Liquor Inspection (Road Patrol)	NO VIOLATIONS
06/25/02	02-	Compliance Test	PASSED
07/06/02	02-21819	Liquor Inspection (Road Patrol)	NO VIOLATIONS
08/24/02	02-27904	Liquor Inspection (Road Patrol-MLivingston)	NO VIOLATIONS
10/8/02	02-34064	Compliance Test	PASSED
11/23/02	02-38045	Liquor Inspection (Road Patrol-Lepola)	NO VIOLATIONS
12/21/02	02-41156	Liquor Inspection (Road Patrol-Lepola)	NO VIOLATIONS
02/15/03	03-4771	Liquor Inspection (Road Patrol-Lepola)	NO VIOLATIONS
03/24/03	03-8699	Sale to Minor (Compliance Test)	\$600 fine
04/19/03	03-11607	Liquor Inspection (Road Patrol-Himrod)	NO VIOLATIONS
06/14/03	03-17810	Liquor Inspection (Road Patrol-Himrod)	NO VIOLATIONS
06/20/03	03-18720	Compliance Test	PASSED
08/10/03	03-24744	Liquor Inspection (Road Patrol-Himrod)	NO VIOLATIONS
10/24/03	03-32827	Liquor Inspection (Road Patrol-Himrod)	NO VIOLATIONS
10/27/03	03-33176	Compliance Test	PASSED

TROY POLICE DEPARTMENT

INCIDENT REPORT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M16378400

SUPP 1
PAGE 1 OF 2

01	DATE 03.24.03	DAY MON	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 089	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 8699	
02	RECEIVED 1750	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 03.24.03	TIMES(S) OCCURRED 1750	ASSIGNED HOUR / DAY 17 MON				
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 2105 W. SOUTH BLVD.				LOCATION 2 (INTERSECTING STREET) CROOKS						
04	CITY TROY	STATE MI	ZIP 48098	CODE	BUSINESS NAME THE FOOD EMPORIUM				BUSINESS PHONE		
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION GROCERY STORE				ESTAB CODE 8620	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input checked="" type="checkbox"/> OTHER	PATROL 06	GEOGRAPHIC		
06	NATURE OF OFFENSE #1 LCC VIOLATION		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING	
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY		
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY		
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	OFFENSE COMMENTS	

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE 48	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC WF	SEX	DOB 103083	AGE 19
I 11	ADDRESS 500	(DIRECTION, STREET, SUFFIX, QUALIFIER) W. BIG BEAVER					CITY TROY	STATE MI	ZIP 48084		
G 12	HOME PHONE	BUSINESS PHONE 248 524 5477	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE					
T 13	VICTIM CONNECTED <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 4 <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER					

16	CODE 45	OFF # 01	NAME (LAST, FIRST, MIDDLE, SUFFIX) LEONARDI, FRANCES M					RAC WF	SEX	DOB 061746	AGE 56
A 17	ADDRESS 6879	(DIRECTION, STREET, SUFFIX, QUALIFIER) MOUNTAIN DR.					CITY TROY	STATE MI	ZIP 48098		
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE		
R 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #		FBI #					

E 20	PERSON COMMENTS / CLOTHING CASHIER - SOLD TO DECOY					SUMMONS / CITATION NUMBER(S) 652131				
S 21	ARREST / SUMMONS DESCRIPTION FURNISH AWARD TO MINORS	ARREST CHARGE 1	ARREST DATE 03.24.03	PLATOON 99	BADGE 1 006	BADGE 2 089	FM MS	DIS	DEPARTMENT ARREST NUMBER	
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input 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 ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL	

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODES E	DESCRIPTION ALCOHOLIC BEVERAGE	PROPERTY TYPE	QUANTITY 6	YEAR	MAKE BUDWEISER	MODEL BUD LIGHT			
25	STYLE RED SIL	COLOR(S) TOP / BOTTOM	MONTH YEAR STATE LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.						
26	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG # 121607	LOCATION PROPERTY DEPOSITORY	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 6 PACK OF BUD LIGHT BEER						SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S) BRAGG / SATTERFIELD				REVIEWED BY WLA#229	ATTENTION TO:				

PERSON REPORT

01	DATE 03.24.03	DAY MON	SHIFT 09	PLATOON 99	BADGE 1 106	BADGE 2 089	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 8699
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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 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MORIN, MICHAEL	RAC WM	SEX M	DOB 08/17/70	AGE 32
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I 03	ADDRESS 2105 W. SOUTH BLVD.	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY TROY	STATE MI	ZIP 48098
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G 04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
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T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES							
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	
M 07	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER														

V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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G 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
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T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES							
M 13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	
M 13	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
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A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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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 ARMED WITH (ENTER "A" IF AUTO)	01 UNARMED	13 RIFLE	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 UNARMED	13 RIFLE	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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30	INVESTIGATING OFFICER(S) BRAGG / SATERFIELD	REVIEWED BY:	ATTENTION TO:
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NARRATIVE REPORT

01	DATE 3/24/03	DAY Mon	SHIFT 9	PLAT 99	BADGE 1 89	BADGE 2 006	INCIDENT STATUS __ CLR ARREST __ UNF __ CLR EXCEPT __ INACT	PRIM CLASS	YEAR 03	INCIDENT # 8699
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RE: LCC Violation

Directed Patrol Unit working a Liquor Compliance Check with Student Enforcement Aide (19 yrs).

entered the Food Emporium (2105 W. South Blvd) and selected a 6 pack of Bud Light canned beer. presented the beer to the cashier, Frances Leonardi, at cash register #8. Leonardi rang up the sale without asking for I.D. or inquiring about age. paid for the beer and exited the store with the merchandise.

Leonardi stated that she thought was over 21 and has not been TIPS/ TAMS trained.

Leonardi was issued a citation for furnishing alcohol to a minor (cit# 632131).

Manager, Michael Morin, was notified and the LCC violation form was completed.

The beer was tagged into evidence with the receipt and grocery bag on tag # 121607.

INVESTIGATING OFFICER(S) Satterfield / Bragg	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT WITNESS STATEMENT

01	DATE 032403	DAY MON	SHIFT 04	PLAT 99	BADGE 1 89	BADGE 2 006	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 8699
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02 Statement of: _____ Home Phone: _____

03 Address: (PLEASE PRINT) 500 W Big Beaver Business Phone: 524-3431

04 City: Troy State: MI Zip: 48084

05 Entered Food Emporium and took a 6-pack of Bud Light
06 from the cooler and brought it up to the cash register at lane
07 8. Frances rang me up with no questions about my age or
08 birthday. She looked to be in her 50's and had short brown hair.
09 She did not ask for ID. She told me the total and I payed
10 her, completing the sale

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27 X: _____
(SIGNATURE)

28 Taken By: AGG
(SIGNATURE)

29 Place: SOC W. BIG BEAVER Date: 3-24-03 Time: 2000

INVESTIGATING OFFICER(S) AGG / SATTERFELD REVIEWED BY _____ ASSIGNED TO / BADGE _____ ATTENTION TO _____

The Food Emporium

It's Down to Earth Goodness
At Food Emporium 789 Troy

3/24/03 5:53 PM 0789 08 0068 138

ITEM	SAVINGS	PRICE
CUSTOMER ID VERIFIED	2/20/20	
BUD LIGHT	NP	4.99 T
BOTTLE DPST		.60 F
DP		
1 @ 9/.01		
CART CHECK		.00
6% TAX	.30 BAL	5.89
Cash		20.00
CHANGE		14.11
TOTAL NUMBER OF ITEMS SOLD = 2		

INQUIRE TODAY HOW OUR BONUS SAVINGS
CLUB CAN SAVE YOU MONEY

We Want To Hear From You
248-879-3800 Mike Marin Store Mgr
MY PLEASURE TO SERVE YOU FRANCES
3/24/03 17:54 0789 08 0068 138

State of Michigan Uniform Law Citation Ticket No. **No 632131** Victim Involved

US DOT # Incident No. **03-8699** Dept. No. **784**

The People of the State of Michigan Township City Village County Local Use/Arrest No. Detection Device

OF: **TROY** BAC: / of / THE UNDERSIGNED SAYS THAT ON: **3 24 03** At approximately **5:50** A.M. P.M. Date of Birth: **6 17 46**

State Driver's License Number: **MI L563261566452** Social Security No. **48078**

Race: **W F** Sex: **F** Height: Weight: Hair: Eyes: Occupation/Employer: **CHIEF/FOOD EMPORIUM**

Name (First, Middle, Last): **FRANCES M LEONARDI** Street: **6879 MOUNTAIN DR**

City: **TROY** State: **MI** Zip Code: **48078**

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 **THE FOOD EMPORIUM** AT OR NEAR **2105 W. SOUTH BLVD.** WITHIN CITY VILLAGE TOWNSHIP OF **TROY** COUNTY OF **OAKLAND** DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fel	98.10.06	FURNISH ALCOHOL TO A MINOR	1
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel			2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel			3

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed. Offense Code(s): **98.10.06**

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: **IN-STORE TRAINING - CORPORATE**

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 **APRIL 23 2003 8:30 AM**

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: **DRACCO SATERFIELD** Month: **3** Day: **24** Year: **03**

Officer's Name (printed): **DRACCO SATERFIELD** Officer's ID No.: **006 089**

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

UC-01a (rev. 11/95) Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES ORDER BY FORM NO. M76 (Revised 11/95) FIDLAR DOUBLEDAY KALAMAZOO, MI

Ticket No. **No 632131** Name Case No.

Reviewed By: WLA#224

TROY POLICE DEPARTMENT PROPERTY RECORD

TAG 121607

COMPLAINT # 03-8699 FOR PROPERTY SECTION USE ONLY - BIN# _____

EVIDENCE PERSONAL FOUND RECOVERED CONFISCATED LOCKER # _____

CHARGE/INCIDENT TYPE LCC VIOLATION DESCRIPTION 6 PACK OF BUD LIGHT CANNED BEER, 1 RECEIPT, 1 PLASTIC GROCERY BAG

SERIAL # _____ DRUG WEIGHT _____

REPORTING OFFICER BRAGG / SATTERFIELD DATE 3-24-03 TIME 2045

DEFENDANT: LEONARDI FRANCES M 6-17-46 V/F
LAST FIRST MIDDLE DOB RACE/SEX

DEFENDANT: _____
LAST FIRST MIDDLE DOB RACE/SEX

DEFENDANT: _____
LAST FIRST MIDDLE DOB RACE/SEX

INSTRUCTIONS TO PROPERTY SECTION: HOLD FOR COURT

OWNER: NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

CLAIMED BY: _____ DATE _____

FOR PROPERTY SECTION USE ONLY ENTERED IN SYSTEM _____

DISPOSITION: AUCTIONED DESTROYED PHOTO LAB OTHER DATE _____



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

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)

* Officers Please Obtain This Information From The License *

License No. SDM 18011-2002 Business ID 17412 File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

- 1. Name of Licensee FARMER JACK # 799 (BOREMAN'S INC) 2. Doing Business As GROCERY STORE
- 3. Mailing Address (street, city, zip code) 2105 W SOUTH BLVD, TROY, MI 4806E
- 4. Township _____ 5. County OAKLAND
- 6. Type of License(s) & Permit(s) SDM
- 7. Date of Violation: MONDAY 7-24-03 5:50 AM of 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 10-30-83 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 # 03-8699

Officer Signature [Signature] #006 Name and Title (print) RUSSELL BRAGE, POLICE OFFICER

Officer Signature [Signature] #089 Name and Title (print) ANDREW SATTERFIELD, POLICE OFFICER

Department Name TROY P.D. Phone # 248-524-3477

WITNESSES

1. Name MICHAEL MORIN 8-17-70 Address 2105 W. SOUTH BLVD TRCY, MI 48098

Will testify to: MANAGER

2. Name FRANCES M. LEONARDI (8-17-46) Address 6671 MOUNTAIN DR, TRCY MI 48098

Will testify to: CASHIER WHO SOLD ALCOHOL

3. Name _____ Address _____

Will testify to: _____

4. Name _____ Address _____

Will testify to: _____

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: _____

JENNIFER GRANHOLM
GOVERNOR



JUDITH M. ALLEN
CHAIRWOMAN

June 18, 2003

STATE OF MICHIGAN
LIQUOR CONTROL COMMISSION
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
DAVID C. HOLLISTER, DIRECTOR

BORMAN'S, INC.
D/B/A FARMER JACK SUPERMARKET #789
2105 W. SOUTH
TROY, MI 48098

\$600
Fine

RE: Complaint No. 3-72738

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than July 21, 2003 as indicated on your Invoice No. 81980. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid, as only fines assessed are alternative to a suspension.

