



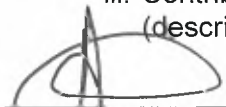
CITY OF ANN ARBOR REDEVELOPMENT LIQUOR LICENSE PRE-APPLICATION QUESTIONNAIRE

TIME: _____

Instructions to Applicants: If you are applying for a City of Ann Arbor Development District License, within the Downtown Development Authority Area (see map), this form must be completed prior to filling out the City of Ann Arbor New Liquor License Application Form. The new application form will not be accepted without a completed pre-application questionnaire. **Please include copies of two pieces of personal identification.**

Please indicate, by checking YES or NO, if your establishment meets the following criteria.

1. Is the business to be licensed within the geographic boundaries of the City of Ann Arbor Downtown Development Authority District? **Yes** **No** (Please indicate proposed location on the attached map.) 332 S Main St, Ann Arbor, Michigan (including rear patio of adjacent property of 330 S Main also under the current control and occupancy of Applicant)
Complete name and address of business to be licensed Kouzina Ann Arbor, LLC
Personal Property ID (for existing businesses) 09-90-00-081-106
2. Applicants for development district licenses, must demonstrate to City of Ann Arbor and the Michigan Liquor Control Commission (MLCC), at the time of investigation, that the amount expended for the rehabilitation or restoration of the building that houses the licensed premises shall be not less than \$75,000 over a period of the preceding five years or a commitment for a capital investment of at least that amount in the building that houses the licensed premises, which must be expended before the issuance of the license. At the time of application, can your business demonstrate this requirement?
 Yes **No** (Please attach supporting financial information for verification.) Exhibit 1
3. Will the licensed business engage in dining, entertainment or recreation, that is open to the general public, with a seating capacity of not less than 50 persons? **Yes** **No** (Please attach current or proposed floor plan that supports seating capacity.) Exhibit 2
4. Will the licensed business generate 50% or more of its revenue from food and non-alcoholic drink sales? **Yes** **No**
5. What type of on-premise sales are you interested in applying for? Check all that apply. (Checking the boxes does not guarantee award of any or all categories.)
 Beer **Wine** **Spirits (hard liquor)**
6. Please describe (on an attached sheet) how your business will do the following, if issued a license:
 - i. Prevent deterioration in the DDA district and promote economic growth by: Exhibit 3
 - a. creating new employment opportunities
 - b. adding new tax value through the purchase of new equipment and/or building improvements
 - ii. Represents a desired land use as determined by the City's area master plan and zoning requirements.
 - iii. Contribute to the mix of dining/drinking, entertainment and recreational existing establishments (describe unique characteristics)

 1/2/2020 Harry Laskaris
Signature of Applicant **Date** **Printed Name**

If any of the above questions have been answered NO, the applicant is not eligible to apply for a Development District License as designated under Michigan State Law (Public Act 501 of 2006). Applicants that cannot meet the minimum criteria will not be considered by the City of Ann Arbor. Do NOT fill out an application.

If all of the above questions have been answered YES, the applicant is eligible to apply for a Development District License. The next step in the application process is to fill out the City of Ann Arbor application form. Attach this completed form to the application and submit with \$150 application fee to the Ann Arbor City Clerk, 301 E. Huron St, Ann Arbor, MI 48104. Fax Number – 734-994-8296. Phone No. – 734-794-6140. A \$600 license fee is due upon approval.

To inquire about other licensing opportunities, including transfers of existing Class C licenses, please contact the Michigan Liquor Control Commission directly. All transferred licenses begin at the State level. MLCC On-Premises Licensing Division - 517-322-1400.



DEVELOPMENT DISTRICT LIQUOR LICENSES FACT SHEET

Public Act 501 of 2006 amended the Michigan Liquor Control Code, effective December 29, 2006, to allow the Liquor Control Commission (MLCC) to issue public on-premises licenses, in addition to the population-based quota licenses allowed under the Code, to businesses engaged in activities related to dining, entertainment, and recreation, and located in city development districts.

The City Council of Ann Arbor adopted Resolution R-08-024 on February 4, 2008 establishing the Ann Arbor Downtown Development District as a development district for liquor licensing in accordance with the requirements of Public Act 501 of 2006 and the MLCC. The City of Ann Arbor has filed all required documentation for the certification of the development district by the MLCC (certified copy of Resolution R-08-024, the required map reflecting and outlining the designated development district within the boundaries of the City, and an affidavit from the City Assessor, certified by the City Clerk, stating the total amount of investment in real and personal property within the development district during the preceding five years.) and been advised that it has met the monetary threshold for 807 licenses.

To receive a Development District Liquor License an applicant must be approved by the City and the MLCC. An application for a license will not be authorized for investigation until the MLCC has received a City resolution which approves the applicant at a specific location "above all others."

Applicants must complete a City application and file it with the City Clerk with all required supplemental documentation and the City application fee. Application fees are established by resolution of City Council and the application package can be obtained from the City Clerk's office. The City will review the application and make a determination as to whether the applicant is approved "above all others" at the designed premises. The City may make investigations it considers proper in connection with the approval process or as required by City ordinances.

Upon receipt of the documentation from the City, and all necessary MLCC application forms, other required documents and inspection fees, the application will be authorized for investigation by the MLCC. The initial enhanced license fee for development district licenses is \$20,000.

Applicants for development district licenses must demonstrate, at the time of the investigation by the MLCC, that:

- The amount expended for the rehabilitation or restoration of the building that houses the licensed premises shall be not less than \$75,000 over a period of the preceding five years or a commitment for a capital investment of at least that amount in the building that houses the licensed premises, which must be expended before the issuance of the license.
- That the licensed business is engaging in dining, entertainment or recreation, that is open to the general public, with a seating capacity of not less than 50 persons.

Individuals considering applying for a development district liquor license should be aware of the following restrictions.

