

CITY OF ANN ARBOR  
CITY CLERK  
REC'D

2012 JUL 24 PM 12:0



City of Ann Arbor  
Office of the City Clerk  
100 N. Fifth Avenue  
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 (\$2,500.00) (Check type of license below; i.e. Micro Brewer, Wine Tasting, etc.)

TRANSFER OF OWNERSHIP OF ON-PREMISE LICENSED BUSINESS (\$1,000.00):

TRANSFER OF LOCATION (\$500.00)

CLASS A  CLASS B  CLASS C

RESORT  BREWPUB  BREWER

MICRO BREWER  WINE TASTING ROOM

SMALL WINE MAKER

BRANDY MANUFACTURER

ADDING OR DELETING PARTNERS(S) (\$500.00)

DANCE/ENTERTAINMENT PERMIT (\$500.00)

EXTENDED HOURS PERMIT (For Entertainment Purposes only) (\$500.00)

ADDING OR DELETING SPACE (\$500.00)

TRANSFER OF SDD AND/OR SDM (\$500.00 ea.) (In conjunction with an on-premise license)

NEW SDD AND/OR SDM (\$500.00 ea.)

OUTDOOR SALES AND SERVICE (\$100.00)

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: Robert (Bob) Sutherland

Address: 6026 S. Lake St

Suite #: \_\_\_\_\_

City: Glen Arbor

State: MI Zip: 49636

Phone No.: 231-334-3150 Ext 2235

Email: Bob@cherryrepublic.com

aka(s): Bob

Name: Todd Ciolek

Address: 6026 S. Lake St

Suite #: \_\_\_\_\_

City: Glen Arbor

State: MI Zip: 49636

Phone No.: 231-334-3150 Ext 2236

Email: Todd@cherryrepublic.com

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: Cherry Republic, Inc.

Address: 223 S. Main St. Suite #: \_\_\_\_\_

City: Ann Arbor State: MI Zip: 48104

Officers (Please List): Bob Sutherland - President  
Todd Ciolek - COO

Business Name (D.B.A.): Cherry Republic

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

Name: Robert (Bob) Sutherland

Address: 5710 S. Pine

Suite #: \_\_\_\_\_

City: Ann Arbor State: MI

Zip: 49636

Phone # (if known): 231-334-3331

Name: Todd Ciolek

Address: 6080 Woods Dr.

Suite #: \_\_\_\_\_

City: Empire State: MI

Zip: 49630

Phone # (if known): 231-645-4026  
Cell

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: N/A Applying for New license

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (if known): \_\_\_\_\_

Personal Property Tax ID No. (If licensed in Ann Arbor): 38-2933781<sup>3</sup>

Is this establishment currently operating? \_\_\_\_\_ Yes  No

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

Name: NA

Corporate Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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.)

NA

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.):

Retail Store Selling Food Products, Merchandise, & Cherry Wine  
Approx. Six Full-Time equivalent employees  
Operating hours: 9am - 9pm daily.

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)?

X 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: Cherry Republic (Bob Sutherland)  
Address: 6026 S. Lake St. Suite #:  
City: Glen Arbor State: MI Zip: 49636  
Type of License: SOM License  
Financial Interest: Owner

Additional Parties with Interest on MLCC App provided

8. 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.: 38-2933781

**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.

7-16-12  
 Date

  
 Signature

Kim Donovan  
 Printed Name

\_\_\_\_\_  
 If Corporate Officer, state title

231-334-3150 ext 2260  
 Phone Number

There is a nonrefundable city application fee of \$1,000.00 for the following activities:

- ownership transfer of on-premise license
- ownership transfer of SDD/SDM license (held in conjunction with on-premise license)

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

- location transfer of on-premise license
- new and/or transfer of SDD/SDM license (held in conjunction with on-premise license)
- dance/entertainment permit/extended hours
- adding/deleting partners
- adding/deleting space

There is a nonrefundable city application fee of \$100.00 for

- Outdoor Sales and Service (on the City's sidewalk)

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

**Revised 3/16/2012**



**Application for New Licenses, Permits, or Transfer of Ownership or Interest in License  
(Manufacturer and Wholesaler Applicants)**

(For applicants located in Michigan only)

**PLEASE READ!** A copy of this completed application should be submitted to the local legislative body and local law enforcement agency where the license is/will be held so your request can be processed correctly.