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

A handwritten signature in cursive script that reads "Susan K. Conklin".

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:wls

Enclosure

cc: Home Office
Atty. Thomas Auth, Jr.
Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: BORMAN'S, INC.
D/B/A FARMER JACK SUPERMARKET #789
2105 W. SOUTH
TROY, MI 48098

HEARING: MAY 7, 2003
PLACE: FARMINGTON
COMPLAINT NO: 3-72738
BUSINESS ID NO. 17412
SDM

CHARGES – MARCH 24, 2003

- (1) Sold or furnished alcoholic liquor to decoy _____ date of birth October 30, 1983, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

NEGOTIATED SETTLEMENT

The Commissioner accepted without objection the Motion of Attorney Thomas L. Auth, Jr., that the appearance of an Officer in this matter be waived, pursuant to the provisions of Rule 436.1913(2), said waiver to be subject to the express agreement by Attorney Auth that he will inform the Licensed Corporation of the disposition in this matter. Attorney Auth and Linda McDowell, Assistant Attorney General, representing all law enforcement agencies involved in this matter, proposed the following Negotiated Settlement for the Commissioner to consider in Case No. 3-72738, pursuant to Section 903 of the Michigan Liquor Control Code and Rule 436.1909 of the Michigan Liquor Control Commission (MLCC):

PROPOSED NEGOTIATED SETTLEMENT

(1) The Corporation will fully acknowledge the one charge as cited;

(2) The Commissioner will enter the Violation Report of this case and attachments thereto into the record as substantive evidence without objection; the Commissioner further will take notice of the prior record of this Corporation, since being licensed by the Michigan Liquor Control Commission at the above-named location under the current ownership;

(3) The Corporation will agree to the sanction of a fine of \$600 for the acknowledged charge;

(4) Both parties hereto will agree that there shall be no appeals on this matter to the Appeal Board of the Commission or any court of law;

(5) The parties hereto further agree that the Corporation will pay costs in the amount of \$10 for witness fees involved in connection with the hearing.

ORDER

In determining whether to approve the Negotiated Settlement as proposed above, the Commissioner considered the statement of support for the aforementioned settlement by Officer Russell Bragg on behalf of the Troy Police Department..

In determining whether to approve the Negotiated Settlement as proposed above, the Commissioner considered the Corporation's total record, which shows one previous violation since being licensed on March 23, 1995, at the above-named location under the current ownership.

In determining whether to approve the Negotiated Settlement as proposed above, the Commissioner further took into consideration for mitigative circumstances statements made by

Attorney Auth.

In consideration of the aforementioned circumstances and statements, the Commissioner hereby accepts the terms and conditions of the proposed Negotiated Settlement and Orders as follows:

The Commissioner accepts the Corporation's plea of acknowledgment to the one charge in Case No. 3-72738.

The Commissioner hereby accepts the Violation Report of this case and attachments thereto as substantive evidence without objection, further, the Commissioner hereby accepts a true copy of this Corporation's record since being licensed by the Michigan Liquor Control Commission at the above-named location under the current ownership.

Based upon the aforementioned plea by the Corporation and a review of the Violation Report and attachments thereto, the Commissioner finds that the Corporation in Case No. 3-72738 did violate MCL 436.1801(2) as cited in the one charge of the Complaint in this matter.

The Commissioner further finds that the employee of said Corporation in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

As penalty, the Commissioner Orders a fine of \$600 for the acknowledged charge and, in addition, the Commissioner Orders that a suspension of thirty (30) continuous days be imposed if the total fine of \$600 is not paid with this suspension, to be served consecutively and not concurrently with any other suspensions Ordered by the Michigan Liquor Control Commission for this Licensed Corporation;

Said Corporation agrees this Negotiated Settlement was a full and final disposition of this matter before the Michigan Liquor Control Commission recognizing that as to the

Complaint, there is no further right of administrative or judicial appeal, either to the Michigan Liquor Control Commission or a court of law, and also agrees that the plea in this case has been entered voluntarily and with the full understanding of all consequences, and furthermore, all parties hereto agree that there are no promises, stipulations, understandings or agreements other than those stated as part of the official record herein, and this document represents the final agreed settlement.

The Commissioner also Orders the Corporation to pay total costs of \$10.00 for witness fees involved in connection with the hearing.

MICHIGAN LIQUOR CONTROL COMMISSION



Ena Weathers, Commissioner

Dated: June 13, 2003

Linda Pytel McDowell
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

Thomas L. Auth, Jr.
Sullivan, Ward, Bone, Tyler
25800 Northwestern Hwy., #1000
Southfield, MI 48037-0222

EW: 3-72738

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/30
XFER TKT# 01 03 632131
CASE 03 001340 PS 01 TYPE OM DEF NAME FRANCES,M,LEONARDI,
SOC SEC 000000000 SEX F RACE DOB 061746 LIC # MI L563261566452
ATTY BAR # P23048 NAME DENNIS J. GRIFKA

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 032403 CONV CODE
CHARGE CODE JUDGE 30
DISP PG B PLEA OF GUILTY AT BENCH TRIAL COND DATE 051903
SENTENCE DATE 051903 ARREST DATE JUDGMENT PRINT DATE 051903
FINES & COSTS 50.00 TO BE PAID BY 051903 REST OTHER 50
JSA JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER: \$100.00 FINES

CIRC: TCN#
CTN # SID # CLEMIS # 000038699 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 001340 MSP PDC C001 SEQ FUNCTION DS MODE



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

February 18, 2004

- Area code (248)
- Assessing
524-3311
- Bldg. Inspections
524-3344
- Bldg. Operations
524-3368
- City Clerk
524-3316
- City Manager
524-3330
- Community Affairs
524-1147
- Engineering
524-3383
- Finance
524-3411
- Fire-Administration
524-3419
- Human Resources
524-3339
- Information Technology
619-7279
- Law
524-3320
- Library
524-3545
- Parks & Recreation
524-3484
- Planning
524-3364
- Police-Administration
524-3443
- Public Works
524-3370
- Purchasing
524-3338
- Real Estate & Development
524-3498
- Treasurer
524-3334
- General Information
524-3300

Borman's Inc.
 2105 W South Blvd.
 Troy, Michigan 48098

Re: Liquor License: Farmer Jack Supermarket #789
 2105 W South Blvd.
 Troy, Michigan 48098

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, March 3, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDM (18011-2002)
Violation Name: Sale to Minor
Violation Date(s): 3/24/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
 Deputy City Clerk

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7002 1000 0004 9357 0671

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

Borman's Inc.
 2105 W South Blvd.
 Troy, Michigan 48098

LCC

Liquor Licensee History

Business name: **Rite-Aid Pharmacy**

Address: 1981 W. South Blvd. (248) 813-9581

Licensee: Rite Aid of Michigan, Inc.

License type: **SDM (78430-2003)**

Permits:

Comments:

Date	Troy Incident #	Type	Disposition	Date
11/15/00	00-42346	Compliance Test	PASSED	
04/24/01		Compliance Test	PASSED	
08/14/01	01-29142	Compliance Test	PASSED	
09/25/01	01-34511	Compliance Test	PASSED	
10/31/01	01-39295	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/05/02	02-00498	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/28/02	02-06347	Sale to Minor (Compliance Test)	\$500	7/17/02
03/02/02	02-06596	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/08/02	02-10621	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/25/02	02-	Compliance Test	PASSED	
07/06/02	02-21815	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/24/02	02-27882	Liquor Inspection (Road Patrol-MLivingston)	NO VIOLATIONS	
10/16/02	02-34065	Compliance Test	PASSED	
11/23/02	02-38039	Liquor Inspection (Road Patrol-Lepola)	NO VIOLATIONS	
12/21/02	02-41154	Liquor Inspection (Road Patrol-Lepola)	NO VIOLATIONS	
02/15/03	03-4767	Liquor Inspection (Road Patrol-Lepola)	NO VIOLATIONS	
02/26/03	Council	Public Hearings for 2002 Violation(s)-Must certify all employees's who sell alcohol in TIPS/TAMS; proof to PD within 90 days.		
03/24/03	03-8714	Compliance Test	PASSED	

06/12/03	03-17590	Liquor Inspection (Road Patrol-Kocenda)	NO VIOLATIONS	
06/19/03	03-18496	Sale to Minor (Compliance Test)	\$600 fine	10/28/03
07/22/03	03-22596	Liquor Inspection (Road Patrol-Piper)	NO VIOLATIONS	
07/29/03	03-23411	Liquor Inspection (Road Patrol-Piper)	NO VIOLATIONS	
10/27/03	03-33198	Compliance Test	PASSED	



City of
Troy

Charles T. Craft, Chief of Police

Gary G. Mayer, Captain
Edward J. Murphy, Captain
Dane M. Slater, Captain

500 W. Big Beaver Troy, Michigan 48084 (248) 524-3443

Support Services Division Memorandum

TO: Chief Craft

FROM: Sgt. T. Gordon

DATE: July 15, 2003

RE: City Council resolutions regarding Rite Aid

On February 26, 2003, City Council held its Show Cause hearings for all of the liquor violations of 2002. A total of seven licensee's appeared before Council, and it was resolved that each establishment was to train their employee's in an approved server training program, and forward proof of this training to the police department. Each licensee was given 90 days to complete this training. To date, five of the seven businesses have forwarded proof of this; the exceptions being the Rite Aid located at 1981 W. South Blvd, and the Rite Aid at 3986 John R.

On May 27, 2003, I mailed notice to both stores that the time limit had passed, and that I had not received proof of the server training. I indicated that they were still responsible to complete this training even though the 90 days had lapsed. I have received no correspondence from either Rite Aid store.

It should be noted that on June 19, 2003, the Rite Aid at 1981 W. South Blvd was again cited for furnishing alcohol to a minor, as a result of a police department decoy operation. Today, I received notice that the Rite Aid at 3986 John R was also cited for furnishing alcohol to minor during a July 11, 2003, MLCC decoy operation.



Charles T. Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

May 27, 2003

Owner/Manager
Rite Aid
1981 W. South Blvd
Troy, MI 48098

To Whom it May Concern:

On February 26, 2003, representatives from your establishment appeared before City Council at the Show Cause hearings that were held for all of the 2002 calendar year liquor violations. A portion of the City Council resolution regarding your violation pertained to the training of your employee's in TIPS/TAMS, or another Police Department approved server-training program. You were to complete this training for your employee's within 90 days, and forward proof of the training to my attention.

The 90-day period has passed, and the Police Department has yet to receive proof of this training. Therefore, notice will be forwarded to City Council that you have failed to complete this requirement. Please note that even though the deadline has passed, you are still expected to see that the training is completed.