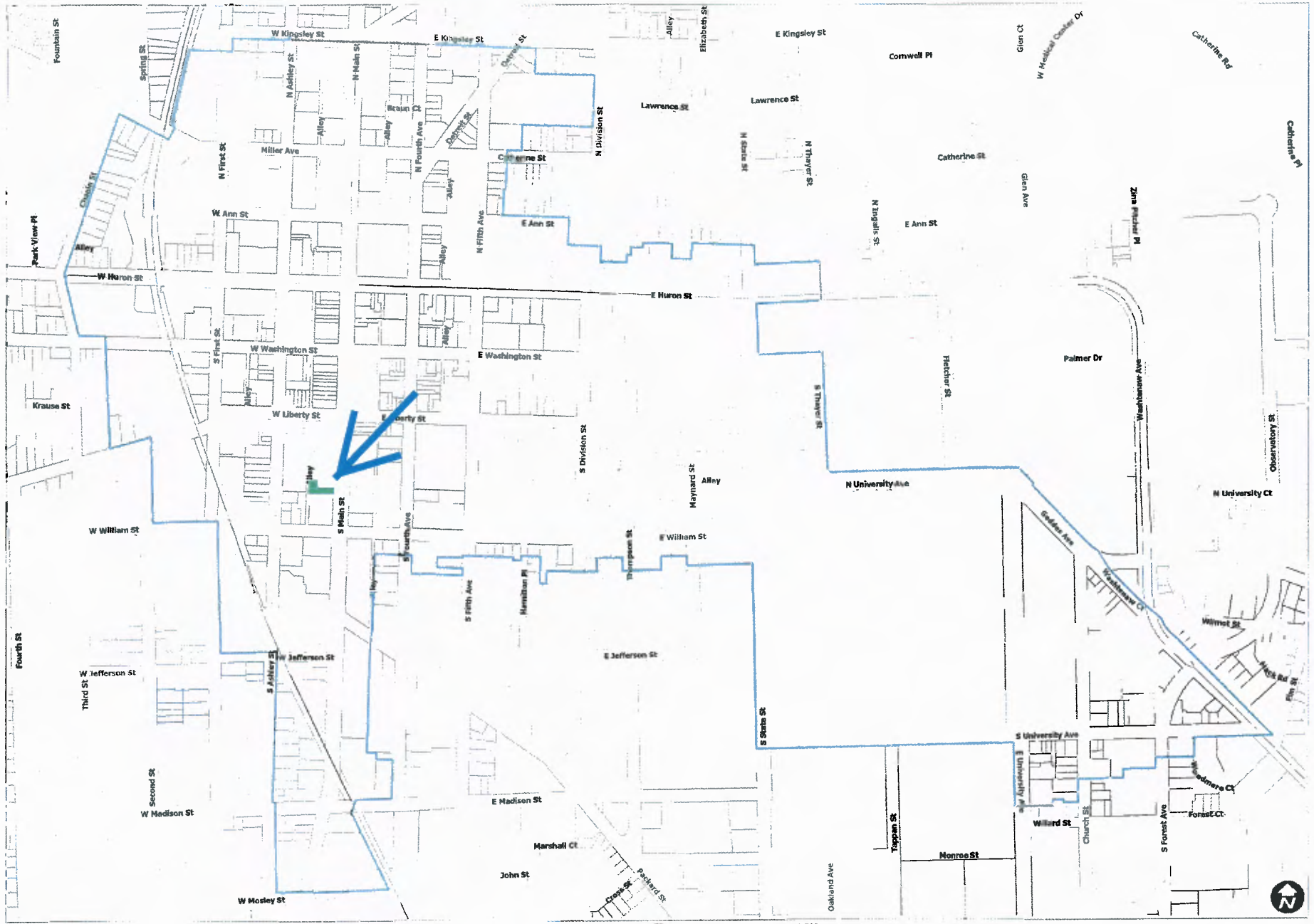
- A licensee may transfer ownership of the license; however, this type of license may not be transferred to another location.
- If the licensee goes out of business, the licensee must surrender the license to the MLCC. The City may approve another applicant within the development district to replace the licensee who has surrendered the license to the MLCC.
- The applicant must state and demonstrate that an attempt to secure an appropriate on-premises escrowed license or quota license which may be available within the city in which the applicant proposes to operate.

This fact sheet has been prepared for informational purposes only. Individuals considering applying for a development district liquor license are advised to contact a lawyer for advice on the application process. General informational inquiries can also be directed to the Michigan Liquor Control Commission.

Effective Date: April 30, 2008

Prepared by: City of Ann Arbor, City Attorney's Office

DDA Boundary



Map Legend

- Railroads
- ▭ DDA
- ▭ Parcels

0 375 1500



Maps available online
<http://gisweb.eoa.state.nj.org/webgis/mapviewer.html>

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 No part of this product shall be reproduced or transmitted, in any form or by any means, electronic or mechanical, for any purpose, without prior written permission from the City of Ann Arbor.
 This map complies with the American Society of Photogrammetry standards for mapping at 1 inch = 100 feet. The City of Ann Arbor and its mapping contractors assume no liability or responsibility for the content and/or appropriate use of information on this map.

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER:
Harry Laskaris
[REDACTED]
FROM CONTRACTOR:
Hileman Constrction Company
2370 E. Stadium Blvd #835
Ann Arbor, MI 48104
CONTRACT FOR:

PROJECT:
Renovation to
332 S. Main Street
Ann Arbor, MI 48104
VIA ARCHITECT:

APPLICATION #: Final
PERIOD TO: 09/15/16
PROJECT NOS:
CONTRACT DATE: 01/22/16

Distribution to:
 Owner
 Const. Mgr
 Architect
 Contractor

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM-----	\$	169,900.00
2. Net change by Change Orders-----	\$	30,395.56
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	\$	200,295.56
4. TOTAL COMPLETED & STORED TO DATE-\$ (Column G on Continuation Sheet)		200,295.56
5. RETAINAGE:		
a. _____ of Completed Work (Column D+E on Continuation Sheet)	\$	
b. _____ of Stored Material (Column F on Continuation Sheet)	\$	
Total Retainage (Line 5a + 5b or Total in Column 1 of Continuation Sheet-----	\$	
6. TOTAL EARNED LESS RETAINAGE----- (Line 4 less Line 5 Total)	\$	200,295.56
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)-----	\$	153,000.00
8. CURRENT PAYMENT DUE-----	\$	47,295.56
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$27,310.01	
Total approved this Month	\$3,085.55	
TOTALS	\$30,395.56	
NET CHANGES by Change Order	\$30,395.56	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown therein is now due.

CONTRACTOR:

By: _____ Date: _____

State of: _____
County of: _____

Subscribed and sworn to before
me this _____ day of _____

Notary Public: _____
My Commission expires: _____

CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED _____
(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

CONTINUATION SHEET

ATTACHMENT TO PAY APPLICATION

PROJECT:
Renovation to
332 S. Main Street
Ann Arbor, MI 48104

APPLICATION NUMBER: Final
APPLICATION DATE: 10/30/16
PERIOD TO: 15-Sep-16
ARCHITECT'S PROJECT NO:

A Item No.	B Description of Work	C Scheduled Value	D Work Completed		F Materials Presently Stored (Not In D or E)	G Total Completed And Stored To Date (D + E + F)		H Balance To Finish (C - G)	I Retainage
			From Previous Application (D + E)	This Period		% (G/C)			
1	GENERAL CONDITIONS								
2	Permits	1,908.50	1,908.50			1,908.50	100%		
3	Thrid Party Inspections	1,237.50	1,237.50			1,237.50	100%		
4	Porta John	275.00	275.00			275.00	100%		
5	Temporary Heat	385.00	385.00			385.00	100%		
6	DEMOLITION								
7	Concrete Slab	227.15	227.15			227.15	100%		
8	Concrete Sawing	460.57	460.57			460.57	100%		
9	Concrete Coring	1,320.00	1,320.00			1,320.00	100%		
10	Masonry Demoiton	3,074.73	3,074.73			3,074.73	100%		
11	SITE CONSTRUCTION								
12	Footing	557.04	557.04			557.04	100%		
13	Drain Pipe	494.80	494.80			494.80	100%		
14	CONCRETE/MASONARY								
15	Footings	4,420.42	4,420.42			4,420.42	100%		
16	Plate Form, Steps and Ramps	1,497.55	1,497.55			1,497.55	100%		
17	Infill Basement Slab	410.03	410.03			410.03	100%		
18	Interior Ramp	1,120.36	1,120.36			1,120.36	100%		
19	Interior Slab	4,200.00	4,200.00			4,200.00	100%		
20	FRAMING								
21	Wall Framing	2,727.65	2,727.65			2,727.65	100%		
22	Ceiling Framing	849.73	849.73			849.73	100%		
23	Blocking	147.99	147.99			147.99	100%		
24	Insulation	184.80	184.80			184.80	100%		
25	ROOFING								
26	Structural Steel	247.50	247.50			247.50	100%		
27	Curb Flashing	1,265.00	1,265.00			1,265.00	100%		
28									
SUBTOTALS PAGE 2		27,011.32	27,011.32			27,011.32	100%		

CONTINUATION SHEET

ATTACHMENT TO PAY APPLICATION

PROJECT:
Renovation to
332 S. Main Street
Ann Arbor, MI 48104

APPLICATION NUMBER: Final
APPLICATION DATE: 10/30/16
PERIOD TO: 15-Sep-16
ARCHITECT'S PROJECT NO:

A Item No.	B Description of Work	C Scheduled Value	D Work Completed		F Materials Presently Stored (Not In D or E)	G Total Completed And Stored To Date (D + E + F)		H Balance To Finish (C - G)	I Retainage
			From Previous Application (D + E)	This Period		% (G/C)			
29	Plumbing								
30	Restaurant Plumbing	27,500.00	27,500.00			27,500.00	100%		
31	Bathroom Plumbing Relocation	4,300.00	4,300.00			4,300.00	100%		
32	HEATING & COOLING								
33	RTU - Upgrae 8Ton to 10TON	600.00	600.00			600.00	100%		
34	RTU - 5 Ton	6,561.50	6,561.50			6,561.50	100%		
35	Air Distribution	14,062.40	14,062.40			14,062.40	100%		
36	Gas Piping	2,579.50	2,579.50			2,579.50	100%		
37	FIRE PROTECTIONS								
38	Fire Surpression	825.00	825.00			825.00	100%		
39	Ansul System	7,590.00	7,590.00			7,590.00	100%		
40	Extinguishers	165.00	165.00			165.00	100%		
41	Electrical								
42	Per Plan Date 1/5/16 - No Fixtures	28,000.00	28,000.00			28,000.00	100%		
43	DOORS & WINDOWS								
44	Side Enterance	2,049.91	2,049.91			2,049.91	100%		
45	Kitchen Door	973.00	973.00			973.00	100%		
46	Office	360.00	360.00			360.00	100%		
47	Hardware Doors # 3&4	630.00	630.00			630.00	100%		
48	Skylights	3,200.00	3,200.00			3,200.00	100%		
49	FINISHES - Wall coverings								
50	Drywall	2,368.08	2,368.08			2,368.08	100%		
51	FRP	3,993.00	3,993.00			3,993.00	100%		
52	Stainless Steel	1,595.00	1,595.00			1,595.00	100%		
53	Ceramic Tile	794.77	794.77			794.77	100%		
54									
55									
56									
SUBTOTALS PAGE 3		135,158.48	135,158.48			135,158.48	100%		

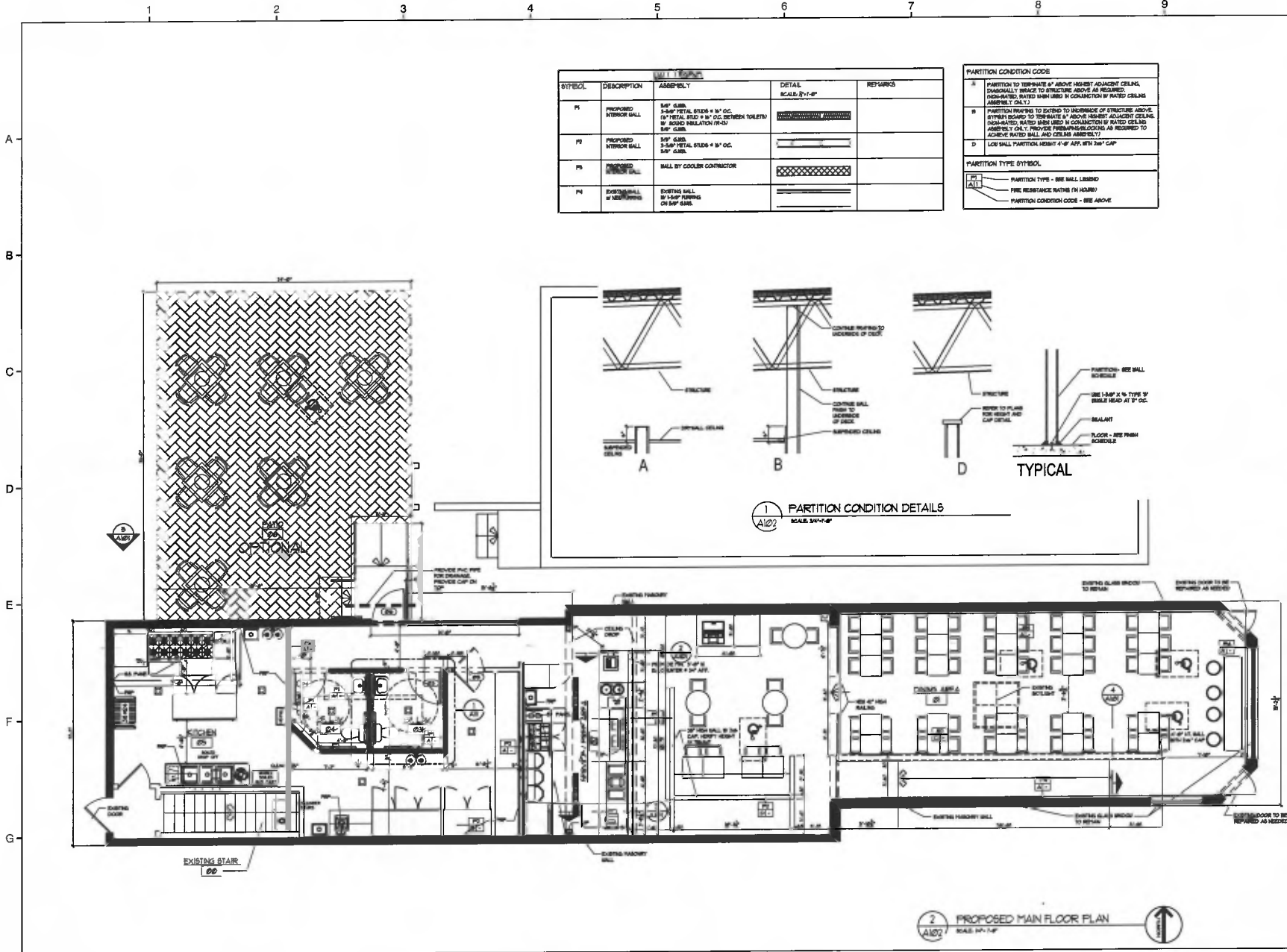
CONTINUATION SHEET

ATTACHMENT TO PAY APPLICATION

PROJECT:
Renovation to
332 S. Main Street
Ann Arbor, MI 48104

APPLICATION NUMBER: Final
APPLICATION DATE: 10/30/16
PERIOD TO: 15-Sep-16
ARCHITECT'S PROJECT NO:

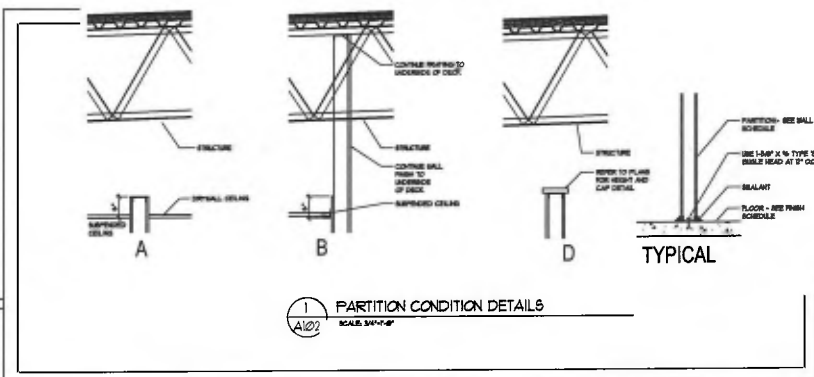
A Item No.	B Description of Work	C Scheduled Value	D Work Completed		F Materials Presently Stored (Not In D or E)	G		H Balance To Finish (C - G)	I Retainage
			From Previous Application (D + E)	This Period		Total Completed And Stored To Date (D + E + F)	% (G/C)		
57	FINISHES - Ceiling Coverings								
58	Ceiling Tile	2,814.24	2,814.24			2,814.24	100%		
59	FINISHES - Cabinets & Counter								
60	POS Cabinet	445.50	445.50			445.50	100%		
61	Install Counter Top	375.00	375.00			375.00	100%		
62	Install Sneeze Guard	150.00	150.00			150.00	100%		
63	FINISHES -Floor Covering								
64	Quarry Tile	5,161.73	5,161.73			5,161.73	100%		
65	FINISHES - Painting & Staining								
66	Interior Painting	1,815.00	1,815.00			1,815.00	100%		
67	CLEAN UP & HAULING								
68	Dumpster	750.00	750.00			750.00	100%		
69	Final Clean	1,064.73	1,064.73			1,064.73	100%		
70	OVERHEAD & PROFIT	22,165.32	22,165.32			22,165.32	100%		
71	CHANGE ORDER #1	13,867.08	13,867.08			13,867.08	100%		
72	CHANGE ORDER #2	1,782.50	1,782.50			1,782.50	100%		
73	CHANGE ORDER #3	11,660.43	11,660.43			11,660.43	100%		
74	Maintenance								
75	Remove & Replace Sewage Ejection Pump	1,070.55	1,070.55			1,070.55	100%		
76	Service RTU's Filter Change	265.00	265.00			265.00	100%		
77	Service Make-Up Air - clean & filter change	150.00	150.00			150.00	100%		
78	Service RTU's - Clean & Filter Change	265.00	265.00			265.00	100%		
79	Sept Maintinance Request	1,070.00	1,070.00			1,070.00	100%		
80	11/21/16 HVAC Maintenance	265.00	265.00			265.00	100%		
81									
82									
83									
84									
	SUBTOTALS PAGE 4	200,295.56	200,295.56			200,295.56	100%		



PARTITION TYPE				
SYMBOL	DESCRIPTION	ASSEMBLY	DETAIL	REMARKS
P1	PROPOSED INTERIOR WALL	3/4" GIBS 3-5/8" METAL STUD @ 16" O.C. 1/2" METAL STUD @ 16" O.C. BETWEEN JOISTS BY SOUND INSULATION (R-13) 5/8" GIBS	SCALE: 3/4"=1'-0"	
P2	PROPOSED INTERIOR WALL	3/4" GIBS 3-5/8" METAL STUD @ 16" O.C. 5/8" GIBS		
P3	EXISTING WALL	WALL BY COLLOR CONTRACTOR		
P4	EXISTING WALL w/ ACCESSORIES	EXISTING WALL BY SHIP FERRIS ON 5/8" GIBS		

PARTITION CONDITION CODE	
A	PARTITION TO TERMINATE 4" ABOVE ADJACENT CEILING. DIAGONALLY BRACE TO STRUCTURE ABOVE AS REQUIRED. (NON-RATED RATED WHEN USED IN CONJUNCTION W/ RATED CEILING ASSEMBLY ONLY)
B	PARTITION FINISHES TO EXTEND TO UNDERFACE OF STRUCTURE ABOVE. OTHER BOARD TO TERMINATE 4" ABOVE ADJACENT CEILING. (NON-RATED RATED WHEN USED IN CONJUNCTION W/ RATED CEILING ASSEMBLY ONLY. FINISHES PRE-INVESTIGATED AS REQUIRED TO ACHIEVE RATED WALL AND CEILING ASSEMBLY)
D	LOW WALL PARTITION HEIGHT 4'-0" APP. WITH 3/4" GAP

PARTITION TYPE SYMBOL	
P1	PARTITION TYPE - SEE WALL LEGEND
ALL	FIRE RESISTANCE RATING (R/H/IB)
	PARTITION CONDITION CODE - SEE ABOVE



1 PARTITION CONDITION DETAILS
SCALE: 3/4"=1'-0"

2 PROPOSED MAIN FLOOR PLAN
SCALE: 1/4"=1'-0"

FERRA - MARKO ASSOCIATES
ARCHITECTURAL DESIGNERS
189 E. Big Beaver, Suite 106 Troy, MI 48063
Tel: 248.457.6903 Fax: 248.457.6906
Email: info@f-m-associates.com
Website: www.f-m-associates.com

PREPARED IN COLLABORATION WITH D'ANNA ASSOCIATES INC
KouZina Greek Street Food
Job #: 15-0330
Issue date 7.21.15

PROJECT NAME:
KouZina
GREEK STREET FOOD

PER OWNER'S REQUEST
11-18-2015

ADDRESS:
332 S. MAIN ST.
ANN ARBOR, MI 48104

JOB NO. 15-0330

ISSUANCES			
NO.	DESCRIPTION	DATE	BY
1	PERMIT SUBMISSION	06/11/15	IM/EM
2	CITY REVIEW	10/06/15	IM/EM
3	PER OWNER'S REQUEST	11/16/15	IM/EM

SHEET TITLE
PROPOSED MAIN FLOOR PLAN

DWGL. NO.
A1.0.2

Exhibit 3

6. Kouzina Ann Arbor, LLC (Kouzina) will create employment opportunities if issued a new liquor license. Specifically, Kouzina intends on hiring an additional four full time employees immediately upon issuance of the liquor license for purposes of providing and monitoring the sale of liquor containing beverages. Moreover, Kouzina will add tax value and improve the building by upgrading its food services. Additional improvements include upgrades to the dining area providing a higher quality dining experience for its patron's while maintaining the price point of its food; perhaps, the most affordable and best value in the DDA.