**Part 1 - Please answer both questions below (if you are requesting a license as a part of your application)**

Are you requesting a new license as a part of your application?  Yes  No (If yes, cashier is instructed to use fee code 4038)  
Are you transferring an existing license as a part of your application?  Yes  No (If yes, cashier is instructed to use fee code 4038)  
If you answer **yes** to **both** questions, which type of license is to be transferred? \_\_\_\_\_

**Part 2 - License Types (Check boxes applicable to your application)**

MCL 436.1525(1) provides that licensee fees shall be paid at the time of filing applications. (All checks/money orders should be made payable to the State of Michigan)

License Type:	Base Fee:	License Type:	Base Fee:
<input type="checkbox"/> Brewer	\$50.00	<input type="checkbox"/> Small Distiller	\$100.00
<input type="checkbox"/> Micro Brewer	\$50.00	(Under 50,000 gallons annually)	
(Under 30,000 barrels annually)		<input type="checkbox"/> Outstate Seller of Beer	\$1,000.00
<input type="checkbox"/> Wine Maker	\$100.00	<input type="checkbox"/> Outstate Seller of Wine	\$300.00
<input type="checkbox"/> Small Wine Maker	\$25.00	<input type="checkbox"/> Outstate Seller of Mixed Spirit Drink	\$300.00
(Under 50,000 gallons annually)		<input type="checkbox"/> Wholesaler	\$300.00
<input checked="" type="checkbox"/> Winery Tasting Room	\$100.00	* Plus \$50.00 for each additional vehicle used to deliver alcoholic beverages to retail licensees.	
<input type="checkbox"/> Spirit Tasting Room	\$100.00	<input type="checkbox"/> Warehouser	\$50.00
<input type="checkbox"/> Brandy Tasting Room	\$100.00	<input type="checkbox"/> Industrial Manufacturer	\$10.00
<input type="checkbox"/> Manufacturer of Brandy	\$100.00	<input type="checkbox"/> Seller of Alcohol	\$10.00
<input type="checkbox"/> Manufacturer of Mixed Spirit Drink	\$100.00	<input type="checkbox"/> Limited Alcohol Buyer	\$10.00
<input type="checkbox"/> Manufacturer of Spirits	\$1,000.00		

**Part 3 - Permit Types (Check boxes applicable to your application)**

Permits:	Base Fee:	Permits:	Base Fee:
<input checked="" type="checkbox"/> Sunday Sales Permit (AM)	\$160.00	<input type="checkbox"/> Specific Purpose Permit (list activity below): No charge *	
<input type="checkbox"/> Sunday Sales Permit (PM) (Spirits & Mixed Spirits only)	15% of license fee	Hours requested: _____	
<input type="checkbox"/> Beer & Wine Consumer Sampling Event Permit	\$70.00	<input type="checkbox"/> Extended Hours Permit (check type below): No charge *	
<input type="checkbox"/> Spirit Consumer Sampling Permit	\$70.00	<input type="radio"/> Dance <input type="radio"/> Entertainment	
<input type="checkbox"/> Catering Permit	\$100.00	Hours requested: _____	
<input type="checkbox"/> Outdoor Service	No charge *		
<input type="checkbox"/> Entertainment Permit	No charge *		
<input type="checkbox"/> Dance Permit	No charge *		
<input type="checkbox"/> Topless Activity Permit	No charge *		
<input type="checkbox"/> Living Quarters	No charge		

\*Note: MCL 436.1529(5)(b) provides that an inspection fee shall not be required for the issuance of a new permit, or the transfer of an existing permit, if the permit is issued or transferred simultaneously with the issuance or transfer of a license or an interest in a license.