Sincerely,

Sgt. T.J. Gordon
Services Section Administrator
Troy Police Department
(248) 680-7294



City of
Troy

Charles T. Craft, Chief of Police

Gary G. Mayer, Captain
Edward J. Murphy, Captain
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INCIDENT REPORT

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRACTION DECLINED	YEAR	INCIDENT NUMBER
	06.19.03	T	4	09	99	025	039	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	03	18496
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED		TIMES(S) OCCURRED	ASSIGNED HOUR / DAY		
	1855				1915 06.19.03		1855	18 T, 4, 03		
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)					LOCATION 2 (INTERSECTING STREET)				
	19.81 W South Blvd									
04	CITY	STATE	ZIP	CODE	BUSINESS NAME			BUSINESS PHONE		
	Troy	MI	48098	L	Rite Aid			248 813-9581		
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED		PATROL	GEOGRAPHIC
	Liquor Store				4200	<input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	<input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER		06	
06	NATURE OF OFFENSE #1		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
	LCC Violation				<input type="checkbox"/> DRUGS <input type="checkbox"/> COMP	<input type="checkbox"/> BIAS	<input type="checkbox"/> WEAPON			B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS	BIAS	WEAPON	# PREM	ACTIVITY	
	Furnish liquor to a minor				<input type="checkbox"/> DRUGS <input type="checkbox"/> COMP	<input type="checkbox"/> BIAS	<input type="checkbox"/> WEAPON			
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS	BIAS	WEAPON	# PREM	ACTIVITY	
					<input type="checkbox"/> DRUGS <input type="checkbox"/> COMP	<input type="checkbox"/> BIAS	<input type="checkbox"/> WEAPON			
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS
					<input type="checkbox"/> DRUGS <input type="checkbox"/> COMP	<input type="checkbox"/> BIAS	<input type="checkbox"/> WEAPON			

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (C) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)		RAC	SEX	DOB	AGE
	48		VICTIM		W	M	09.21.84	
I 11	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY	STATE	ZIP	
	500	W Big Beaver			Troy	MI	48084	
C 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.			
		248 524-3477			Decey			

T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 01 <input type="checkbox"/> 02	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	L <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES			
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER					
	02 CL-SPOUSE	06 GRANDPARENT	10 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						
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER						

A 16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)		RAC	SEX	DOB	AGE
	465	01	Shonebarger, Constance		W	F	02.15.47	
A 17	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY	STATE	ZIP	
	2608	Chickadee			Rochester Hills	MI	48309	
P 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
		248 813-9581						

P 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #	
	MI	5516122014121				
E 20	PERSON COMMENTS / CLOTHING			SUMMONS / CITATION NUMBER(S)		
	Register Clerk			# 650508		

S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
	Furnish alcohol to minor		06.19.03	99	089	025	4				
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
S 23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input checked="" type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PER <input type="checkbox"/> TEL

024	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
		E BEER AND RECEIPT		2		BUDWEISER				
025	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
026	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #				
	\$	\$	\$	123649	#1					
027	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
028	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK						SEIZED DRUGS	TYPE	AMOUNT	MEAS
029	INVESTIGATING OFFICER(S)				REVIEWED BY	ATTENTION TO:				
	Satterfield / Newark									

DEPARTMENT

Traver - Troy, MI 48064-5285
8400

PERSON REPORT

SUPP

PAGE 2 OF 3

DATE: 06.19.03 DAY: Thu SHIFT: 09 PLATOON: 99 BADGE 1: 089 BADGE 2: 025 UCR STATUS: E10 DEATH OF OFFENDER E11 PROSECUTION DECLINED E12 EXTRADITION DECLINED E13 REFUSED TO COOPERATE E14 JUVENILE, NO CUSTODY YEAR: 03118496 INCIDENT NUMBER: 03118496

REPT'D BY: (1) (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

02 NAME: 4 VICT # NAME (LAST, FIRST, MIDDLE, SUFFIX): Och, Brian RAC: W SEX: M DOB: CITY: STATE: MI ZIP: 48098

03 ADDRESS: 1981 W South Blvd CITY: STATE: MI ZIP: 48098

04 HOME PHONE: BUSINESS PHONE: 248 813-9581 STATE: DRIVER'S LICENSE #

05 VICTIM CONNECTED: TO OFFENSE: RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY: 01 SPOUSE 02 CHILD 03 GRANDPARENT 04 PARENT 05 SIBLING 06 IN-LAW 07 STEPPARENT 08 GRANDCHILD 09 STEPSIBLING 10 OTHER FAMILY

VICTIM TYPE: INDIVIDUAL BUSINESS FINANCIAL GOVERNMENT RELIGIOUS

SOCIETY / PUBLIC: OTHER: POLICE OFFICER:

VICTIM INJURY: NONE BROKEN BONE MINOR INJURY MAJOR INJURY POSS INT INJURIES SEVERE LACERATION LOSS OF TEETH UNCONSCIOUSNESS FATAL

PERSON COMMENTS / OTHER I.D.: Manager

06 OFF # 8 VICT # NAME (LAST, FIRST, MIDDLE, SUFFIX): DPU 276 + 278 RAC: SEX: DOB: CITY: STATE: MI ZIP:

07 ADDRESS: (DIRECTION, STREET, SUFFIX, QUALIFIER): 276 + 278 CITY: STATE: MI ZIP:

08 HOME PHONE: BUSINESS PHONE: STATE: DRIVER'S LICENSE #

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PERSON COMMENTS / OTHER I.D.:

10 OFF # VICT # NAME (LAST, FIRST, MIDDLE, SUFFIX): RAC: SEX: DOB: CITY: STATE: MI ZIP:

11 ADDRESS: (DIRECTION, STREET, SUFFIX, QUALIFIER): CITY: STATE: MI ZIP:

12 HOME PHONE: BUSINESS PHONE: STATE: DRIVER'S LICENSE #

13 HEIGHT: WEIGHT: EYES: HAIR COLOR / LENGTH / STYLE: BUILD: SKIN TONE: SOC SEC #: SID # FBI #

14 PERSON COMMENTS / CLOTHING: SUMMONS / CITATION NUMBER(S):

ARREST DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER

15 TEST: ON VIEW (No Warrant) SUMMONS (No Custody) CUSTODY (Warrant) MULTIPLE ARREST INDICATOR: MULTIPLE COUNT 1 N/A CLEAR INDICATOR: Y N UPON ARREST: UNARMED FIREARM HANDGUN (ENTER "A" IF AUTO) RIFLE SHOTGUN OTHER FIREARM LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) CLUB / BRASS KNUCKLES

ARREST ORIGIN: FOP MDT DISP PER TEL

16 OFF # NAME (LAST, FIRST, MIDDLE, SUFFIX): RAC: SEX: DOB: CITY: STATE: MI ZIP:

17 HEIGHT: WEIGHT: EYES: HAIR COLOR / LENGTH / STYLE: BUILD: SKIN TONE: SOC SEC #: SID # FBI #

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

ARREST DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER

19 OFF # NAME (LAST, FIRST, MIDDLE, SUFFIX): Attfield / Novak RAC: SEX: DOB: CITY: STATE: MI ZIP:

20 HEIGHT: WEIGHT: EYES: HAIR COLOR / LENGTH / STYLE: BUILD: SKIN TONE: SOC SEC #: SID # FBI #

21 PERSON COMMENTS / CLOTHING: SUMMONS / CITATION NUMBER(S):

22 REVIEWED BY: ATTENTION TO:

NARRATIVE REPORT

DATE	DAY	SHIFT	PLA1	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
6/19/03	Thu	9	99	89	25	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> UNF <input type="checkbox"/> INACT		03	18496

RE: L.C.C. violation (Furnish Alcohol to a minor)

On listed date and time we were conducting LCC checks with 18-year-old decoy, (

entered the Rite Aid store at 1981 W. South Blvd and selected a six-pack of Budweiser beer.

took the beer to the cash register for purchase. The cashier, Constance Shonebarger, asked his date of birth and

stated "9-21-81"; however Shonebarger never asked for I.D. and sold the beer to . (See witness

statement).

Shonebarger was issued a citation for Furnishing Alcohol to Minor on ticket #650508.

The store manager, Brian Och, was advised of the incident and the LCC violation report was completed.

The six-pack of beer and register receipt were tagged into evidence on tag#123649.

INVESTIGATING OFFICER(S) Satterfield / Novak	REVIEWED BY	ASSIGNED TO-BADGE	ATTENTION TO
---	-------------	-------------------	--------------

NARRATIVE REPORT WITNESS STATEMENT

SUPP CORR DELETE PAGE 1 OF 1

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
06/19/03	FR	09	99	025	089	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	03	18496

Statement of _____
(PLEASE PRINT)
Address: 500 W Big Beaver Home Phone: _____
City: Troy Business Phone: 248 524-3477
State: MI Zip: 48064

ON JUNE 19th 2003, I walked into the Rite-Aid located at the corner of W. South Blvd and Crooks. I went straight to the Beer cooler and selected a six-pack of Budweiser. I then took the Beer to the register, where Connie was the lady working. She asked me if this would be all. I said "yes, I think this should do it". She then rang the six-pack up and the total came to \$6.42. She did not ask me for an I.D. She did ask me for my date of birth though. I told her 9-21-81. She put it in a bag and gave it to me. I grabbed it and walked out the store.

Taken By: Navah (SIGNATURE)
Place: 500 W. Big Beaver
Date: 06/19/03 Time: 2000
INVESTIGATING OFFICER(S): Navah/Sutterfield
REVIEWED BY: _____ ASSIGNED TO: _____ BADGE: _____ ATTENTION TO: _____

State of Michigan
Uniform Law Citation

Ticket No. **650508** Victim Involved

US DOT # _____ Incident No. **03-18496** Dept. No. **784**

The People of the State of Michigan
 Township City Village County

Local Use/Arrest No. _____ Detection Device _____
OF: **TROY** BAC **1** of **1**

THE UNDERSIGNED SAYS THAT ON: Month **6** Day **19** Year **03** At approximately **655** A.M. P.M. Date of Birth Month **2** Day **15** Year **47**

State **MI** Driver's License Number **5516122014121** Social Security No. _____

Race **L** Sex **F** Height _____ Weight _____ Hair _____ Eyes _____ Occupation/Employer _____

Name (First, Middle, Last) **CONSTANCE, SHONEBARGER**

Street **2608 CHICKADEE**

City **ROCHESTER HILLS** State **MI** Zip Code **48309**

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 **RITE AID #2731**

AT OR NEAR **1981 W. SOUTH BLVD**

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING

Type	Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> Misd	<input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend	FURNISH ALCOHOL TO 98, 10, 06 PERSON UNDER 21	1
<input type="checkbox"/> Misd	<input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend		
<input type="checkbox"/> Misd	<input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend		
<input type="checkbox"/> Misd	<input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend		

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) _____

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: **03-18496**

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 **7-7-03**
Hearing Date (if applicable) or Court of 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) **SATERFIELD, NOVAK** Month **6** Day **19** Year **03**
Officer's ID No. **89/25**

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

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

Ticket
650508

Name

Case No.



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. SDM 78430-2003 Business ID 132003 File # _____

1. Name of Licensee RITE-AID #2731 2. Doing Business As RITE-AID

3. Mailing Address (street, city, zip code) 1981 West South Boulevard, Troy 48098

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) SDM CRP-ACT

7. Date of Violation: Thursday June 19, 2003 6:55 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 09/21/84 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 # 03-18496

See attached report

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

Officer Signature [Signature] Name and Title (print) Andrew Satterfield, Police Officer

Officer Signature [Signature] Name and Title (print) Justin Novak, Police Officer

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

WITNESSES

1. Name Brian Och Address 1981 W South Boulevard, Troy 48098

Will testify to: Store manager present when Shonebarger was advised of her violation.