Kouzina plans on continued investment in the DDA district for the long run. It has expended significant resources into 332 S Main as well as the adjacent rear patio at 330 S Main providing a comfortable and ambient environment for patrons to enjoy an affordable meal in the DDA district.

Kouzina is engaged in providing a unique dining experience with authentic Greek cuisine. Kouzina flavor brings a unique taste to the DDA district and with the support of additional products and revenue through the sale of alcohol beverages; Kouzina hopes to expand its offerings by retailing exceptional and tasteful Greek wines and beer. Ancient Greece was one of the foremost producers of wine. In the modern era, Greek wines are just now emerging to the rest of the world. Paring authentic Greek street food with Greek wines and beers will create a cultural experience that will be regionally unique not to just the DDA district but the entire Southeast Michigan area.



ANN ARBOR
CITY CLERK

JAN 13 20

CITY OF ANN ARBOR
APPLICATION FOR NEW LICENSES

TIME: _____

Date: 11/29/2019

Instructions: This application must be completed and returned with a \$150 application fee for each license before it can be considered. All answers must be typed or printed. Sign the completed form in ink and return to the City Clerk, 301 E. Huron St., Ann arbor, Michigan 48104. MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO THE CITY OF ANN ARBOR, MICHIGAN.

1. Applicant identification-all applicants	
Name of individual, partnership, corporation or limited liability company who will hold the license: <u>Kouzina Ann Arbor, LLC</u>	Contact Person Name: <u>Hattem Beydoun, Esq.</u>
Business Street Address: <u>332 S. Main St.</u>	Street Address: <u>PO BOX 32598</u>
City/State/Zip Code: <u>Ann Arbor, MI 48104</u>	City/State/Zip Code: <u>Detroit MI 48232</u>
Township:	Business Phone No. Home Phone No. <u>(313) 574-5397 ()</u>

2. Nature of Application – (Check all that apply)

Retail Applicants
 Manufacturer or Wholesale Applicants

3. Retail Applicants – (Please identify all permits being applied for with this license application)

3a. Check Type of License	3b. Check Type of Permits
<input type="checkbox"/> SDM <input type="checkbox"/> Class C <input type="checkbox"/> A-Hotel <input type="checkbox"/> B-Hotel <input checked="" type="checkbox"/> Tavern <input type="checkbox"/> Club <input type="checkbox"/> SDD <input checked="" type="checkbox"/> Redevelopment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Sunday Sales <input type="checkbox"/> Add Bar <input type="checkbox"/> Entertainment Sales <input type="checkbox"/> Outdoor Sales <input type="checkbox"/> Before / After Hours For: _____ _____

4. New Manufacturer or Wholesale Applicants

<input type="checkbox"/> Wine Maker <input type="checkbox"/> Small Wine Maker <input type="checkbox"/> Wine Maker Tasting Room <input type="checkbox"/> Micro Brewer <input type="checkbox"/> Small Distiller	<input type="checkbox"/> Manufacturer of Spirits <input type="checkbox"/> Industrial Manufacturer <input type="checkbox"/> Warehouse <input type="checkbox"/> Brewpub	<input type="checkbox"/> Outstate Seller of Mixed Spirit Drinks <input type="checkbox"/> Outstate Seller of Wine <input type="checkbox"/> Outstate Seller of Beer <input type="checkbox"/> Other: _____
---	--	--

5. Proposed Licensed Address:

332 S Main St, Ann Arbor, Michigan (including rear patio of adjacent property of 330 S Main also under the current control and occupancy of Applicant)

6. Briefly describe the business, for example – Drug Store, Restaurant, Party Store, Wholesaler, Wine Maker, etc.

Restaurant serving Greek Street Food.

7. This proposed licensed business will be owned by: (check one)

- Me as the individual owner The named corporation The named liability company

The following partners (indicate limited partners with an "L" before their name)

Partnership Information: (attach additional sheet if necessary)

Name of Partners	Home Address	Telephone Number

* All partners may be required to complete and submit additional information as part of the application review process, by completing this application applicant agrees to comply with any such requests.

8. Personal Information – Individual Applicants and Partnership Members Only

Date of Birth _____ (required to confirm applicant is over 21 years of age)

If you are not a US Citizen – Are you a registered alien? Yes No Or, do you have a Visa? Yes No

Full name of spouse: _____

Have you ever legally changed your name? Yes No If Yes, from _____ to _____

Have you been known by other names? Yes No List Names: _____

Have you ever been convicted of a criminal offense, including alcohol related infractions (exclude traffic citations)?

Yes No If Yes, please list charge, date of conviction, location and disposition below.

(Use additional sheet if necessary.)

CHARGE	DATE	PLACE	DESCRIPTION
_____	_____	_____	_____
_____	_____	_____	_____

List your former occupations for the past 3 years:

DATE (to/from)	OCCUPATION	EMPLOYER NAME AND ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

I or my spouse previously held or now hold interest in the following licenses for sale of alcoholic beverages as sole licensee, partner or corporation:

NAME OF LICENSE	TYPE OF LICENSE	LOCATION	DATE
_____	_____	_____	_____
_____	_____	_____	_____

Do you or your spouse hold any law enforcement powers including powers of arrest? Yes No

9. Limited Partnership Applicants Only – is the limited partnership authorized to do business under the laws of Michigan?

Yes No Date authorized: _____

10. Corporate & Limited Liability Company Applicants Only -

Attach copy filed or proposed Articles of Incorporation, last annual report/statement filed & attach copy of stock options.

EXHIBIT 4

Corporate/LLC Name: Kouzina Ann Arbor, LLC Incorporation/Organization date: 06/03/2015

Incorporated/Organized in what State? MI Michigan Authorization date: 06/03/2015

Name, Address, Phone Number of Resident Agent:
HARRY LASKARIS, [REDACTED]

(Check one of each) Profit or Nonprofit Public or Private Corporation Corporation

Date last annual report/statement filed with Michigan Corporation and Securities: 10/28/2019

Corporate Officers	Name	Address	Phone Number
President	_____	_____	_____
Vice-President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

11. Corporations and Limited Liability Companies – List all persons, companies and other entities that hold or will hold stock interest or membership in applicant entity.

	Name	Address	Phone Number	%Interest
1.	<u>Harry Laskaris</u>	[REDACTED]	[REDACTED]	<u>100</u>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

12. Denial of Application/Revocation of License

(A) Have you, prior to this application, made application(s) for a similar or other license on premises other than described in this application?