*updated mlcc Application original included as well.*

*corrected app*



Michigan Department of Licensing and Regulatory Affairs  
 Liquor Control Commission (MLCC)  
 7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505  
 Toll Free (866) 813-0011 - www.michigan.gov/lcc

Business ID: \_\_\_\_\_

Request ID: \_\_\_\_\_

(For MLCC use only)

**Application for New License, Permits, or Transfer of Ownership or Interest in License  
 (Manufacturer and Wholesaler Applicants)**

(For applicants located in Michigan only)

**Part 4 - Permissions (Check boxes applicable to your application)**

Permission(s):	Base Fee:
<input type="checkbox"/> Off-premise Storage	No charge
<input type="checkbox"/> Direct Connection(s)	No charge

**Part 5 - Inspection Fees (Check box applicable to your application)**

Inspection fee - 1 license (4036) \$70.00  Inspection fee - 2 licenses (4036) \$140.00  Inspection fee - 3 licenses (4036) \$210.00

**Part 6 - Transaction Information (Check boxes applicable to your application)**

New license  Transfer stock/interest  Add/Drop space  Transfer location  Transfer classification  Change status (self incorporation)  
 New permit  Transfer ownership  Transfer limited partnership interest  Other \_\_\_\_\_

Name(s) of current licensee: MI Small Wine Maker's License, MI Tasting Room (Traverse City, MI & Glen Arbor, MI), Mauf./Wholesale License

Current licensed address: 154 E. Front St. Traverse City, MI & 6026 S. Lake St. Glen Arbor, MI 49636 & 9876 Fischer St. Empire, MI 49630

**Part 7 - Applicant Information**

Name of entity/person that will hold the license: Cherry Republic, Inc.

- Corporations/Limited Liability Company(s) - State the name as it is filed with the State of Michigan Corporation Division and provide a copy of your articles.
- Corporations/Limited Liability Company(s) must provide a list of stockholders/members in Part 9 of this form.
- If your company has not filed with the State of Michigan, you must submit a copy of a filed certificate of authority to transact business in Michigan along with your application.

Street address of proposed licensed establishment: 223 S. Main St. Zip Code: 48104

City, Village: Ann Arbor Township: Ann Arbor County: Washtenaw

Contact person for your company: Melissa M. Reid

Business Phone: 231-334-3150 Cell Phone: 231-620-3013 E-mail address: melissa@cherryrepublic.com

Do you have an attorney that you would like us to contact?  Yes - See below  No

Attorney name and address: Doug Bishop

Office Phone: 231.946.4100 Cell Phone: 231.620.3013 E-mail address: info@bishopheinz.com



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 Liquor Control Commission (MLCC)  
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Business ID: \_\_\_\_\_

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(For MLCC use only)

**Application for New License, Permits, or Transfer of Ownership or Interest in License  
 (Manufacturer and Wholesaler Applicants)**

(For applicants located in Michigan only)

**Part 8a - Name and Address**

- Each stockholder/member/partner must complete Part 8b of the application.  
 (For companies with multiple stockholders/members/partners, please make copies of this section for each individual to complete)
- Administrative rule R 436.1115 provides that an applicant for a license shall submit fingerprints and undergo investigation by the Commission. Fingerprints are not required for an applicant previously fingerprinted for a license with the Commission. If your local police agency does not have paper fingerprint cards, please contact the MLCC today at (866) 813-0011 and we will send them to you right away.
- Please attach the the fingerprint card and \$30.00 fee payable (for each card) to the State of Michigan and return them to the Lansing office of the Michigan Liquor Control Commission.

