



City of Ann Arbor
Office of the City Clerk
301 E. Huron St.
Ann Arbor, MI 48104

CITY OF ANN ARBOR LIQUOR LICENSE APPLICATION

The undersigned requests approval of the City of Ann Arbor to transfer an on-premise licensed business and/or to add/delete partners in an on-premise licensed business 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.

- NEW LIQUOR LICENSE (\$600.00) (Check type of license below; i.e. Micro Brewer, Wine Tasting, etc.)
- TRANSFER OF OWNERSHIP OF ON-PREMISE LICENSED BUSINESS (Incurs no fee)
- TRANSFER OF LOCATION (Incurs no fee)
- CLASS C CLASS G-1, G-2 CLUB
- RESORT HOTEL A B
- BREWER BREWPUB TAVERN
- MICRO BREWER WINE TASTING ROOM
- BRANDY MANUFACTURER

- SMALL WINE MAKER SMALL DISTILLER
- ADDING OR DELETING PARTNER(S)
- DANCE/ENTERTAINMENT PERMIT
- EXTENDED HOURS PERMIT (For Entertainment Purposes only)
- ADDING OR DELETING SPACE
- TRANSFER OF SDD AND/OR SDM (Incurs no fee)
- NEW SDD AND/OR SDM (Incurs no fee)

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: BARDHYL MULLALI
 Address: 3190 JOHN R RD
 Suite #: _____
 City: ROCHESTER HILLS
 State: MI ZIP: 48307-5432
 Phone No.: 586-738-1070
 Email: bardhi_mullali@yahoo.com
 aka(s): _____

Name: _____
 Address: _____
 Suite #: _____
 City: _____
 State: _____ Zip: _____
 Phone No.: _____
 Email: _____
 aka(s): _____

- 1. 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: N/A
 Address: _____ Suite #: _____
 City: _____ State: _____ Zip: _____
 Officers (Please List): _____

 Business Name (D.B.A.): _____

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

Name: _____	<u>N/A</u>	Name: _____
Address: _____		Address: _____
Suite #: _____		Suite #: _____
City: _____ State: _____		City: _____ State: _____
Zip: _____		Zip: _____
Phone # (if known): _____		Phone # (if known): _____

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

Name: _____	<u>N/A</u>	Name: _____
Address: _____		Address: _____
Suite #: _____		Suite #: _____
City: _____ State: _____		City: _____ State: _____
Zip: _____		Zip: _____
Phone # (if known): _____		Phone # (if known): _____

- 2. Name and location of establishment currently licensed:

Name: QUICKIE BURGER BAR & GRILL
 Address: 800 S STATE ST Suite #: _____
 City: ANN ARBOR State: MI Zip: 48104
 Phone # (if known): _____

Personal Property Tax ID No. (If licensed in Ann Arbor): 09-90-00-078-504

Is this establishment currently operating? Yes No

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

Name: KEROPÉ ARMAN

Corporate Name: KVA LLC

Business Name: QUICKIE BURGER BAR & GRILL

d.b.a. (if known) _____

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: N/A 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 X

Detail plans, including estimated cost:

5. What other types of licenses/permits will be transferred and held in conjunction with the on-premise license? (e.g., Dance Permit, Entertainment Permit, Extended Hours Permit, SDM License, etc.)

CLASS C and SDM Licensed business with Sunday Sales Permits (AM)
& (PM), Outdoor Service (Area) and Specific Purpose Permit (Food)

6. Detail plans for operation of the establishment to be licensed (e. g., nature of business, operating hours, number of employees, entertainment, dance, food, etc.):

Restaurant
Operating hours: 11:00 AM to 4:00 AM
of Employees: 4-6

7. 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 _____ X 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: _____
Address: _____ Suite #: _____
City: _____ State: _____ Zip: _____
Type of License: _____
Financial Interest: _____

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

_____ Yes X 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.: 09-90-00-078-504

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.

