



Michigan Department of Licensing and Regulatory Affairs
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
 7150 Harris Drive, P.O. Box 30005
 Lansing, Michigan 48909-7505

LOCAL GOVERNMENT 15-DAY NOTICE
 [Authorized by R 436.1105 (2d) and (3)]

JUNE 13, 2011

ANN ARBOR CITY COUNCIL
 ATTN: CLERK
 100 N. FIFTH AVENUE
 P.O. BOX 8647
 ANN ARBOR, MI 48107-8647

2011 JUN 21 AM 8:45
 CITY OF ANN ARBOR
 CITY CLERK
 REC'D

REQUEST ID # 612516

The Michigan Liquor Control Commission has received an application from WASHTENAW OIL, INC., REQUESTS NEW SDD LICENSE, TO BE HELD IN CONJUNCTION WITH EXISTING 2011 SDM LICENSE, LOCATED AT 3555 WASHTENAW, ANN ARBOR, MI 48104, WASHTENAW COUNTY.

Home address and telephone number:

CONTACT: KELLY A. ALLEN, (ADKISON, NEED & ALLEN, P.L.L.C.), 40950 WOODWARD, SUITE 300, BLOOMFIELD HILLS, MI 48304, PHONE: (248) 540-7400, FAX: (248) 540-7401.

Specially Designated Merchant (SDM) licenses permit the sale of beer and wine for consumption off the premises only. Specially Designated Distributor (SDD) licenses permit the sale of alcoholic liquor, other than beer and wine under 21 per cent alcohol by volume, for consumption off the premises only.

For your information, part of the investigation of the application is conducted by the local law enforcement agency and investigative forms will be released to them either in person or by mail.

Although local governing body approval is not required by the Michigan Liquor Control Code, Rules and Related Laws for off-premise licenses, the local governing body, or its designee, may notify the Commission at the above address within 15 days of receipt of this letter if the applicant location will not be in compliance with all appropriate state and local building, plumbing, zoning, fire, sanitation and health laws and ordinances, or if the applicant is considered ineligible due to other factors.

All conditions of non-compliance must be outlined in detail, indicating the applicable laws and ordinances. A copy of the law and/or ordinance may be submitted with the notification.

If you have any questions, please contact Unit 3 of the Retail Licensing Division at (517) 636-0204.

rlb

LC-3104(Rev. 09/05)
 Authority: R436.1105(2d) and (3)
 Completion: Mandatory
 Penalty: No License

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



ADKISON, NEED & ALLEN

PROFESSIONAL LIMITED LIABILITY COMPANY

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OF COUNSEL:
KEVIN M. CHUDLER
COLEMAN E. KLEIN

July 12, 2011

VIA 2ND DAY OVERNIGHT MAIL

2011 JUL 15 AM 11:40
CITY OF ANN ARBOR
CITY CLERK
REC'D

Ms. Anissa R. Bowden, Deputy Clerk
City of Ann Arbor
301 E. Huron, 2nd Floor
Ann Arbor, Michigan 48104

**Re: Washtenaw Oil, Inc.
3555 Washtenaw, Ann Arbor, Michigan
New SDD License**

Dear Ms. Bowden:

Washtenaw Oil, Inc. ("Washtenaw Oil") has a pending application for a new SDD license located at 3555 Washtenaw, Ann Arbor. Enclosed are the completed City of Ann Arbor Liquor License Application and check payable to the City of Ann Arbor for \$500.00.

The stockholders of Washtenaw Oil are Mark Yaldo and Muwafak Yaldo. Please note that Washtenaw Oil received their SDM license at this location in January 2011.

We have copied Sgt. Robert Pfannes on this letter with a complete copy of the application and attachments for his review. If necessary, we will arrange for Sgt. Pfannes to interview the owners of Washtenaw Oil.

We look forward to working with you again. Please call me or my legal assistant, Laura Peters, if you have any questions.

Very truly yours,

ADKISON, NEED & ALLEN, P.L.L.C.

Kelly A. Allen

/lbp
Enclosures

cc: Sgt. Robert Pfannes, Ann Arbor Police Department (*with enclosures; via 2nd day overnight mail*)
Mark Yaldo (*without enclosures; via first class mail*)

CITY OF ANN ARBOR
CITY CLERK



City of Ann Arbor
Office of the City Clerk
100 N. Fifth Avenue
Ann Arbor, MI 48104

JUL 15 2011

CITY OF ANN ARBOR LIQUOR LICENSE APPLICATION

TIME: *The undersigned requests approval of the City of Ann Arbor of a new or transfer of an off-premise licensed business (SDD or SDM) in the City and provides the following information in connection with that request. The signer declares that the information recorded in this application is accurate to the best of his or her knowledge.*

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> TRANSFER OWNERSHIP OF SDM LICENSE (\$500.00) | <input type="checkbox"/> NEW SDM LICENSE (\$500.00) |
| <input type="checkbox"/> TRANSFER LOCATION OF SDM LICENSE (\$500.00) | <input checked="" type="checkbox"/> NEW SDD LICENSE (\$500.00) |
| <input type="checkbox"/> TRANSFER OWNERSHIP OF SDD LICENSE (\$500.00) | <input type="checkbox"/> ADD/DELETE PARTNER (\$500.00) |
| <input type="checkbox"/> TRANSFER LOCATION OF SDD LICENSE (\$500.00) | <input type="checkbox"/> ADD/DELETE SPACE (\$500.00) |

Please answer all questions completely, indicating n/a where applicable. Do not leave blank spaces. Incomplete applications may be refused or require additional processing time.