Name: Robert Sutherland - Already Have This Information  
 Home address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Part 8b - Personal Information (Individuals)**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a citizen of the United States of America?  Yes  No (If you answered "no", you will be asked to provide documentation to verify citizenship)

Have you ever legally changed your name?  Yes  No (If you are/were married remember to list your prior name(s) or during naturalization or court process.)

If you answered yes, please state your prior name(s) (including maiden): \_\_\_\_\_

Have you ever been arrested?  Yes  No If yes, list below (attach additional pages if necessary)

Date	City/State	Charge	Disposition

If you are currently married, what is your **spouse's** full name? \_\_\_\_\_

**Spouse's** date of birth: \_\_\_\_\_ (first, middle, last)

Is your **spouse** a citizen of the United States of America?  Yes  No (If you answered "no", you will be asked to provide documentation to verify your spouse's citizenship)

Has your **spouse** ever been arrested?  Yes  No If yes, list below (attach additional pages if necessary)

Date	City/State	Charge	Disposition

Do you or your spouse hold any position, either by appointment or election, which involves the duty to enforce any penal law of the United States of America, or the penal laws of the State of Michigan, or any penal ordinance or resolution of any municipal subdivisions of the State of Michigan (civil defense volunteer policeman, mayors, village presidents, and members of city councils are not considered to be law enforcement officers).

Yes  No

Do you or your spouse hold any class of license for the manufacture, distribution or retail sale of alcoholic beverages in Michigan?

Yes  No

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing **false** or **fraudulent** information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Date

Individual, print name

Individual signature





Michigan Department of Licensing and Regulatory Affairs  
 Liquor Control Commission (MLCC)  
 7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505  
 Toll Free (866) 813-0011 • www.michigan.gov/lcc

Business ID: \_\_\_\_\_  
 Request ID: \_\_\_\_\_  
 (For MLCC use only)

**Application for New Licenses, Permits, or Transfer of Ownership or Interest in License  
 (Manufacturer and Wholesaler Applicants)**

(For applicants located in Michigan only)

**Part 9 - Report of Stockholders/Members/Limited Partners**

**Corporations - Please complete this section and attach more copies of this page if more room is needed.**

Name and Address of all Stockholders: *Already have this information* Total Number of Shares Held:

Robert Sutherland	
Todd Ciolek	

Name and address of Corporate Officers and Directors, pursuant to administrative rule R 436.1109


What is the total number of shares that the corporation has issued to its stockholders? \_\_\_\_\_

**Limited Liability Companies - Please complete this section and attach more copies of this page if more room is needed.**

Name and address of all members: Total Percent (%) of interest held:


Name and address of Managers and Assignees, pursuant to administrative rule R 436.1110






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 Liquor Control Commission (MLCC)  
 7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505  
 Toll Free (866) 813-0011 • www.michigan.gov/lcc

Business ID: \_\_\_\_\_  
 Request ID: \_\_\_\_\_  
 (For MLCC use only)

**Application for New Licenses, Permits, or Transfer of Ownership or Interest in License**

- Check the type of licenses and permits that you would like and return the completed application to the address listed at the top of this page.
- Note: Not all permits and/or permissions are listed - please see page 2 for a complete listing.

**Part 1 - Please answer both questions below (if you are requesting a license as a part of your application)**

Are you requesting a brand new license as a part of your application?  Yes  No (If yes, cashier is instructed to use fee code 4012)

Are you buying an existing license as a part of your application?  Yes  No (If yes, cashier is instructed to use fee code 4034)

If you answer yes to both questions, please indicate which existing license(s) is to be transferred.

**Part 2 - Definitions:**

**Off-premise licenses** - Licenses that are issued for the type of business where alcoholic beverages are sold for consumption elsewhere, and where consumption on the premises is not allowed. There are two main types; SDD (spirits and mixed drink spirits) and SDM (beer and wine). Please check the appropriate box for your request. Note: Any additional transfer or license fees may be assessed at a later date and will be collected at the time of license issuance.