1-3-2014
Date

Bardhyl Mullalli
Signature

BARDHYL MULLALLI
Printed Name

If Corporate Officer, state title

586-738-1070
Phone Number



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN LIQUOR CONTROL COMMISSION
ANDREW J. DELONEY
CHAIRMAN

SHELLY EDGERTON
DIRECTOR

Notice of Deficiency

(Authorized by R436.1103 (2) & MCL436.1529)

November 28, 2016

Bardhyl Mullalli
bardhi_mullalli@yahoo.com

Request ID #849048

Re: Transfer Ownership 2016 Class C and SDM licensed business with Sunday Sales Permits (AM) & (PM), Outdoor Service (1 Area), and Specific Purpose Permit (Food) from KVA, LLC; Cancel Existing SDM License located at 800 S State St., Ann Arbor, MI 48104, Washtenaw County

Your application is being held until you send the items listed below:

- Local Government Approval – Form LC-106 enclosed and requires a recommendation for Outdoor Service Area to be on municipal property
- Amended Purchase Agreement for the business assets executed between KVA, LLC and Bardhyl Mullalli – **need agreement to be between applicant, Bardhyl Mullalli and KVA, LLC, not DBA: Quickie Burger Bar & Grill**

Administrative rule R 436.1103(2) requires that "an applicant for a license shall provide the commission or representative of the Commission, all information necessary for investigation and processing of the application."

To check the status of your request, visit www.michigan.gov/lcc and click on "Online Services". Scroll down to Liquor Control Commission and click on "Online Status Check." Enter your request id number (RID) to check on your application 24 hours a day.

To obtain forms visit www.michigan.gov/lcc and click on "forms" then "licensing"; this will take you to the "General Licensing Forms" page. Here you will be able to download licensing forms to assist you with your application.

Return a copy of this notice with the documents/fees requested so it can be joined to your request.

All information can be mailed to the address listed at the bottom of this page, faxed to Licensing Division at (517) 763-0059 or (517) 763-0063. **However if fees are accompanying this request, then you must fax the fees and documents to (517) 373-4202 (Secured Fax Line for Revenue Services)** Please contact the Licensing Division at 866-813-0011 if you have questions.

bs
cc: KVA, LLC

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
525 W. Allegan St., P.O. Box 30005 • LANSING, MICHIGAN 48909



Local Government Approval
(Authorized by MCL 436.1501)

Instructions for Applicants:

- You must obtain a recommendation from the local legislative body for a new on-premises license application, certain types of license classification transfers, and/or a new banquet facility permit.

Instructions for Local Legislative Body:

- Complete this resolution or provide a resolution, along with certification from the clerk or adopted minutes from the meeting at which this request was considered.

At a _____ meeting of the _____ council/board
(regular or special) (township, city, village)

called to order by _____ on _____ at _____
(date) (time)

the following resolution was offered:

Moved by _____ and supported by _____

that the application from _____
(name of applicant)

for the following license(s): _____
(list specific licenses requested)

to be located at: _____

and the following permit, if applied for:

Banquet Facility Permit Address of Banquet Facility: _____

It is the consensus of this body that it _____ this application be considered for
(recommends/does not recommend)

approval by the Michigan Liquor Control Commission.

If disapproved, the reasons for disapproval are _____

Vote

Yeas: _____

Nays: _____

Absent: _____

I hereby certify that the foregoing is true and is a complete copy of the resolution offered and adopted by the _____
council/board at a _____ meeting held on _____ (township, city, village)
(regular or special) (date)

Print Name of Clerk

Signature of Clerk

Date

Under Article IV, Section 40, of the Constitution of Michigan (1963), the Commission shall exercise complete control of the alcoholic beverage traffic within this state, including the retail sales thereof, subject to statutory limitations. Further, the Commission shall have the sole right, power, and duty to control the alcoholic beverage traffic and traffic in other alcoholic liquor within this state, including the licensure of businesses and individuals.

Please return this completed form along with any corresponding documents to:

Michigan Liquor Control Commission

Mailing address: P.O. Box 30005, Lansing, MI 48909

Hand deliveries or overnight packages: Constitution Hall - 525 W. Allegan, Lansing, MI 48933

Fax to: 517-763-0059