NOTE: As part of this application, PETITIONER MUST attach a copy of the complete application filed on his or her behalf for this license with the Michigan Liquor Control Commission. The application is not considered complete without the MLCC documents.

1. Full name and address of applicant(s), including aka(s): (Attach additional sheet if necessary).

Name: Washtenaw Oil, Inc doing business as Washtenaw Oil

Address 3555 Washtenaw Suite #:

City: Ann Arbor State: MI Zip: 48104

Phone No.: 734.677.6840

Email:

aka(s):

If the applicant is a corporation, give the corporate name and the names and addresses of the officers of the corporation: (Attach additional sheet if necessary).

Corporate Name: Washtenaw Oil, Inc

Address: 3555 Washtenaw Suite #: _____

City: Ann Arbor State: MI Zip: 48104

Officers (Please List): Mark Yaldo is the President and Treasurer and Muwafak Yaldo is the Vice President and Secretary

Business Name (D.B.A.): Washtenaw Oil

If adding partners, list names and addresses of partners being added (Use separate sheet for additional partners.):

Name: _____

Address: _____

Suite #: _____

City: _____ State: _____

Zip: _____

Phone # (if known): _____

Name: _____

Address: _____

Suite #: _____

City: _____ State: _____

Zip: _____

Phone # (if known): _____

If deleting partners, list names and addresses of partners being deleted (Use separate sheet for additional partners.):

Name: _____

Address: _____

Suite #: _____

City: _____ State: _____

Zip: _____

Phone # (if known): _____

Name: _____

Address: _____

Suite #: _____

City: _____ State: _____

Zip: _____

Phone # (if known): _____

2. Name and location of establishment currently licensed:

Name: Washtenaw Oil, Inc

Address: 3555 Washtenaw Suite #: _____

City: Ann Arbor State: MI Zip: 48104

Phone # (if known): 734.677.6840

Personal Property Tax ID No. (If licensed in Ann Arbor): 09-12-02-105-002 _____

Is this establishment currently operating? Yes No

Name of current license holder: (Include corporate name and business name (d.b.a.) if known).

Name: Washtenaw Oil, Inc _____

Corporate Name: Washtenaw Oil, Inc _____

Business Name: Washtenaw Oil _____

d.b.a. (if known): Washtenaw Oil _____

3. *If transfer involves relocation of the license, skip to question 4.*

Are renovations to the existing structure planned? Yes _____ No

If yes, detail plans, including estimated cost:

4. If the transfer involves relocation of the license, list the address to which the license is to be relocated:

Address: _____ Suite #: _____

City: _____ Zip: _____

Will a building be constructed at the above address? _____ Yes _____ No

If yes, list construction details (including type of building to be constructed, square footage to be licensed, seating to be available, anticipated construction period, estimated construction cost, etc.):

If no, are renovations planned for the existing structure?

Yes _____ No _____

Detail plans, including estimated cost:

5. Do any of the applicants or their spouses operate or have a financial interest in any other establishment licensed by the Michigan Liquor Control Commission (in the case of a corporate applicant, this question applies to all owners/stockholders of the corporation)?

Yes No

If yes, give the name and location of the establishment, type of license, and financial interest of each individual so involved (use a separate sheet if more than one individual is involved):

Name: HAGGERTY & JOY MOBIL, INC.

Address: 8773 N HAGGERTY

Suite #: _____

City: Canton

State: MI

Zip: 48187

Type of License: SDD/SDM

Financial Interest: sole stockholder is Mark Yaldo

6. Are any personal property, real estate taxes or any other obligation to the City owed by the current holder of the license?

Yes No

Failure to report and pay these obligations may result in a delay in processing this application.

If yes, detail amount:

Personal Property or Real Estate Tax ID No.: 09-12-02-105-002

Note: Section 9:77 of the Ann Arbor City Code prohibits the City Council from recommending approval of the transfer or renewal of a liquor license if the owner is delinquent in the payment of personal property taxes or any other obligation to the City.

7/12/11

date

Signature

Print Name

if corporate officer, state title

Phone Number

MARK VALDO

President

248-330-0303

There is a nonrefundable city application fee of \$500.00 for each of the following activities:

- Transfer of an SDD or SDM License
- New SDD or SDM License

The application will be referred to the City Treasurer, Police, Building and Fire Departments for recommendations prior to City Council approval.

Revised 11/23/2009