2. Name Constance Shonebarger Address 2608 Chicadee; Rochester Hills 48309

Will testify to: Retail clerk who made the sale to decoy.

3. Name _____ Address 500 West Big Beaver Road, Troy 48084

Will testify to: Decoy who purchased beer from Shonebarger.

4. Name Officer Justin Novak Address 500 West Big Beaver Road, Troy 48084

Will testify to: Cited violation

5. Name Officer Andrew Satterfield Address 500 West Big Beaver Road, Troy 48084

Will testify to: Cited violation

EVIDENCE

Location Held (Explain): One 6-pack Budweiser bottled beer and one receipt from purchase.
Troy Police Department property tag No. 123649.

JENNIFER GRANHOLM
GOVERNOR



NIDA R. SAMONA
CHAIRPERSON

STATE OF MICHIGAN
LIQUOR CONTROL COMMISSION
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
DAVID C. HOLLISTER, DIRECTOR

November 7, 2003

600
Fine

RITE AID OF MICHIGAN, INC.
D/B/A RITE AID #2731
1981 W. SOUTH
TROY, MI 48098

RE: Complaint No. 3-74622

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than December 8, 2003 as indicated on your Invoice No. 82857. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid as only fines assessed are alternative to a suspension.

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

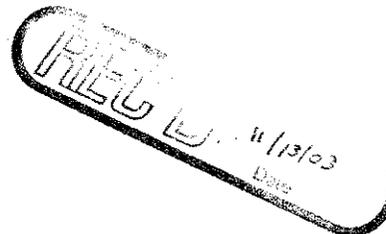
MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:wls

Enclosures

cc: Home Office
Michael J. Brown, Attorney
/Troy PD



STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: RITE AID OF MICHIGAN, INC.
D/B/A RITE AID #2731
1981 W. SOUTH
TROY, MI 48098

HEARING: OCTOBER 1, 2003
PLACE: FARMINGTON
COMPLAINT NO: 3-74622
BUSINESS ID NO. 132003
SDM

CHARGES - JUNE 19, 2003

- (1) Sold or furnished alcoholic liquor to minor decoy, ' , date of birth September 21, 1984, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

NEGOTIATED SETTLEMENT

This matter comes before the Commission as a proposed negotiated settlement, the state being represented by Rosendo Asevedo, Assistant Attorney General, and the Licensed Corporation being represented by Attorney Michael Brown. The presence of an officer of the Licensed Corporation was waived. Pursuant to Section 903 of the Michigan Liquor Control Code, MCL 436.1903, and Rule 436.1909 of the Michigan Liquor Control Commission (MLCC), the parties stipulated and agreed that:

- (1) the Licensed Corporation would acknowledge responsibility to the charge in the Complaint;
- (2) the Administrative Law Judge will enter the Violation Report of the case and attachments thereto into the record as substantive evidence without objection and will further

take notice of the prior record of this Licensed Corporation since being licensed by the MLCC at the above location under current ownership;

(3) the Licensed Corporation would pay a maximum fine of \$600, with no suspension or revocation as a penalty;

(4) there would be no appeal of this decision to the Appeal Board or to any court of law, and if not approved, the hearing officer would not recuse himself upon a contested hearing of the matter.

ORDER

The Licensed Corporation has been licensed at this location since December 5, 2000, and after reviewing the Licensed Corporation's past record and the Violation Report setting forth the facts of this case, the Administrative Law Judge accepts the terms of the Negotiated Settlement and orders as follows:

(1) the plea acknowledging the charge in this case be accepted;

(2) the Violation Report and attachments are accepted as substantive evidence;

(3) based upon the Violation Report and statements at the hearing, the Administrative Law Judge finds that the Licensed Corporation did violate Section 801(2) of the Michigan Liquor Control Code, MCL 436.1801(2), as alleged in the charge of the Complaint;

(4) for the charge for which a violation was found, the Licensed Corporation is fined \$600;

(5) a suspension of 30 continuous days be imposed if the total fine of \$600 is not paid, with this suspension to be served consecutively and not concurrently with any other suspensions ordered by the MLCC for the Licensed Corporation;

(6) this Negotiated Settlement is a full and final disposition of the matter before the MLCC, recognizing that as to the Complaint, there is no further right of administrative or judicial appeal, either to the MLCC or a court of law and that there are no promises, stipulations, understandings or agreements other than those stated in the record, and this Order represents the final agreed settlement.

In addition, the Administrative Law Judge Orders the Licensed Corporation to pay total cost of \$10.00 for witness fees involved in connection with the hearing.

MICHIGAN LIQUOR CONTROL COMMISSION



Dennis Flessland, Administrative Law Judge

Dated: October 28, 2003

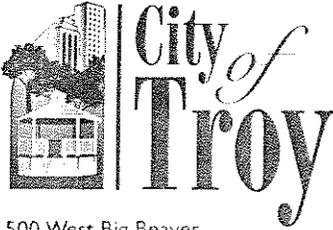
Rosendo Asevedo
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

Michael J. Brown
Attorney at Law
The Phoenix Building, Suite 500
222 N. Washington Square
Lansing, MI 48933-1817

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/31
XFER TKT# 01 03 650508
CASE 03 002605 PS 01 TYPE OM DEF NAME CONSTANCE, , SHONEBARGER,
SOC SEC 000000000 SEX F RACE DOB 021547 LIC # MI S516122014121
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 061903 CONV CODE
CHARGE CODE JUDGE 30
DISP PG B PLEA OF GUILTY AT BENCH TRIAL COND DATE 081803
SENTENCE DATE 081803 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS .00 TO BE PAID BY 000000 REST .00 OTHER 75
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 SERV
PROBATION: TIME 6M TOT POE W/R W/E BEG DTE 000000
OTHER: PUA FOR 6 MTHS/NON-REPORTING/NO VIOL OF ANY LAWS/
CAA FEES \$75.00

CIRC: TCN#
CTN # SID # CLEMIS # 003-18496 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 002605 MSP PDC C001 SEQ FUNCTION DS MODE



500 West Big Beaver
 Troy, Michigan 48064
 Fax: (248) 524-0851
 www.ci.troy.mi.us

February 18, 2004

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Operations
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Technology
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

Rite Aid of Michigan, Inc.
 1981 W South Blvd
 Troy, Michigan 48098

Re: Liquor License: Rite-Aid Pharmacy #2731
 1981 W South Blvd
 Troy, Michigan 48098

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, March 3, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDM (78430-2003)
Violation Name: Sale to Minor
Violation Date(s): 6/19/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes

Barbara A. Holmes, CMC
 Deputy City Clerk

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

4990 2566 4000 0007 2002

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Rite Aid of Michigan, Inc.
 1981 W South Blvd
 Troy, Michigan 48098

PS Form 3800, April 2002

LCC

Liquor Licensee History

Business name: **Troy Paradise**
 Address: 5945 John R
 Licensee: Troy Paradise, Inc.
 License type: **SDD SDM**
 Permits:
 Comments: Sadik Sadik

Date	Troy Incident #	Type	Disposition	Date
09/09/02		Council approved new SDM		
10/10/02		MLCC denies applicant a new SDM		
11/26/02		MLCC rescinds original order; new SDM is approved		
12/16/02		Council approved new SDD		
01/18/03	03-1865	Liquor Inspection (Road Patrol-Daniels)	NO VIOLATIONS	
03/07/03	03-6899	Liquor Inspection (Road Patrol-Daniels)	NO VIOLATIONS	
03/24/03	03-8705	Sale to Minor (Compliance Test)	\$500 fine	4/22/03
06/07/03	03-16993	Liquor Inspection (Road Patrol-Langbeen)	NO VIOLATIONS	
06/19/03	03-18536	Compliance Test	PASSED	
08/26/03	03-26681	Liquor Inspection (Road Patrol-Langbeen)	NO VIOLATIONS	
08/29/03	03-27058	Liquor Inspection (Road Patrol-Langbeen)	NO VIOLATIONS	
10/27/03	03-33205	Compliance Test	PASSED	
11/08/03	03-34522	Liquor Inspection (Road Patrol-Livingston)	NO VIOLATIONS	
01/11/04	04-01008	Liquor Inspection (Road Patrol-Livingston)	NO VIOLATIONS	

ROY POLICE DEPARTMENT

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

INCIDENT REPORT

SUPP
PAGE 1 OF 2

01	DATE 03.24.03	DAY Mon	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 089	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 8705	
02	RECEIVED 19.05	DISPATCHED FOP	ARRIVED FOP	COMPLETED 19.25	DATE(S) OCCURED 03.24.03			TIMES(S) OCCURED 19.05	ASSIGNED HOUR / DAY 19 M, O, N		
03	LOCATION / ADDRESS 5945 John R			(DIRECTION, STREET, SUFFIX, QUALIFIER)			LOCATION 2 (INTERSECTING STREET)				
04	CITY Troy	STATE MI	ZIP 48085	CODE L	BUSINESS NAME Troy Paradise Inc			BUSINESS PHONE 248 828-8000			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION liquor store			ESTAB CODE 4200	ORIGIN <input checked="" type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 05	GEOGRAPHIC			
06	NATURE OF OFFENSE #1 LCC Violation			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 00	ACTIVITY PT	ACTIVITY TYPES (Maximum 3 Per Offense)
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	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
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

EXES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

10	CODE 148	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)			RAC W	SEX F	DOB 103083	AGE 19
11	ADDRESS 500 W. Big Beavers	(DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY Troy	STATE MI	ZIP 48084		
12	HOME PHONE	BUSINESS PHONE 248 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. DPLC Decay				

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

16	CODE 465R01	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) Sadik, Sadik Jubrail			RAC W	SEX M	DOB 030155	AGE 48
17	ADDRESS 1147 Baker Ct	(DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY Troy	STATE MI	ZIP 48083		
18	HOME PHONE 248 526-9816	BUSINESS PHONE 248 828-8000	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE	
19	STATE MI	DRIVER'S LICENSE # S320758454159	SOC SEC #	SID #	FBI #				
20	PERSON COMMENTS / CLOTHING			SUMMONS / CITATION NUMBER(S) # 632128					

21	ARREST / SUMMONS DESCRIPTION Furnish Alcohol to Minor	ARREST CHARGE 1	ARREST DATE 03.24.03	PLATOON 99	BADGE 1 006	BADGE 2 089	FM 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 <input checked="" 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 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input checked="" type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PER <input type="checkbox"/> MDT <input type="checkbox"/> TEL

24	CODES E	DESCRIPTION Beer	PROPERTY TYPE	QUANTITY 01	YEAR	MAKE Bud Light	MODEL 6 pack / 12oz			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
26	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG # 121606	LOCATION PROPERTY Rep	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 Beer sold to Spix						SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S) Bragg / Satterfield			REVIEWED BY	ATTENTION TO					

01	DATE 3/24/03	DAY Mon	SHIFT 9	PLAT 99	BADGE 1 89	BADGE 2 006	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 8705
----	-----------------	------------	------------	------------	---------------	----------------	---	---------------	------------	--------------------

RE: LCC Violation

Directed Patrol Unit working a Liquor Compliance Check with Student Enforcement Aide (19 yrs).

entered the Troy Paradise store (5945 John R) and selected a 6 pack of Bud Light canned beer. presented the beer to the cashier / owner Sadik Jubrail Sadik. Sadik rang up the sale without asking for I.D. or inquiring about age. paid for the beer and exited the store with the merchandise.