**On-premise licenses** - Licenses that are issued to allow alcoholic beverages to be sold, served and consumed on the premises. Note: Any additional transfer or license fees may be assessed at a later date and will be collected at the time of license issuance.

**Part 3 - Check type of license(s) requested with your application:**

Off Premise License Type:	Base Fee:	On Premise License Type:	Base Fee:	On Premise License Type:	Base Fee:
<input type="checkbox"/> SDM License	\$100.00	<input type="checkbox"/> B-Hotel License	\$600.00	<input type="checkbox"/> Tavern License	\$250.00
<input type="checkbox"/> SDD License	\$150.00	<input type="checkbox"/> A-Hotel License	\$250.00	<input type="checkbox"/> G-1 License	\$1,000.00
<input type="checkbox"/> Resort SDD License	Upon Licensure	<input type="checkbox"/> Brewpub license	\$100.00	<input type="checkbox"/> G-2 License	\$500.00
<input type="checkbox"/> Transfer Resort SDD license	\$150.00	<input type="checkbox"/> Class C License	\$600.00	<input type="checkbox"/> Aircraft License	\$600.00
		<input type="checkbox"/> Club License	\$300.00	<input type="checkbox"/> Watercraft License	\$100.00
		<input checked="" type="checkbox"/> SDM License	\$100.00	<input type="checkbox"/> Train	\$100.00
		<input type="checkbox"/> Resort License	Upon Licensure	<input type="checkbox"/> *Other:	T.B.D.
		<input type="checkbox"/> Redevelopment License	Upon Licensure		

\*Check if the license you are purchasing has been issued under a Special Act (i.e. Civic Center, etc.)

- MCL 436.1525(1) provides that licensee fees shall be paid at the time of filing applications.
- All checks/money orders should be made payable to the State of Michigan.

4034 11703005-1 000412 - 120.00

**Part 4 - Check type of permit(s) requested with your application:**

Off Premise Permits:	Base Fee:	On Premise Permits:	Base Fee:
<input type="checkbox"/> Sunday Sales Permit (AM)	\$160.00	<input type="checkbox"/> New Banquet Facility Permit	\$600.00
<input type="checkbox"/> Sunday Sales Permit (PM) (Held with SDD license)	\$22.50	<input checked="" type="checkbox"/> Sunday Sales Permit (AM)	\$160.00
<input type="checkbox"/> Catering Permit	\$100.00	<input type="checkbox"/> Sunday Sales Permit (PM)	15% of license fee
		<input type="checkbox"/> Catering Permit	\$100.00
		<input type="checkbox"/> New Additional Bar Permit (s)*	\$350.00

\*Note: \$350.00 is due for each additional bar requested. This fee must also be included when calculating the total amount due for Sunday Sales Permit (PM).

**Part 5 - Inspection Fees (Check box applicable to your application)**

Inspection fee - 1 license (4036) \$70.00  Inspection fee - 2 licenses (4036) \$140.00  Inspection fee - 3 licenses (4036) \$210.00

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



Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505
Toll Free (866) 813-0011 • www.michigan.gov/lcc

Business ID: \_\_\_\_\_
Request ID: \_\_\_\_\_
(For MLCC use only)

Application for New License, Permits, or Transfer of Ownership or Interest in License

Instructions: This application must be completed and returned with all inspection and base licensing fees before it can be considered. Make all checks or money orders payable to the State of Michigan.