Yes No

If yes, please list date, place and disposition of such application(s).

(B) Have you, prior to this application, been disqualified to receive approval for a license under the laws of the State of Michigan?

Yes No

If yes, please explain.

(C) Have you ever held a liquor license which has been revoked or not renewed?

Yes No

If yes, please state reason.

13. Financial Details – All applicants

(A) Source of funds used to establish business, or which will be used to purchase this business, list name, address and amount of all money lenders.

Name	Address	Amount
HARRY LASKARIS,	[REDACTED]	\$ 250,000
_____	_____	\$ _____
_____	_____	\$ _____

(B) Attorney or representative

Hatem Beydoun P66071 Ste 606, 400 Monroe St., Detroit, MI 48226 313-574-5397

Name	Address	Phone Number
Hatem Beydoun	Ste 606, 400 Monroe St., Detroit, MI 48226	313-574-5397

14. Premises (Answer either A, B, or C.) Applicant shall attach a building and grounds layout diagram (8-1/2 x 11) showing the entire structure, premises, and grounds, and in particular the specific areas where the license is to be utilized. Plans shall demonstrate adequate off-street parking, lighting, refuse disposal facilities, and where appropriate, adequate plans for screening and notice control.

EXHIBIT 5

(A) New Construction

Do you need to build a facility at the residence that will hold the license? Yes No

If yes, do you have building permits? Yes No

If no, when do you plan to get them? _____

If yes, when do you expect construction will begin? _____

If yes, when do you expect construction to be completed? _____

If yes, what is the estimated cost of construction of the facility? \$ _____

When is your anticipated occupancy date/open for business date? _____

Would you build the facility at this location if you do not get a license? Yes No

(B) Existing Facility-No Renovation

Is the facility currently occupied? Yes No

If yes, do you intend to be licensed under the existing business at this location? Yes No

If yes, do you intend to be licensed under the same management? Yes No

How long has the existing business be at the location? 3 years

Are you currently associated with the business operation on site? Yes No

If yes, in what capacity are you associated? Owner

If no, will you be purchasing the premises? _____

(C) Existing Facility-Renovation

Do you plan to renovate an existing facility? Yes No
If yes, what is the estimated cost of the renovation? \$ _____
If yes, when do you expect construction will begin? _____
If yes, when do you expect the construction to be completed? _____
When is your anticipated occupancy date/open for business date? _____
Is the facility currently occupied? Yes No
If yes, are you currently associated with the business operation on site? Yes No
If yes, in what capacity are you associated? _____
Will it be necessary to temporarily close the facility for renovation? Yes No
If yes, how long will the facility be closed? _____
Are you going to renovate the facility if you do not get a license? Yes No

15. Employment – (All applicants must complete either A or B section)

(A) Existing Business

How large is the current staff? (i.e. 1 full-time bartender)

Number	Full	or	Part-time	Position
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
4	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Managers
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
8	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Staff (Food Prep/Cashier)
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
4	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Staff (Food Prep/Cashier)

Will you be retaining current staffing levels, expanding current staffing levels, or decreasing current staffing levels if you receive the license? Explain. _____

If license is received, current staffing levels will be increased by one employee per shift, currently 2 shifts per day / seven days a week.

(B) New Business

How large of a staff do you plan to have? (i.e. 1 full-time bartender)

Number	Full	or	Part-time	Position
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	<input type="checkbox"/>		<input type="checkbox"/>	_____

16. Operating Statement – Attach a general operation statement outlining the proposed manner in which the business for which the license being proposed will be operated, including a schedule of the hours of operation, food services, crowd control, and use of facilities.

Kouzina is a restaurant serving Greek food. The business is operated Mon thru Sun, from 11 AM to 9 PM on Mon, Tues and Sun, all other days till 10 PM. Hours of operation maybe expended if a license is obtained. The restaurant has ample space to control crowds and additional patio space located that is open in warmer months. Incoming customer traffic is directed by a single file line forming where patrons order their food, food is prepared along a counter and customers pay at the end (similar to Subway). Customers then take there order, can dine in or carry out (alcohol dine in only). Two restrooms are available. Kouzina has never had an issue with overcrowding. If a license is obtained, alcohol will be dispensed in accordance with applicable laws at the cashier where notices and check controls will be in place.

17. Personal Statement – (App applicants must complete this requirement)

Please describe how this business will enhance the City of Ann Arbor community. What special considerations should we take into account in evaluating your application? PLEASE LIMIT YOUR ANSWER TO 200 WORDS OR LESS. Please attach a separate sheet of paper if necessary.

Kouzina provides an affordable and authentic Greek dining experience. Owner Harry Laskaris gives credit to his father, Kouzina Head Chef Panagiotis Laskaris who is perhaps the last active original Greektown Chef. Kouzina has won dozens of awards for its Greek street food. The food is cooked fresh and to order. Patrons can dine in a relaxing and comfortable environment in Downtown Ann Arbor at an affordable price. Hopefully, they will also be able to enjoy authentic Greek beer or wine alongside their meal.

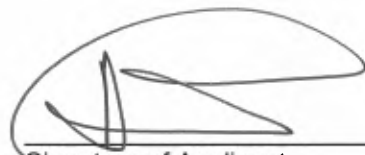
I have read all of the above answers and they are true. I agree to provide all requested information and to fully cooperate with all City Service Areas requesting any and all additional information provided in this application or any attachment thereto. Any changes that occur after the date of this application, applicant will notify the City Clerk, in writing, within 14-days of such change. I understand that the falsification of the information on this form or any false statements made during investigations may constitute grounds for denial of a license.

I warrant that I am not disqualified to receive a liquor license under the ordinances of the City of Ann Arbor or the laws of the State of Michigan. If granted a liquor license I will not violate any federal or state laws or any ordinance of the City of Ann Arbor in the conduct of business.

Attested to:

1/2/2020

Date of Application



Signature of Applicant

(if applicant is a corporation, include title of signor)

Managing Member
Harry Laskaris

Hattem Beydoun, Esq P66071

Name of person completing this form if not the applicant

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the ARTICLES OF ORGANIZATION (DOMESTIC L.L.C.)

for

KOUZINA ANN ARBOR, LLC

ID NUMBER: [REDACTED]

received by facsimile transmission on June 2, 2015 is hereby endorsed.

Filed on June 3, 2015 by the Administrator.

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



Sent by Facsimile Transmission

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 3rd day of June, 2015.

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau

CSCL/CD-700 (Rev. 01/14)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU	
Date Received	(FOR BUREAU USE ONLY)
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	
Name HARRY LASKARIS	
Address [REDACTED]	
City [REDACTED]	State [REDACTED]
ZIP Code [REDACTED]	
EFFECTIVE DATE:	

Document will be returned to the name and address you enter above. If left blank, document will be returned to the registered office.