Sadik stated that he does not speak very good English; but he thought looked old enough to purchase alcohol.

Sadik stated that he has not been TIPS / TAMS trained.

Sadik was issued a citation for furnishing alcohol to a minor (cit# 632128).

The LCC violation form was completed.

Sadik's wife, Linda, arrived on scene and we also explained to her the incident and advised her of the violations.

The beer was tagged into evidence with the grocery bag on tag # 121606.

INVESTIGATING OFFICER(S) Satterfield / Bragg	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
---	-------------	-------------------	--------------

**NARRATIVE REPORT
 WITNESS STATEMENT**

01	DATE 03/24/03	DAY Mon	SHIFT 0999	PLAT FF	BADGE 1 006	BADGE 2 089	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS 	YEAR 03	INCIDENT # 8705
----	------------------	------------	---------------	------------	----------------	----------------	---	----------------	------------	--------------------

02 Statement of: _____ Home Phone: _____

03 Address: 500 W. Big Beaver (PLEASE PRINT) Business Phone: 524-3431

04 City: Troy State: MI Zip: 48084

05 I entered Troy Paradise and took a 6-pack of Bud Light
 06 from the cooler. I brought it up to the register and a man who
 07 looked about in his 50's with salt and pepper hair rang me up.
 08 He did not ask for ID or for my age or birthday. He told
 09 me the total and I paid him, completing the sale.

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28 Taken By: Bragg X: _____ (SIGNATURE)

29 Place: 500 W. 16 Date: 3/24/03 Time: 21:00

INVESTIGATING OFFICER(S) <u>Bragg / Sutterfield</u>	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
--	-------------	---------------------	--------------

Reviewed By: _____

TROY POLICE DEPARTMENT PROPERTY RECORD

TAG 121606

COMPLAINT # 03-8705 FOR PROPERTY SECTION USE ONLY - BIN# _____

EVIDENCE PERSONAL FOUND RECOVERED CONFISCATED LOCKER # _____

CHARGE/INCIDENT TYPE LCC VIOLATION DESCRIPTION 1 6 PACK OF BUD LIGHT CANNED BEER WITH PAPER BAG (PRICE TAG \$5.99)

SERIAL # _____ DRUG WEIGHT _____

REPORTING OFFICER SATHANWAL / BRAGG DATE 3-24-03 TIME 2035

DEFENDANT: SADIK SADIK JUBRAIL 3-11-55 W/M
LAST FIRST MIDDLE DOB RACE/SEX

DEFENDANT: _____
LAST FIRST MIDDLE DOB RACE/SEX

DEFENDANT: _____
LAST FIRST MIDDLE DOB RACE/SEX

INSTRUCTIONS TO PROPERTY SECTION: HELD FOR COURT

OWNER: NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

CLAIMED BY: _____ DATE _____

FOR PROPERTY SECTION USE ONLY

ENTERED IN SYSTEM _____

DISPOSITION: AUCTIONED DESTROYED PHOTO LAB OTHER DATE _____

State of Michigan Uniform Law Citation Ticket No. **No 632128** Victim Involved

US DOT # Incident No. **03-8705** Dept. No. **784**

The People of the State of Michigan Township City Village County OF. **TROY** Local Use/Arrest No. Detection Device **1 of 1**

THE UNDERSIGNED SAYS THAT ON: Month **3** Day **24** Year **03** At approximately **7:05** A.M. P.M. Date of Birth Month **3** Day **1** Year **55**

State/Driver's License Number **MI 15320758454159** Social Security No.

Race **W** Sex **M** Height Weight Hair Eyes Occupation/Employer **OWNER**

Name (First, Middle, Last) **SADIK JUBRAIL SADIK**

Street **1147 BAKER CT.**

City **TROY** State **MI** Zip **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 **TROY PARADISE**

OR NEAR **3945 JOHN R RD.**

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fel	98.10.06	FURNISHING ACCOMOD TO A MINOR	1
<input type="checkbox"/> C/A <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel			2
<input type="checkbox"/> C/A <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel			3

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Count **1** **78.10.06** **2** **3**

Key for Type: C/A = Civil Infraction, Misd = Misdemeanor, Fel = Felony, Warn = Warning, Fug = Fugitive, Waiv = Violation for Which Fines/Costs May be Waived, Authorization pend = Authorization pending

Remarks **LANGUAGE BARRIER**

CHECK IF APPROPRIATE: Vehicle Impounded, Traffic Crash, Injury, Death, Damage to Property, Local Court Bond \$, License Posted In Lieu of Bond, Appearance Certificate, Person in Active Military Service Yes No None

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS **APRIL 15 2003 11AM**

Appearance Date on or before 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: **DRACE SAITERFIELD** Month **3** Day **24** Year **03**

Officer's Name (printed): **DRACE SAITERFIELD** Officer's ID No: **006 089**

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

UC-01a (rev. 11/95) Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES ORDER BY FORM NO. M76 (Revised 11/95) FIDLAR DOUBLEDAY KALAMAZOO, MI

Ticket No. **No 632128** Name **SADIK JUBRAIL SADIK** Case No.



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

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)

* Officers Please Obtain This Information From The License *

License No. 500 115945-2002 SS Business ID 143126 File #
SDM 115365-2002

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

- 1. Name of Licensee TROY PARADISE INC.
2. Doing Business As PARTY STORE
3. Mailing Address (street, city, zip code) 5945 JOHN R, TROY, MI 48065
4. Township
5. County OAKLAND
6. Type of License(s) & Permit(s) SDD, SDM, SUNDAY SALES
7. Date of Violation: MONDAY 3-24-03 710 AM or PM
8. Violation Type: X 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 10-30-83 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 # 03-8705

Officer Signature [Signature] #67 Name and Title (print) ANDREW SATTRFIELD POLICE OFFICER
Officer Signature Name and Title (print) RUSSELL BRAGE POLICE OFFICER
Department Name TROY P.D. Phone # 248-524-3477
LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name SADIK JUBRAIL SADIK 3-1-55 Address 1147 BAKER CT, TROY, MI 48063

Will testify to: CASHIER WHO SOLD ALCOHOL / OWNER

2. Name OPC. RUSSELL BRAGG Address 500 W. 16 TROY MI 48084

Will testify to: ISSUING OFFICER

3. Name OPC. ANDREW SATTERFIELD Address 500 W. 16 TROY MI 48084

Will testify to: ISSUING OFFICER

4. Name _____ Address _____

Will testify to: _____

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: _____



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING
DAVID C. HOLLISTER, DIRECTOR

JUDITH ALLEN
CHAIRWOMAN

May 2, 2003



TROY PARADISE, INC.
D/B/A TROY PARADISE PARTY STORE
5945 JOHN R
TROY, MI 48085

RE: Complaint No. 3-72740

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than JUNE 2, 2003 as indicated on your Invoice No. 81503. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid, as only fines assessed are alternative to a suspension.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:ll

Enclosures

cc: Troy Police Dept

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: TROY PARADISE, INC.
D/B/A TROY PARADISE PARTY STORE
5945 JOHN R
TROY, MI. 48085

COMPLAINT NO. 3-72740
BUSINESS I.D. NO. 143126

SDD SDM

CHARGE - March 24, 2003

- (1) Sell, furnish or give away alcoholic liquor to _____, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Sadik J. Sadik, an officer of the above named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 3-72740 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that [REDACTED], while under the direction of the Troy Police Department, entered the above named licensed establishment during March 24, 2003 and purchased alcoholic liquor from the above-named Sadik J. Sadik without showing proper proof of age.

The Commissioner further finds that the above-named Sadik J. Sadik in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that [REDACTED] was 19 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted to the MLCC by the above-named Sadik J. Sadik.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 3-72740 did violate MCL 436.1801(2), as cited.

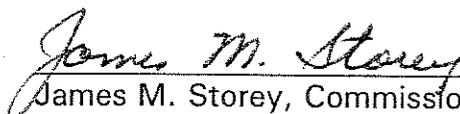
ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows no prior violation since being licensed by the MLCC on December 6, 2002 at the above named location under the current ownership.

The Commissioner, therefore, Orders a fine of \$500.00 as penalty in this matter. The Commissioner further Orders that a suspension of 25 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: April 22, 2003



James M. Storey, Commissioner

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/30
XFER TKT# 01 03 632128
CASE 03 001338 PS 01 TYPE OM DEF NAME SADIK, JUBRAIL, SADIK,
SOC SEC 000000000 SEX M RACE DOB 030155 LIC # MI S320758454159
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 032403 CONV CODE
CHARGE CODE JUDGE 10
DISP PG B PLEA OF GUILTY AT BENCH TRIAL COND DATE 052903
SENTENCE DATE 052903 ARREST DATE JUDGMENT PRINT DATE 052903
FINES & COSTS 200.00 TO BE PAID BY 052903 REST OTHER 50
JSA JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN#
CTN # SID # CLEMIS # 000038705 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 001338 MSP PDC C001 SEQ FUNCTION DS MODE



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

February 18, 2004

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Operations
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Technology
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

Troy Paradise, Inc.
 5945 John R
 Troy, Michigan 48085

Re: Liquor License: Troy Paradise Party Store
 5945 John R
 Troy, Michigan 48085

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, March 3, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD (115945-2002) SDM (115365-2002)
Violation Name: Sale to Minor
Violation Date(s): 3/24/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes

Barbara A. Holmes, CMC
 Deputy City Clerk

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

7002 1000 0000 4000 9357 2590 0657

TO: _____
 FROM: _____

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

Troy Paradise, Inc.
 5945 John R
 Troy, Michigan 48085

LCC Liquor Licensee History

Business name: **Mon Jin Lau**

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

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

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

Permits: Sunday Sales

Comments:

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

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

INCIDENT REPORT

01	DATE 10 29 03	DAY WED	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 062	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 33451	
02	RECEIVED 1950	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 2015 10 29 03	TIMES(S) OCCURRED 1950	ASSIGNED HOUR / DAY 191 WED				
03	LOCATION / ADDRESS 1515 E. MAPLE RD.				LOCATION 2 (INTERSECTING STREET)						
04	CITY TROY	STATE MI	ZIP 48084	CODE	BUSINESS NAME MON JIN LAU	BUSINESS PHONE 248 689-2532					
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT				ESTAB CODE 8640	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input checked="" type="checkbox"/> OTHER	PATROL 04	GEOGRAPHIC		
06	NATURE OF OFFENSE #1 LCC VIOLATION	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)		
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 <input type="checkbox"/>	ACTIVITY	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING		
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 <input type="checkbox"/>	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 <input type="checkbox"/>	ACTIVITY	OFFENSE COMMENTS		

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC WM	SEX M	DOB 062283	AGE 20		
I 11	ADDRESS 500 W. BIG BEAVER	(DIRECTION, STREET, SUFFIX, QUALIFIER)		CITY TROY	STATE MI	ZIP 48083			
G 12	HOME PHONE	BUSINESS PHONE 248 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE				
T 13	VICTIM CONNECTED <input type="checkbox"/> 1 <input type="checkbox"/> 3 TO OFFENSE <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN		

16	CODE 4501	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) SUPER, HEIDI ELIZABETH	RAC WF	SEX F	DOB 032673	AGE 30	
A 17	ADDRESS 4517 BARCROFT WAY	(DIRECTION, STREET, SUFFIX, QUALIFIER)		CITY STERLING HEIGHTS	STATE MI	ZIP 48310		
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE

R 19	STATE MI	DRIVER'S LICENSE # 5160302210242	SOC. SEC. #	SID #	FBI #
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E 20	PERSON COMMENTS / CLOTHING BARTENDER	SUMMONS / CITATION NUMBER(S) 150513
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S 21	ARREST / SUMMONS DESCRIPTION FURN. ALCOHOL TO A MINOR	ARREST CHARGE 1	ARREST DATE 10 29 03	PLATOON 09	BADGE 1 006	BADGE 2 062-01	FM	DIS	DEPARTMENT ARREST NUMBER
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T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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23	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 01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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24	CODES E	DESCRIPTION PHOTOGRAPH	PROPERTY TYPE	QUANTITY	YEAR	MAKE POLAROID	MODEL
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25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.
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26	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG # 124440	LOCATION PROPERTY DEPOSITORY	LEIN / NCIC REF #
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27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED
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28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK PHOTO OF A BOTTLE OF BVD LIGHT BEER	SEIZED DRUGS	TYPE	AMOUNT	MEAS
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29	INVESTIGATING OFFICER(S) BRACE / BROWNE	REVIEWED BY: [Signature]	ATTENTION TO:
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PERSON REPORT

01	DATE 10.29.03	DAY WED	SHIFT 09	PLATOON 99	BADGE 1 061	BADGE 2 062	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 33451
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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) RESPONSIBL

V 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) TORRES TONY	RAC NM	SEX M	DOB	AGE
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I 03	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) E. MAIN RD	CITY TROY	STATE MI	ZIP 48064
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C 04	HOME PHONE	BUSINESS PHONE 248 689-9382	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. ASST. MGR.
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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"/> A INDIVIDUAL <input type="checkbox"/> B BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	/
	02 CL 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 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	/

V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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I 09	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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C 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
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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"/> A INDIVIDUAL <input type="checkbox"/> B BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	/
	02 CL 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 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	/

V 14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 15	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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F 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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A 21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> UNARMED <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
------	---	--	---	--	---	---	---	---	--

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

F 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
------	------------------------------	-----------------	-------------	---------	---------	---------	----	-----	-------------

A 29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> UNARMED <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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S 30	INVESTIGATING OFFICER(S) BRAGG / BROWN	REVIEWED BY:	ATTENTION TO:
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NARRATIVE REPORT

01	DATE 10/29/03	DAY Wed	SHIFT 09	PLAT 99	BADGE 1 06	BADGE 2 62	INCIDENT STATUS _ CLR ARREST _ UNF _ CLR EXCEPT _ INACT	PRIM CLASS	YEAR 03	33451
----	------------------	------------	-------------	------------	---------------	---------------	---	------------	------------	-------

On the listed date and time, Directed Patrol Officers were making a liquor compliance check on Mon Jin Lau Restaurant at 1515 E. Maple. Student enforcement aide _____ entered the restaurant and seated himself at the bar. Habbo was 20 years old at the time of the test.

Bartender Heidi Super approached _____ and took his order. _____ ordered a Bud Light bottle. Super failed to make inquiry of _____ as to his age. Super served _____ with his beer. Officers then secured the scene and the enforcement aide left the restaurant.

Super and Assistant Manager Toney Torrez were then advised of the violation.

Super was issued citation #650513 for Sale of Alcohol to a Minor. A photograph of the beer served to _____ was tagged (#124440) and placed into property.

INVESTIGATING OFFICER(S) Bragg/Browne	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT
WITNESS STATEMENT

01	DATE 10/29/03	DAY Wed	SHIFT 0999	PLAT 99	BADGE 1 207	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 33451
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02 Statement of: _____ Home Phone: _____

03 Address: 500 W. Big Beaver (PLEASE PRINT) Business Phone: _____

04 City: Troy State: _____ Zip: _____

05

06 I walked into the Mon jin Lav on Oct, 29

07 at 7:43pm. I sat down at the bar and

08 waited to be served. I saw a man from

09 behind the bar come in front of me

10 to check the score on the hockey game.

11 I asked the gentleman if he could get

12 me a Bud light, he then told the Bartender

13 to get it for me. Description: Blond short hair,

14 Black shirt & pants, Pregnant). She then asked

15 me what I would like, I told her bud light.

16 She gave it to me. She did not ask me

17 for my identification. And didnt ask

18 how old I was.

19

20

21

22

23

24

25

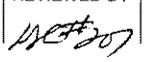
26

27

28 Taken By: Sgt. Livings  (SIGNATURE)

29 Place: 1515 E. MAPLE (PARKING LOT) Date: 10-29-03 Time: 8:00 PM

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

SGT. LIVINGSTON  _____

State of Michigan
Uniform Law Citation

Ticket No. **650513** Victim Involved

US DOT # _____ Incident No. **03-33451** Dept. **704**

The People of the State of Michigan
 Township City Village County

Local Use/Arrest No. _____ Detection Device _____

OF: **TROY** BAC _____ of _____

THE UNDERSIGNED SAYS THAT ON _____ Month _____ Day _____ Year _____ At approximately _____ A.M. _____ P.M. Date _____ Month _____ Day _____ Year _____

State _____ Driver's License Number **MI S 160 302 210 242** Social Security No. **03 2673**

Race _____ Sex _____ Height _____ Weight _____ Hair _____ Eyes _____ Occupation/Employer _____

Name (First, Middle, Last) **HEIDE ELIZABETH SUPER**

Street **4577 BARCROFT WAY**

City **STERLING HEIGHTS MI** State _____ Zip Code **48310**

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 1515 E. MAPLE**

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND**

TYPE	Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> C/I	<input type="checkbox"/> Warm	1962 SALE OF ALCOHOL TO A MINOR (DECOR)	1
<input type="checkbox"/> Misc	<input type="checkbox"/> Fug	436 (DUI)	2
<input type="checkbox"/> C/I	<input type="checkbox"/> Warm		3
<input type="checkbox"/> Misc	<input type="checkbox"/> Fug		
<input type="checkbox"/> Fel	<input type="checkbox"/> Warm		

TO THE COURT: Do not arraign or a felony charge until an authorized complaint is filed.

Offense Code(s) **C/I**

Key for Type: C/I = Civil Infraction Misc = Misdemeanor Fel = Felony Warm = 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 on or before **Nov. 19, 2003 9:30 AM**

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 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 (print) **Michael R. Brown** Month **10** Day **29** Year **03**

Officer's ID No. **02/62**

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

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

Ticket No. **650513**
Name _____
Case No. _____



Michigan Department of Consumer & Industry Services
 MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
 7150 Harris Drive - P.O. Box 30005
 Lansing, Michigan 48909-7505
 Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
 (Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

* Officers please obtain License No., Bus. ID and File # directly from the liquor license *

License No. 353 2003 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 48084

4. Township _____ 5. County Oakland

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

7. Date of Violation: Wednesday 10/29/03 7:50 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 06/22/83 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 # 03-33451

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

Officer Signature [Signature] Name and Title (print) Patrick Browne, Police Officer

Officer Signature [Signature] Name and Title (print) Russell Bragg, Police Officer

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

WITNESSES

1. Name _____ Address 500 West Big Beaver Road; Troy 48084

Will testify to: Student enforcement aide

2. Name Heidi Super _____ Address 4517 Barcroft Way; Sterling Hts 48310

Will testify to: Bartender who served alcohol to

3. Name Tony Torrez _____ Address 1515 East Maple Road; Troy 48084

Will testify to: Assistant manager

4. Name Officer Patrick Browne _____ Address 500 West Big Beaver Road; Troy 48084

Will testify to: LCC violation

5. Name Officer Russell Bragg _____ Address 500 West Big Beaver Road; Troy 48084

Will testify to: LCC violation

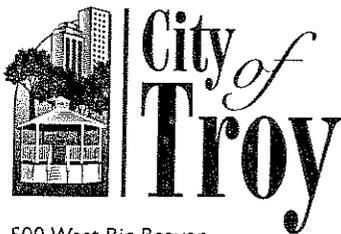
EVIDENCE

Location Held (Explain): City of Troy Property Room
-Polaroid photograph of beer served to Habbo

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/31
XFER TKT# 01 03 650513
CASE 03 004619 PS 01 TYPE OI DEF NAME HEIDI,ELIZABETH,SUPER,
SOC SEC 000000000 SEX F RACE DOB 032673 LIC # MI S160302210242
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 102903 CONV CODE
CHARGE CODE JUDGE 20
DISP ARS B ADMITS RESPONSIBILITY AT BENCH TRIAL COND DATE 012004
SENTENCE DATE 012004 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS 5.00 TO BE PAID BY 012004 REST OTHER
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 SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN#
CTN # SID # CLEMIS # 000333451 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 004619 MSP PDC C001 SEQ FUNCTION DS MODE



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

February 10, 2004

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Operations
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Technology
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

Mon Jin Lau, Inc.
 1515 E. Maple
 Troy, Michigan 48084

Re: Liquor License: Mon Jin Lau
 1515 E. Maple
 Troy, Michigan 48084

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 18, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (353-2002)
Violation Name: Sale to Minor
Violation Date(s): 10/29/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

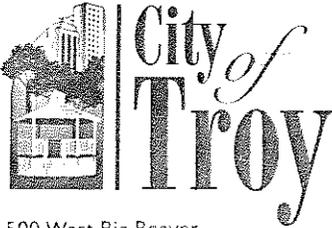
Sincerely,

Barbara A. Holmes, CMC
 Deputy City Clerk

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	
Mon Jin Lau, Inc. 1515 E. Maple Troy, Michigan 48084	

7002 1000 0000 4000 9357 0500

PS Form 3800 April 2002 See Reverse for Instructions



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 18, 2004

- Area code (248)
- Assessing
524-3311
- Bldg. Inspections
524-3344
- Bldg. Operations
524-3368
- City Clerk
524-3316
- City Manager
524-3330
- Community Affairs
524-1147
- Engineering
524-3383
- Finance
524-3411
- Fire-Administration
524-3419
- Human Resources
524-3339
- Information Technology
619-7279
- Law
524-3320
- Library
524-3545
- Parks & Recreation
524-3484
- Planning
524-3364
- Police-Administration
524-3443
- Public Works
524-3370
- Purchasing
524-3338
- Real Estate & Development
524-3498
- Treasurer
524-3334
- General Information
524-3300

Mon Jin Lau, Inc.
1515 E. Maple
Troy, Michigan 48084

Re: Liquor License: Mon Jin Lau
1515 E. Maple
Troy, Michigan 48084

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, March 3, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the non-renewal of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (353-2002)
Violation Name: Sale to Minor
Violation Date(s): 10/29/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
Deputy City Clerk

c: Harold Fried, Esq.
29800 Telegraph
Southfield, Michigan 48034

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

7002 1000 0004 9357 0725

[Redacted area]

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

Mon Jin Lau, Inc.
1515 E. Maple
Troy, Michigan 48084

LCC

Liquor Licensee History

Business name: **Hooter's of Troy**

Address: 1686 John R. (248) 680-0509

Licensee: Hooters of Troy

License type: **Class C (1737-2002)**

Permits: Sunday Sales, Ent

Comments:

Date	Troy Incident #	Type	Disposition	Date
12-3-96		Hooters's receives license.		
7-2-98	N/A	Robert Roffolo called, had "1 beer" at Pine Knob, went to Hooters and was refused service. Wanted to know if it was a city ordinance requirement, and complain he was refused.		
01/08/99	99-01051	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/12/99	99-09500	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/02/99	99-16151	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/99	99-23835	Compliance Test	PASSED	
09/07/99	99-34478	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/16/99	none	Compliance Test	PASSED	
11/17/99	99-44079	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/00	00-22401	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
08/17/00	00-30426	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/17/00	00-38534	Compliance Test	PASSED	
10/26/00	00-39578	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/16/00	00-42516	Compliance Test	PASSED	
02/09/01	01-04818	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/19/01	01-13435	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/20/01	01-13549	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

