



ANN ARBOR
CITY CLERK

FEB 22 17

TIME: _____

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: n/a _____

Name: n/a _____

Address n/a _____

Address: n/a _____

Suite #: n/a _____

Suite #: n/a _____

City: n/a _____

City: n/a _____

State: n/a _____ Zip: n/a _____

State: n/a _____ Zip: n/a _____

Phone No.: n/a _____

Phone No.: n/a _____

Email: n/a _____

Email: n/a _____

aka(s): n/a _____

aka(s): n/a _____

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: Blum Production LLC

Address: 227 Wildwood Ave

Suite #: n/a

City: Ann Arbor

State: MI

Zip: 48103

Officers (Please List): Lauren Bloom - 227 Wildwood Ave Ann Arbor, MI 48103

Business Name (D.B.A.): Blom Meadworks (100 S Fourth Ave, Suite ¹¹⁰ 100 Ann Arbor, MI 48104)

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

Name: Bloom & Ritchey LLC

Name: n/a

Address: 227 Wildwood Ave

Address: n/a

Suite #: _____

Suite #: n/a

City: Ann Arbor

State: MI

City: n/a

State: n/a

Zip: 48103

Zip: n/a

Phone # (if known): (810) 610-4145

Phone # (if known): n/a

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

Name: n/a

Name: n/a

Address: n/a

Address: n/a

Suite #: n/a

Suite #: n/a

City: n/a

State: n/a

City: n/a

State: n/a

Zip: n/a

Zip: n/a

Phone # (if known): n/a

Phone # (if known): n/a

2. Name and location of establishment currently licensed:

Name: n/a

Address: n/a

Suite #: n/a

City: n/a

State: n/a

Zip: n/a

Phone # (if known): n/a

Personal Property Tax ID No. (If licensed in Ann Arbor): n/a

Is this establishment currently operating? _____ Yes No

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

Name: n/a

Corporate Name: n/a

Business Name: n/a

d.b.a. (if known) n/a

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:
Construction of interior division walls between bonded winery space and tax-paid retail public space. Installation of fixtures, surfaces and decorating finishings. Concrete slab reinforcement to support fermentation equipment. Installation of walk-in cooler, fermentation equipment, plumbing, sinks, built-in tables, walk-up counter. Project total estimated at \$200,000, including architecture and permitting fees.

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

Address: n/a Suite #: n/a

City: n/a Zip: n/a

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.):

n/a

If no, are renovations planned for the existing structure?

Yes n/a No n/a

Detail plans, including estimated cost:

 n/a

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.)

Outdoor service, Entertainment Permit, Dance Permit, Retail Food License (or Limited

Retail Food License, if available)

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.):

Bløm Meadworks will ferment honey wine (mead) and cider on premise, and will conduct sales of the product for on- and off-

premise consumption. We will also have a small variety of food offerings for purchase and allow people to bring in pre-purchased

food. We may occasionally have small public or private events that include live music, film viewings, etc. These may involve dancing/music

but will not be the primary focus of the business. Though we will likely begin with minimal hours, our maximum public schedule would

be seven days a week, 11am until midnight, with the exception of Sundays, on which we will open at noon. We will begin with two employees and will likely expand to approximately six employees within the first two years.

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: n/a

Address: n/a

Suite #: n/a

City: n/a

State: n/a

Zip: n/a

Type of License: n/a

Financial Interest: n/a

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:

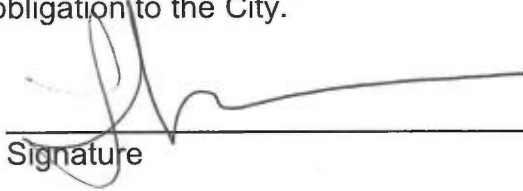
n/a

Personal Property or Real Estate Tax ID No.: n/a

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.

February 22, 2017

Date



Signature

Lauren Bloom

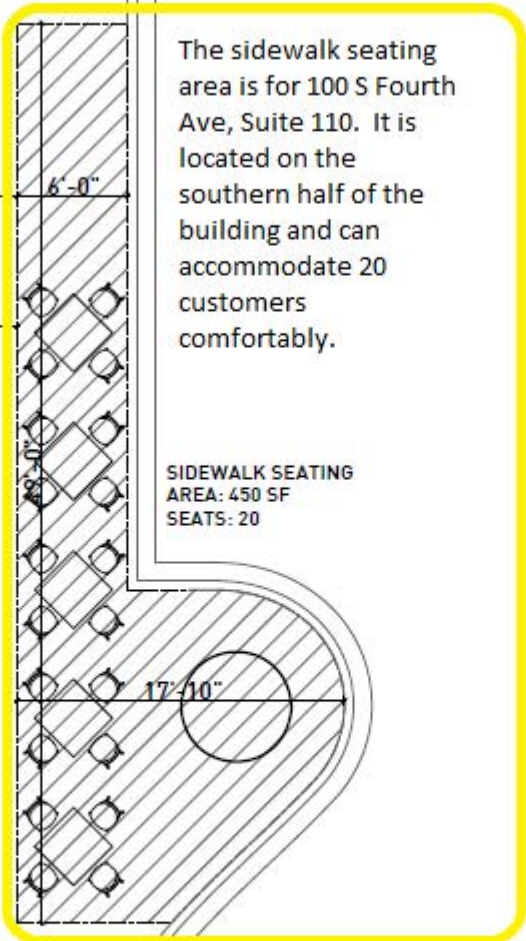
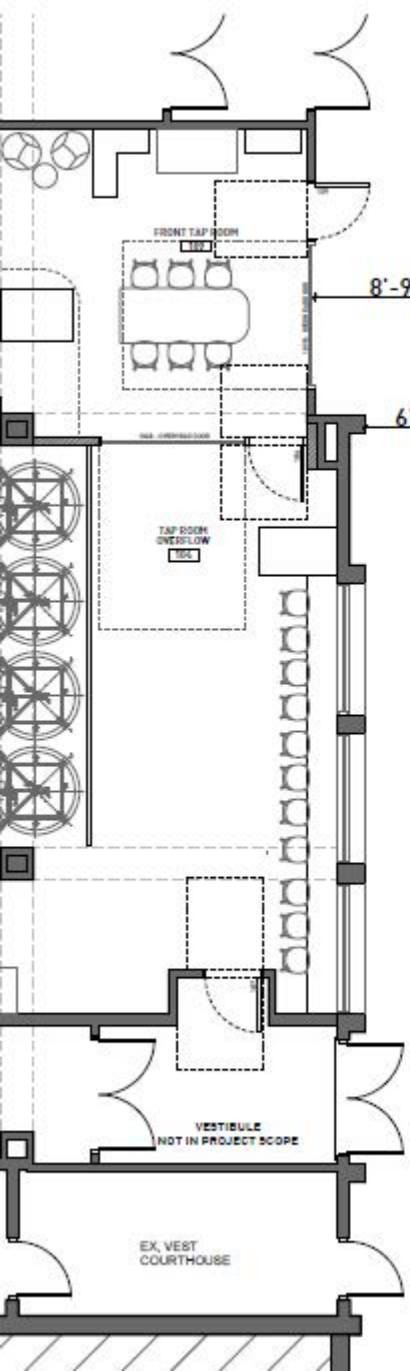
Printed Name

President and Owner

If Corporate Officer, state title

(810) 610-4145

Phone Number



The sidewalk seating area is for 100 S Fourth Ave, Suite 110. It is located on the southern half of the building and can accommodate 20 customers comfortably.

SIDEWALK SEATING
AREA: 450 SF
SEATS: 20