ARTICLES OF ORGANIZATION
For use by Domestic Limited Liability Companies
(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Articles:

ARTICLE I

The name of the limited liability company is: KOUZINA ANN ARBOR, LLC

ARTICLE II

The purpose or purposes for which the limited liability company is formed is to engage in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan.

ARTICLE III

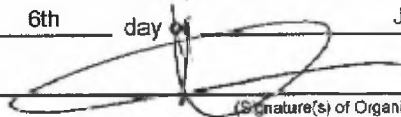
The duration of the limited liability company if other than perpetual is: _____

ARTICLE IV

- The name of the resident agent at the registered office is: HARRY LASKARIS
- The street address of the location of the registered office is:
[REDACTED], Michigan [REDACTED]
(Street Address) (City) (Zip Code)
- The mailing address of the registered office if different than above:
_____, Michigan _____
(P.O. Box or Street Address) (City) (Zip Code)

ARTICLE V (Insert any desired additional provision authorized by the Act; attach additional pages if needed.)

Signed this 6th day of June 2015

By  _____
(Signature(s) of Organizer(s))

HARRY LASKARIS
(Type or Print Name(s) of Organizer(s))

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORG.

for

KOUZINA ANN ARBOR, LLC

ID NUMBER: [REDACTED]

received by facsimile transmission on June 25, 2015 is hereby endorsed.

Filed on June 29, 2015 by the Administrator.

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



Sent by Facsimile Transmission

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 29th day of June, 2015.

A handwritten signature in black ink, appearing to read "Alan J. Schefke".

**Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau**

CSC/LCD-715 (Rev. 01/14)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU		
Date Received	(FOR BUREAU USE ONLY)	
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	
Name: Harry Laskaris		
Address: 15612 Kennebec St		
City: Southgate	State: MI	ZIP Code: 48195
		EFFECTIVE DATE:

Document will be returned to the name and address you enter above. If left blank, document will be returned to the registered office.

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

For use by Limited Liability Companies

(Please read information and instructions on the last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Certificate of Amendment:

1. The present name of the limited liability company is:
KOUZINA ANN ARBOR, LLC

2. The identification number assigned by the Bureau is: [REDACTED]

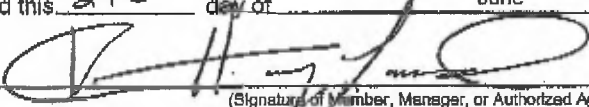
3. The date of filing the original Articles of Organization was: June 3, 2015

4. Article V. of the Articles of Organization is hereby amended to read as follows:
Managed by Manager - Management of the limited liability company will be delegated to a Manager, consistent with the requirements of the Operating Agreement.
Article VI. of the Articles of Organization is hereby amended to read as follows: See attached Article VI.

5. The amendment was approved by a majority in interest if an operating agreement authorizes amendment of the articles of organization by majority vote.
 The amendment was approved by unanimous vote of all the members entitled to vote.

This document is hereby signed as required by Section 103 of the Act.

Signed this 24th day of June, 2015

By: 
(Signature of Member, Manager, or Authorized Agent)

HARRY LASKARIS
(Type or Print Name and Capacity)

**ATTACHMENT TO ARTICLES OF ORGANIZATION
FOR
KOUZINA ANN ARBOR, LLC**

ARTICLE VI — EXCULPATION OF LIABILITY; INDEMNIFICATION

6.1. Exculpation of Liability. Unless otherwise provided by law or expressly assumed, a person who is a Manager shall not be liable for the acts, debts, or liabilities of this Company.

6.2. Indemnification. Except as otherwise provided by law and/or the Operating Agreement, the limited liability company shall indemnify and hold harmless a Manager from and against any and all losses, expenses, claims and demands sustained by reason of any acts or omissions or alleged acts or omissions as a Manager, including judgments, settlements, penalties, fines, or expenses incurred in a proceeding to which the person is a party or threatened to be made a party because he or she is or was a Manager, to the extent provided for in an operating agreement or in a contract with the person, or to the fullest extent permitted by agency law subject to any restriction in an operating agreement or contract, except that the company may not indemnify any person for conduct described in section 407(a), (b), (c) or (d) of the Michigan Limited Liability Company Act.

6.3 The Company may purchase and maintain insurance on behalf of a Manager against any liability or expense asserted against or incurred by him or her in any such capacity or arising out of his or her status as a Manager, whether or not the Company could indemnify him or her against liability.

6.4 If the Michigan Limited Liability Company Act is amended after this provision is included in the Article of Organization to authorize further eliminating or limiting the personal liability of Members, Managers, employees, or agents, then the liability of Members and Managers of the Company shall be eliminated or limited to the fullest extent permitted by the Michigan Limited Liability Company Act, as so amended.

6.5 Any repeal or modification of the foregoing paragraph by the Members of the Limited Liability Company shall not adversely affect any right or protection of a Member of the Company existing at the time of such repeal or modification.

LARA Corporations
Online Filing System
Department of Licensing and Regulatory Affairs

Form Revision Date 07/2016

ANNUAL STATEMENT

(Required by Section 207, Act 23, Public Act of 1993)

Identification Number: [REDACTED]

Annual Statement Filing Year: 2019

1. Limited Liability Company Name:

KOUZINA ANN ARBOR, LLC

2. The street address of the limited liability company's registered office and name of the resident agent at that office:

1. Resident Agent Name: HARRY LASKARIS

2. Street Address: [REDACTED]

Apt/Suite/Other:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

3. Mailing address of the registered office:

P.O. Box or Street
Address: [REDACTED]

Apt/Suite/Other:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

This annual statement must be signed by a member, manager, or an authorized agent.

Signed this 28th Day of October, 2019 by:

Signature	Title	Title if "Other" was selected
JOHN F KORACHIS	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2019 ANNUAL STATEMENT

for

KOUZINA ANN ARBOR, LLC

ID Number: [REDACTED]

received by electronic transmission on October 28, 2019 ***, is hereby endorsed.***

Filed on October 28, 2019 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 28th day of October, 2019.