05/03/01		Compliance Test	PASSED	
06/14/01	01-20964	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/15/01	01-29301	Compliance Test	PASSED	
09/27/01	01-34730	Compliance Test	PASSED	
10/07/01	01-35975	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/22/01	01-42208	Serve Intoxicated Person (Traffic Accident)	\$800 fine	06/27/02
12/12/01	01-44422	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/22/02	02-05704	Compliance Test	PASSED	
03/04/02	02-06858	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/16/02	02-11681	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/02	02-20145	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/26/02	02-20469	Compliance Test	PASSED	
08/23/02	02-27829	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	
10/08/02	02-33193	Compliance Test	PASSED	
12/09/02	02-39885	Liquor Inspection (Road Patrol-Brazel)	NO VIOLATIONS	
02/23/03	03-5663	Liquor Inspection (Road Patrol-Brazel)	NO VIOLATIONS	
03/10/03	03-7193	Liquor Inspection (Road Patrol-Brazel)	NO VIOLATIONS	
4/23/03	03-12071	Sale to Minor (Compliance Test)	\$500 fine	08/26/03
06/20/03	03-18694	Compliance Test	PASSED	
06/25/03	03-19364	Liquor Inspection (Road Patrol-Giorgi)	NO VIOLATIONS	
08/24/03	03-26507	Liquor Inspection (Road Patrol-Giorgi)	NO VIOLATIONS	
08/28/03	03-26984	Liquor Inspection (Road Patrol-Giorgi)	NO VIOLATIONS	
10/27/03	03-33183	Compliance Test	PASSED	

INCIDENT REPORT

01	DATE 04.23.03	DAY Wed	SHIFT 09	PLATOON 99	BADGE 1 025	BADGE 2 006	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 12071	
02	RECEIVED 19.25	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 19.45.04.23.03		TIMES(S) OCCURRED 19.24		ASSIGNED HOUR / DAY 19 Wed		
03	LOCATION / ADDRESS 1.686 John R				LOCATION 2 (INTERSECTING STREET)						
04	CITY Troy	STATE MI	ZIP 48064	CODE	BUSINESS NAME Hosters			BUSINESS PHONE 680-0509			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION restaurant				ESTAB CODE 8.6.60	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT		HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER		PATROL 04	GEOGRAPHIC
06	NATURE OF OFFENSE #1 LCC Violation		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING	
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY		
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY		
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS	

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

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

A 16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) 4.6.R.S.O.1		RAC	SEX	DOB WF 111084	AGE
A 17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 2000 + St.		CITY Madison Hgts			STATE	ZIP MI 48071	

R 18	HOME PHONE (248) 547-8048	BUSINESS PHONE (248) 680-0509	HEIGHT 506	WEIGHT 135	EYES brn	HAIR COLOR / LENGTH / STYLE brn	BUILD	SKIN TONE
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R 19	STATE MI	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 20	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S) # 650506
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S 21	ARREST / SUMMONS DESCRIPTION Furnish Alcohol to Minor	ARREST CHARGE 1	ARREST DATE 04.23.03	PLATOON 09	BADGE 1 006	BADGE 2 025	FM	DIS	DEPARTMENT ARREST NUMBER
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T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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23	ARREST TYPE <input checked="" 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 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input checked="" type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PER <input type="checkbox"/> MDT <input type="checkbox"/> TEL
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CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODES	DESCRIPTION E photographs	PROPERTY TYPE	QUANTITY 02	YEAR	MAKE	MODEL
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25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.
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26	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG # 121920	LOCATION PROPERTY Rep	LEIN / NCIC REF #
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27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED
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28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK 2 photos of beer served	SEIZED DRUGS	TYPE	AMOUNT	MEAS
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29	INVESTIGATING OFFICER(S) Bragg / Nowak	REVIEWED BY: WLA #224	ATTENTION TO: DB
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PERSON REPORT

DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	YEAR	INCIDENT NUMBER
01	042303	Wed	0999	006	025	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	03	12071
						E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE NO CUSTODY		

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
V 02	4	John R	W	M		
ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY		STATE	ZIP
HOME PHONE		BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.	
		680-0509			Manager	

VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE O <input type="checkbox"/> MAJOR INJURY L <input type="checkbox"/> SEVERE LACERATION	M <input type="checkbox"/> MINOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY	OUTSIDE FAMILY, BUT KNOWN	NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES	
01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER
		98 STRANGER 99 UNKNOWN	/		

CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
V 08	48		W	M		18
ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY		STATE	ZIP
HOME PHONE		BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.	
		524-3477			Dejay	

VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE O <input type="checkbox"/> MAJOR INJURY L <input type="checkbox"/> SEVERE LACERATION	M <input type="checkbox"/> MINOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY	OUTSIDE FAMILY, BUT KNOWN	NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES	
01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER
		98 STRANGER 99 UNKNOWN	/		

CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
A 14	48		W	F		18
ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY		STATE	ZIP
HOME PHONE		BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE
		524-3477				

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

PERSON COMMENTS / CLOTHING: *Dejay* SUMMONS / CITATION NUMBER(S):

ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PER <input type="checkbox"/> TEL
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CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
A 23						
ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY		STATE	ZIP
HOME PHONE		BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE

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

PERSON COMMENTS / CLOTHING: SUMMONS / CITATION NUMBER(S):

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

ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PER <input type="checkbox"/> TEL
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INVESTIGATING OFFICER(S): <i>Arana / [Signature]</i>	REVIEWED BY:	ATTENTION TO:
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TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48084
ORI #MI6378400

NARRATIVE REPORT

SUPP CORR DELETE PAGE 2 of 3

01	DATE 4/23/03	Day Wed	SHIFT 09	99	BADGE 1 006	BADGE 2 025	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 12071

Members of the Directed Patrol Unit conducted a liquor control compliance check at the Hooters restaurant at 1686 John R Rd. on the listed date and time. Student enforcement aides _____ and _____ entered the restaurant and seated themselves at a booth. Both were 18 years old at the time of the test.

Waitress King approached the decoys and took their order. _____ ordered a water, and _____ ordered a Budweiser on tap. King asked _____ for identification and _____ said that he had left it in the car and that he would go and get it. King told _____ "Not to worry about it." (See written statements of _____ and _____.)

A short time later, King returned to the table with _____'s water and _____'s beer. Officers then secured the scene and the decoys left the restaurant. Officers spoke with King and restaurant manager Ashlock and advised them of the violation. King stated that she thought something was suspicious about _____ at the time, but failed to follow up on her instincts. King advised that she had been trained regarding identifying underage customers.

King was issued Citation No. 650506 for Furnishing Alcohol To A Minor. A photograph of the Budweiser beer was tagged and entered into property (Tag No. 121919)

BRAGG	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO

**NARRATIVE REPORT
 WITNESS STATEMENT**

SUPP CORR DELETE PAGE 1 OF 1

01	DATE 04/23/03	DAY WED	SHIFT OFF	PLAT 99	BADGE 1 006	BADGE 2 0025	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 12071
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02 Statement of: _____ Home Phone: _____
 (PLEASE PRINT)

03 Address: 500 W Big Beaver _____ Business Phone: _____

04 City: Troy MI 48084 _____ State: MI Zip: 48084

06 We entered Hooters of Troy at 1686 John R at
 07 7:10 pm. We sat ourselves at a table for two
 08 near the kitchen/bar. Our waitress was of
 09 average size with long brown hair. She asked
 10 for our beverage order. I orderd a glass of
 11 water and Kristopher asked for a Bud on
 12 tap. She asked for I.D., but Kris told her
 13 he had left it in our car. She walked
 14 away telling us, "Not to worry about it." She
 15 returned approx. three minutes later with
 16 one water and a glass of Bud beer. We
 17 waited another min of so and an officer
 18 walked over to handle the rest. We left
 19 the Hooters and returned to our car.

27 X: _____
 (SIGNATURE)

28 Taken By: Novich _____
 (SIGNATURE)

29 Place: Station _____ Date: 2200 @ 4/23/03 Time: _____

INVESTIGATING OFFICER(S) _____ REVIEWED BY _____ ASSIGNED TO / BADGE _____ ATTENTION TO _____

NARRATIVE REPORT
WITNESS STATEMENT

01	DATE 01/4/23/03	DAY WED	SHIFT 09	PLAT. 99	BADGE 1 025	BADGE 2 006	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 12081
----	--------------------	------------	-------------	-------------	----------------	----------------	---	------------	------------	---------------------

02 Statement of: _____ Home Phone: _____
(PLEASE PRINT)

03 Address: 500 W BIG BEAVER Business Phone: _____

04 City: Troy State: MI Zip: 48084

06 At 7:10 PM we had arrived at Hooter's 1686
07 John R. We had given the police officers a few minutes
08 to enter the location before we had entered.
09 We sat down at a table on the east wall
10 of the restaurant. A waitress came up to us
11 and asked us if we would like anything to drink.
12 My partner KATIE asked for a glass of water,
13 while I asked for the larger size of
14 Budweiser on tap. She asked me for I.D.
15 and I was looking through my pockets when I
16 told her I must have left my wallet
17 in the car. She told me don't worry about
18 it and proceeded to serve me the Beer. She
19 had brought it to me and said she would give us
20 a few more minutes to look at the menu. At that
21 point the officer's had noticed the Beer by me
22 and came to the table. We shortly after left
23 Hooter's.

27 _____
28 Taken By: Navah (SIGNATURE)

29 Place: Station Date: 4/23/03 Time: 2200

INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO
Navah

State of Michigan Uniform Law Citation Ticket No. **650506** Victim Involved
 US DOT # Incident No. **03-12071** Dept. No. **784**

The People of the State of Michigan Township City Village County
TROY Local Use/Arrest No. Detection Device
 OF: **TROY** BAC **1** of **1**

THE UNDERSIGNED SAYS THAT ON: Month **4** Day **23** Year **03** At approximately **7:25** A.M. P.M. Date of Birth Month **11** Day **10** Year **84**

State **MI** District **1**
 Race **W** Sex **F** Height **56** Weight **135** Hair **Brown** Eyes **Brown** Occupation/Employer **WAITRESS / HOOTERS**
 Name (First Middle Last)

City **MADISON HEIGHTS** State **MI** Zip Code **48071**

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 **HOOTERS RESTAURANT**
 AT OR NEAR **HOOTERS RESTAURANT**
 WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING Charge

Type	MCL Cite/Pacc Code/Ordinance	Description (include any bond amount collected on each charge)	No.
<input checked="" type="checkbox"/> Misd	§ 3.10.06	FURNISH ALCOHOL TO A MINOR	1
<input type="checkbox"/> Misd			2
<input type="checkbox"/> Misd			3

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: CI = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
 Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks:

248 547-8048
 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 THIS TICKET FOR APPEARANCE DATE AND INSTRUCTIONS
MAY 19 2003 8:30 AM
 Appearance Date or location
 Court Name (if applicable)
 Court Address (if applicable)

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: **[Signature]** Month **4** Day **23** Year **03**
 Officer's Name (printed): **R. BRAGE** **J. NOVAK** Officer's ID No. **006**

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

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

Ticket
650506

Name

Case No.



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. Class C 1737-2003 SS Business ID 1116 File # _____

1. Name of Licensee HOOTERS OF TROY, INC. 2. Doing Business As HOOTERS

3. Mailing Address (street, city, zip code) 1686 John R

4. Township Troy 5. County Oakland

6. Type of License(s) & Permit(s) Sunday Sales ENT-WO

7. Date of Violation: Wednesday 04/23/03 1925 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 09/21/84 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 # 03-12071

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

Officer Signature *Russell R. Bragg* Name and Title (print) Officer Russell Bragg #006
 Officer Signature *Justin Novak* Name and Title (print) Officer Justin Novak #025
 Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name _____ Address 500 West Big Beaver Road; Troy MI

Will testify to: Witness to transaction

2. Name _____ Address 500 West Big Beaver Road; Troy MI

Will testify to: Witness to transaction

3. Name _____ Address _____

Will testify to: Waitress that served beer to Kotenko

4. Name Officer Russell Bragg Address 500 West Big Beaver Road; Troy MI

Will testify to: Witnessed transaction

5. Name Officer Justin Novak Address 500 West Big Beaver Road; Troy MI

Will testify to: Witnessed transaction

EVIDENCE

Location Held (Explain):

Two photographs of alcohol served, held at Troy Police Department (property tag #121920)



JENNIFER M. GRANHOLM
GOVERNOR
August 28, 2003

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING
DAVID C. HOLLISTER, DIRECTOR

JUDITH ALLEN
CHAIRWOMAN

HOOTERS OF TROY, INC.
1686 JOHN R.
TROY, MI 48084

RE: Complaint No. 3-73464

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than SEPTEMBER 29, 2003 as indicated on your Invoice No. 82422. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid, as only fines assessed are alternative to a suspension.

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:ll

Enclosures

cc: Home Office
Troy Police Dept
Attorney Charles H. Lane

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: HOOTERS OF TROY, INC.
1686 JOHN R.
TROY, MI 48084

HEARING: JULY 15, 2003
PLACE: FARMINGTON
COMPLAINT NO: 3-73464
BUSINESS ID NO. 1116
CLASS C S ENT-WO

CHARGES - APRIL 23, 2003

- (1) Sold or furnished alcoholic liquor to _____, date of birth September 21, 1984, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

NEGOTIATED SETTLEMENT

This matter comes before the Commission as a proposed negotiated settlement, the state being represented by Linda Pytel McDowell, Assistant Attorney General, and the Licensed Corporation being represented by Attorney Charles Lane. The presence of an officer of the Licensed Corporation was waived. Pursuant to Section 903 of the Michigan Liquor Control Code, MCL 436.1903, and Rule 436.1909 of the Michigan Liquor Control Commission (MLCC), the parties stipulated and agreed that:

- (1) the Licensed Corporation would acknowledge responsibility to the one charge in the Complaint;

- (2) the Administrative Law Judge will enter the Violation Report of the case and attachments thereto into the record as substantive evidence without objection and will further

take notice of the prior record of this Licensed Corporation since being licensed by the MLCC at the above location under current ownership;

(3) the Licensed Corporation would pay a maximum fine of \$500, with no suspension or revocation as a penalty;

(4) there would be no appeal of this decision to the Appeal Board or to any court of law, and if not approved, the hearing officer would not recuse himself upon a contested hearing of the matter.

ORDER

The Licensed Corporation has been licensed at this location since December 6, 1996, and after reviewing the Licensed Corporation's past record and the Violation Report setting forth the facts of this case, the Administrative Law Judge accepts the terms of the Negotiated Settlement and orders as follows:

(1) the plea acknowledging the one charge in this case be accepted;

(2) the Violation Report and attachments are accepted as substantive evidence;

(3) based upon the Violation Report and statements at the hearing, the Administrative Law Judge finds that the Licensed Corporation did violate Section 801(2) of the Michigan Liquor Control Code, MCL 436.1801(2), as alleged in the one charge of the Complaint;

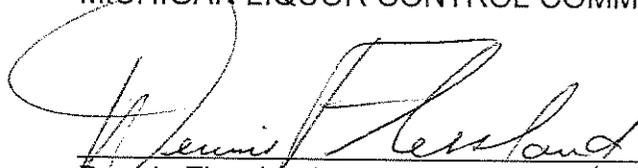
(4) for the charge for which a violation was found, the Licensed Corporation is fined \$500;

(5) a suspension of 25 continuous days be imposed if the total fine of \$500 is not paid, with this suspension to be served consecutively and not concurrently with any other suspensions ordered by the MLCC for the Licensed Corporation;

(6) this Negotiated Settlement is a full and final disposition of the matter before the MLCC, recognizing that as to the Complaint, there is no further right of administrative or judicial appeal, either to the MLCC or a court of law and that there are no promises, stipulations, understandings or agreements other than those stated in the record, and this Order represents the final agreed settlement.

In addition, the Administrative Law Judge Orders the Licensed Corporation to pay total cost of \$12.50 for witness fees involved in connection with this hearing.

MICHIGAN LIQUOR CONTROL COMMISSION


Dennis Flessland, Administrative Law Judge

Dated: August 26, 2003

Linda Pytel McDowell
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

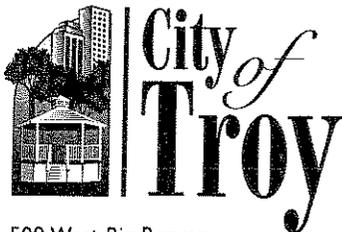
Charles H. Lane
Attorney at Law
42669 Garfield, Ste. 326
Clinton Township, MI 48038

\$ 500 fine

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/30
XFER TKT# 01 03 650506
CASE 03 001800 PS 01 TYPE OM DEF NAME VANESSA,DEE,KING,
SOC SEC 000000000 SEX F RACE DOB 111084 LIC # MI K520839139863
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 042303 CONV CODE
CHARGE CODE JUDGE 10
DISP DUM B DISMISS PROS.ATNY MOTION AT BENCH TRIAL COND DATE 061203
SENTENCE DATE 061203 ARREST DATE JUDGMENT PRINT DATE 082103
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 SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN#
CTN # SID # CLEMIS # 003-12071 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 001800 MSP PDC C001 SEQ FUNCTION DS MODE



500 West Big Beaver
 Troy, Michigan 48084
 Fax: (248) 524-0851
 www.ci.troy.mi.us

February 11, 2004

Area code (248)

Assessing
 524-3311

Bldg. Inspections
 524-3344

Bldg. Operations
 524-3368

City Clerk
 524-3316

City Manager
 524-3330

Community Affairs
 524-1147

Engineering
 524-3383

Finance
 524-3411

Fire-Administration
 524-3419

Human Resources
 524-3339

Information Technology
 619-7279

Law
 524-3320

Library
 524-3545

Parks & Recreation
 524-3484

Planning
 524-3364

Police-Administration
 524-3443

Public Works
 524-3370

Purchasing
 524-3338

Real Estate & Development
 524-3498

Treasurer
 524-3334

General Information
 524-3300

Hooter's of Troy, Inc
 1686 John R
 Troy, Michigan 48084

Re: Liquor License: Hooter's
 1686 John R
 Troy, Michigan 48084

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 18, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (1737-2002)
Violation Name: Sale to Minor
Violation Date(s): 4/23/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
 Deputy City Clerk

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>			
Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
7002 1000 0000 9357 0565		Hooter's of Troy, Inc 1686 John R Troy, Michigan 48084	



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 19, 2004

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Operations
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Police-Administration
524-3419

Human Resources
524-3339

Information Technology
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

Hooter's of Troy, Inc
1686 John R
Troy, Michigan 48084

Re: Liquor License: Hooter's
1686 John R
Troy, Michigan 48084

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, March 3, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the non-renewal of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (1737-2002)

Violation Name: Sale to Minor

Violation Date(s): 4/23/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
Deputy City Clerk

c: Charles Lane
42669 Garfield Road – Suite 326
Clinton Township, Michigan 48038

February 19, 2004

RECEIVED

FEB 20 2004

CITY OF TROY
CITY MANAGER'S OFFICE

TO: John Szerlag, City Manager

FROM: Charles T. Craft, Chief of Police *CK*

SUBJECT: City Council Request for Information – 2001 Hooters MLCC Violation

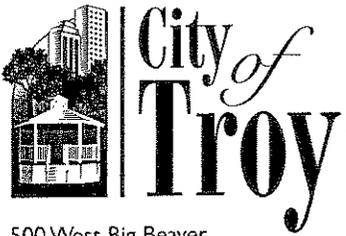
CC: John Lamerato, Assistant City Manager/Finance
Lori Grigg – Blum, City Attorney

At the February 18, 2004, City Council Liquor Law Violation Show Cause hearings, a question arose regarding the disposition of a violation that occurred in 2001. The violation report was written to Hooters of Troy (1686 John R), for serving an intoxicated person. At issue is the reason this violation did not appear on the agenda for the February 2002 Show Cause hearings.

The violation was issued as the result of a traffic crash that occurred on November 22, 2001. The at-fault, intoxicated driver was found to have consumed alcohol at Hooters (1686 John R.). The crash investigation was submitted to the Oakland County Prosecutors Office for review, and an arrest warrant was issued. The driver was arrested and processed on January 8, 2002. On January 16, 2002, a copy of the violation report was forwarded to the Services Section, which tracks liquor violations. It appears that this violation was not forwarded to the City Clerk's Office for inclusion in the February 2002, Show Cause agenda. The department received notice from the MLCC in July 2002, indicating the violation had been adjudicated and that Hooters paid a fine of \$800. The driver involved in the accident was convicted of drunken driving, and sentenced.

Clearly, there was an error on the part of the police department. The violation should have been forwarded for inclusion in the February 2002, Show Cause hearings. Although not an excuse, the manner the violation was submitted (as part of a traffic crash investigation), and the proximity of the submission of the violation to the Show Cause Hearings date probably contributed to this error. We will take steps to prevent re-occurrence of this error.

Sergeant Gordon reviewed the files of some other licensee's that have similarly been charged with serving an intoxicated person. The most recent example of a first time offender charged with serving an intoxicated person occurred on December 23, 2000, at J. Alexander. Records indicate that Council required the violator to have all employees attend TIPS/TAMS training, and to provide proof of training to the police department within six months. Attached is a copy of the applicable Council resolution.



Michigan Department of Commerce

Liquor Control Commission

RESOLUTION

500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

At a Regular meeting of the Troy City Council called to order by Mayor Jeanne M. Stine on Monday, February 26, 2001, at 7:30 PM the following resolution was offered:

Moved by Pallotta

Seconded by Stevens

Area code (248)

WHEREAS, The licensee has a Class C On Premises Liquor License from the State of Michigan for a business located within the City of Troy; and

Assessing
524-3311

WHEREAS, The State of Michigan requires a favorable recommendation of the Troy City Council prior to granting or renewing a Class C On Premises Liquor License with the City of Troy. These recommendations are not property rights, but are approved upon the express and continuing condition that no violation of state, local, or federal laws shall occur; and

Bldg. Inspections
524-3344

Bldg. Maintenance
524-3368

City Clerk
524-3316

City Manager
524-3330

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

SERVE INTOXICATED PERSON – DECEMBER 23, 2000

Community Affairs
524-1147

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 Meeting on February 26, 2001, for the following licensed establishment: J. Alexander Restaurant – 2800 W. Big Beaver Road.

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee has not had any additional violations within the past four years.

Information Services
619-7279

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more severe sanctions against the licensee, including the possibility of recommendations of revocation of the Class C liquor license.

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

COPY

Approval

Yeas: Stine, Howrylak, Kaszubski
Pallotta, Schilling, Stevens

Absent: None

Disapproval

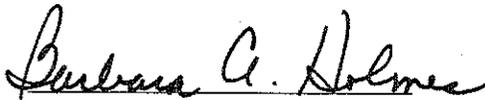
Yeas: None

Nays: None

Absent: None

State of Michigan
County of Oakland

I hereby certify that the foregoing is a true and complete copy of a resolution offered and adopted by the Troy City Council at a Special Meeting held on the 26th day of February 2001.



Barbara A. Holmes
Deputy City Clerk