Julia Dale

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

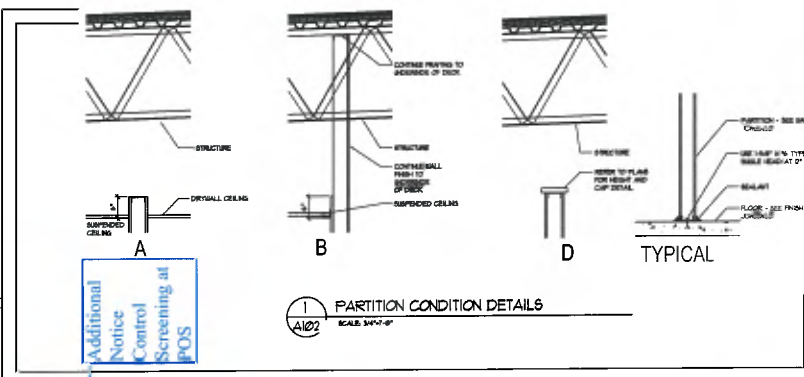
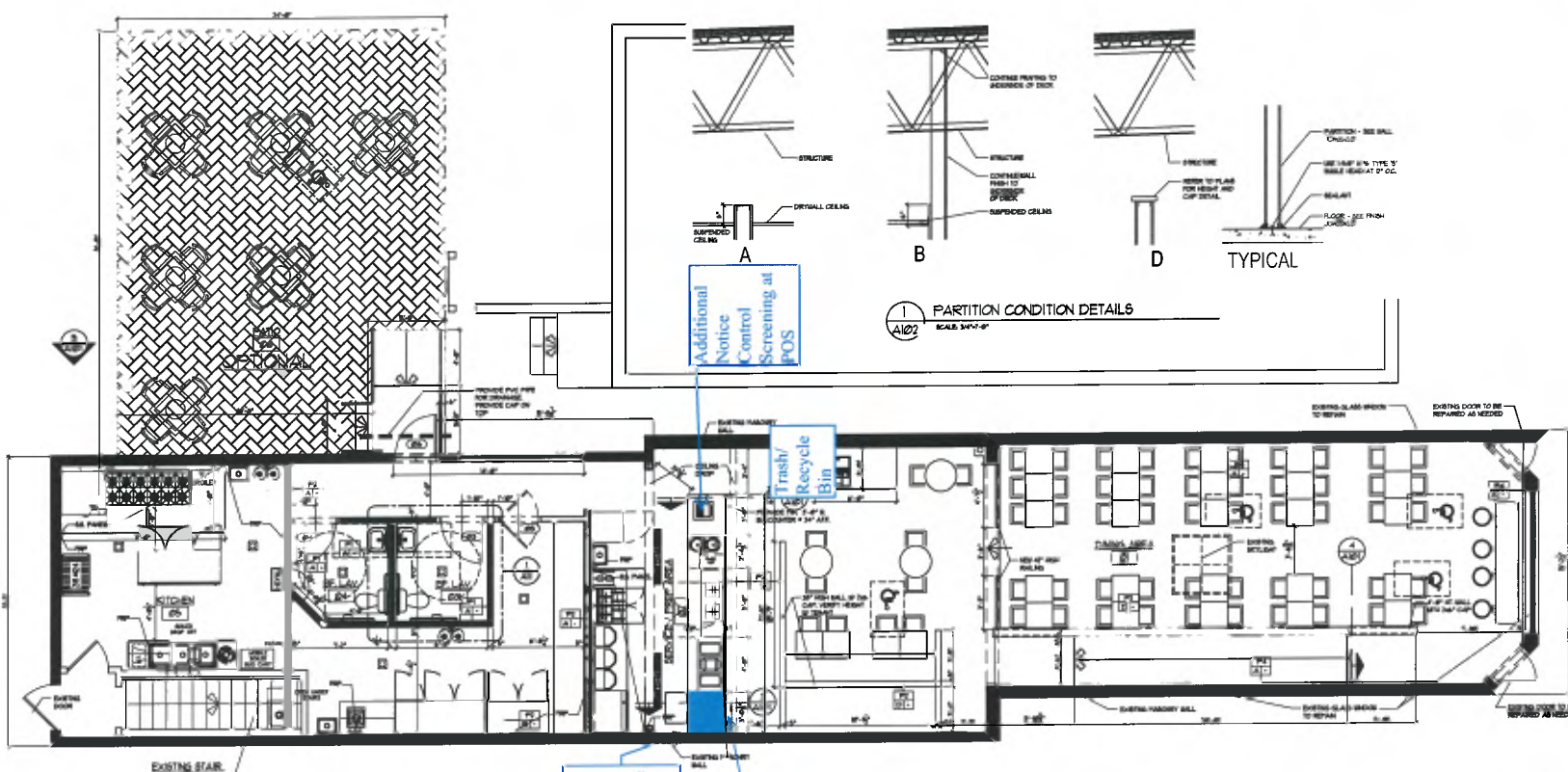
Recycle/Refuse
Dumpster

WALL LEGEND			
SYMBOL	DESCRIPTION	ASSEMBLY	DETAIL SCALE: 1/4" = 1'-0"
P1	PROPOSED INTERIOR WALL	1/2" GIBS 3/8" PETAL STUDS @ 16" O.C. 1/2" PETAL STUD @ 16" O.C. BETWEEN JOISTS BY 1/2" SOLID INSULATION (R=5) 1/2" GIBS	
P2	PROPOSED INTERIOR WALL	1/2" GIBS 3/8" PETAL STUDS @ 16" O.C. 1/2" GIBS	
P3	PROPOSED INTERIOR WALL	WALL BY COOLER CONTRACTOR	
P4	EXISTING WALL @ 150' FINISH	CONCRETE WALL 1 1/2" TEREX 3/8" GIBS	

PARTITION CONDITION CODE	
A	PARTITION TO TERMINATE AT 10' ABOVE ADJACENT CEILING. DIAGONALLY BRACE TO STRUCTURE ABOVE AS REQUIRED. (SOUND-RATED BASH USED IN CONNECTION W/ RATED CEILING ASSEMBLY ONLY)
B	PARTITION FINISH TO EXTEND TO UNDERFACE OF STRUCTURE ABOVE. STUDS BRACE TO TERMINATE AT ABOVE HEIGHT. ADJACENT CEILING (SOUND-RATED BASH USED IN CONNECTION W/ RATED CEILING ASSEMBLY ONLY. PROVIDE FRESH AIR/EXHAUST AS REQUIRED TO ACHIEVE RATED WALL AND CEILING ASSEMBLY)
D	LOW WALL PARTITION HEIGHT 4'-0" AFF, WITH 2" CAP

PARTITION TYPE SYMBOL

	PARTITION TYPE - SEE WALL LEGEND
	FRESH AIR/EXHAUST (W/IN ROOM)
	PARTITION CONDITION CODE - SEE ABOVE



1 PARTITION CONDITION DETAILS
SCALE: 3/4" = 1'-0"

2 PROPOSED MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"

FERRA - MARKO ASSOCIATES
ARCHITECTURAL DESIGNERS
 180 E Big Beaver, Suite 106 Troy, MI 48063
 Tel: 248.457.8903 Fax: 248.457.6906
 Email: info@f-m-associates.com
 Website: www.f-m-associates.com



PROJECT NAME:
Kouzina
 GREEK STREET FOOD

PER OWNERS REQUEST
 11-18-2015

ADDRESS:
 332 S. MAIN ST.
 ANN ARBOR, MI 48104

JOB NO.	15-0330		
ISSUANCES			
NO.	DESCRIPTION	DATE	BY
1	PERMIT SUBMISSION	08/11/15	BM/EM
2	PER CITY REVIEW	10/02/15	BM/EM
3	PER OWNERS REQUEST	11/18/15	BM/EM

SHEET TITLE
 PROPOSED MAIN FLOOR PLAN

DATE:
 A1.0.2