1. Applicant Information

Name of entity/person that will hold the license: Cherry Republic, Inc.
Corporations/Limited Liability Company(s) - Name should be stated exactly how it was filed with the corporation division.
If your company is not filed in the State of Michigan, you must submit a copy of a filed certificate of authority to transact business in Michigan along with your application.
Street address of proposed licensed establishment: 223 S. Main St. Zip Code: 48104
City, Village: Ann Arbor Township: Ann Arbor Charter County: Washtenaw
Contact person for your company: Melissa Reid
Business Phone: 231-334-3150 x.2229 Cell Phone: 231-620-3013 E-mail address: melissa@cherryrepublic.com
Do you have an attorney that you would like us to contact? No Yes - See below
Attorney name and address: Doug Bishop 440 W. Front St. Traverse City, MI 49685
Office Phone: 231-946-4100 Cell Phone: E-mail address: info@bishopheinz.com

2. Transaction Information: Check boxes below (as applicable)

New license Transfer stock/interest Add/Drop space Transfer location Transfer classification Change status (self incorporation)
New permit Transfer ownership Add/Drop partner Transfer limited partnership interest Other
Name(s) of current licensee: Small Wine Maker, Direct Shipper, MI Wine Tasting Room
Current licensed address: 6026 S. Lake St. Glen Arbor, MI 49636, 154 E. Front St. Traverse City, MI 49684, & 9876 Fisher Empire, MI 49630 (WH)

3. Check type of licenses and permits requested with your application

License Types: SDD SDM Aircraft Class C Brewpub Train Tavern Club Watercraft G-1 G-2 A-Hotel (beer & wine) B-Hotel (beer, wine & spirits)
Permit Types: Outdoor Service Dance Other Entertainment Beer & Wine Sampling Catering Permit Topless Activity
Sunday Sales Permit - Check type below: (AM) (PM) (Both) Additional Bar(s) (Indicate #):
Specific Purpose Permit (Indicate activity requested)
Resort and other Types: Resort SDD Resort Class C Resort B-Hotel Resort Tavern Resort G-1 Resort G-2 New DDA License - Check type below: Class C B-Hotel Tavern
Permissions: Off-Premise Storage On-Premise Seating Gas Pumps Direct Connection(s) Living Quarters
What are the hours needed for this permit?

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that submitting false or incomplete information is cause for denial of the license and is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Mar 27, 2012 Date Melissa M. Reid Print name of applicant Signature

Print Form



Michigan Department of Labor & Economic Growth  
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)  
7150 Harris Drive, P.O. Box 30005  
Lansing, Michigan 48909-7505

FOR LCC USE ONLY

INDIVIDUAL STOCKHOLDER, LIMITED LIABILITY MEMBER  
OR CORPORATE STOCKHOLDER QUESTIONNAIRE

Instructions: Completion of this form is required to be considered for a license. All Applicants must complete parts 1 & 2. Individual stockholders / members must also complete part 3. Corporate stockholders must also complete part 4. Sign the completed form in ink and return it to the Commission address above.

PART 1. Applicant Corporation / Limited Liability Company Identification.

Full name of Corporation / Limited Company: Agency Republic  
Street Address: 100210 S. Lake St.  
City: Allen Arbor State: MI - Michigan Zip: 4910310 County: USA

PART 2. Stockholder / Member Identification - all stockholders/members (individual or corporate).

Name of Individual, Corporate Stockholder or Limited Liability Company Member:  
Robert Sutherland  
Street Address: 5710 S. Pine  
City: Allen Arbor State: MI - Michigan Zip: 49636 County: Westland  
Home Telephone Number: 231 334 3331 Business Telephone Number: 231 226 3000

I am, or will be, the owner of the following shares of stock in this Corporation or % of membership interest, if any (include, joint ownership, trusteeships, etc.)

Number of Shares/ % of Interest	Common or Preferred	Other Names on these Share or Membership Interest
<u>85%</u>	<input checked="" type="radio"/> Common <input type="radio"/> Preferred	<u>Todd Colek 15%</u>

PART 3. Individual Stockholders/ Members complete this section:

Sex:  F  M Date of Birth: 6/19/61 Place of Birth: Detroit Social Security #: 367786834  
Full Name of Spouse: Stephanie Brooke Sutherland  
If Spouse is known by any other names list them here: \_\_\_\_\_  
Spouse Date of Birth: 3/29/79 Spouse Place of Birth: Grand Rapids  
Are you a U. S. Citizen?  Yes  No Are you a Naturalized Citizen? Number: \_\_\_\_\_  
If you are not a U. S. Citizen, are you a registered alien?  Yes  No Alien Reg. Number: \_\_\_\_\_  
OR, Do you have a Visa? If so please list TYPE: \_\_\_\_\_  
Have you ever legally changed your name? If Yes, from: \_\_\_\_\_ To: \_\_\_\_\_  
If you have ever been known by any other names list them here: \_\_\_\_\_

Have you ever been arrested?  Yes  No If Yes, list all arrests on a separate sheet of paper including date of arrest, place, charge and disposition issued. Exclude minor traffic violations but include all alcohol arrests.

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

If Yes, please explain:

Do you or your spouse hold interest in any manufacturer and/or wholesaler license?  Yes  No

If Yes, please explain:

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

	Name of Licensee	Type of License	Location	Date
1.				
2.				
3.				

attach additional sheet if necessary

List your former employers for the past three years:

	Dates	Occupation	Employer Name and Address
1.			
2.			
3.			

attach additional sheet if necessary

**PART 4. Corporate Stockholders / Limited Liability Company Members - Complete this section:**

(original)

Corporation/LLC Name: Chem Republic

Incorp./Organization Date: 4/5/1990

State of Incorp./Organization: Michigan

Michigan Authorization Date: 4/21/1994

Resident Agent Name, Address, Telephone No. :

Circle one of each:  Profit  Non Profit Corporation and  Public  Private Corporation

Date last annual report/statement filed with Michigan Corporation & Securities: \_\_\_\_\_

Corporate Officers: NAME ADDRESS & PHONE NUMBER

President: Robert Sutherland, Chem Republic Inc.  
 Street Address: 6026 S. Lake St. Glen Arbor, MI 49636  
 Home Telephone Number: 231-334-3331 Business Telephone Number: 231-226-3000

Vice-President: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

Secretary: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

Number of Shares Authorized:  Common  Preferred  
 Number of Shares Issued:  Common  Preferred

THE COMMISSION WARNS ALL APPLICANTS FOR LICENSES NOT TO INVEST ANY MONEY OR TO COMMIT THEMSELVES TO ANY BINDING AGREEMENTS IN THE EXPECTATION OF BEING ISSUED A LICENSE FOR SALE OF ALCOHOLIC BEVERAGES UNTIL OFFICIALLY NOTIFIED BY THE COMMISSION THAT THEIR APPLICATION HAS BEEN APPROVED.

WARNING! Section 436.2003 of the Liquor Control Code provides:

"A person who makes a false or fraudulent statement to the Commission, orally or in writing, for the purpose of inducing the Commission to act or refrain from taking action, or for the purpose of enabling or assisting any person to evade the provisions of this act is guilty of a violation of this act and is punishable in the manner provided for in section 909." Further, the rules and regulations of the Commission entitled "General Rules" provide: "A licensee shall not obtain a license for the use or benefit of another person whose name does not appear on the license nor shall a licensee allow a person whose name does not appear on the license to use or benefit from the license," and, "A licensee shall not sell or transfer an interest in a business licensed by the Commission without the prior written approval of the Commission."

I hereby swear that I have read all of the above answers and that they are true and that I have read and understand the warnings.

Signature of Applicant: [Handwritten Signature] Date of Application: 5/26/2012

Name of person completing this form if not applicant: Robert R. Sutherland



Michigan Department of Licensing and Regulatory Affairs  
Liquor Control Commission (MLCC)  
7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505  
Toll Free (866) 813-0011 • www.michigan.gov/lcc

Business ID: \_\_\_\_\_  
Request ID: \_\_\_\_\_  
(For MLCC use only)

**Application for New License, Permits, or Transfer of Ownership or Interest in License**

**4. Personal Information - Each stockholder/member/partner must complete this portion of the application.**  
(For companies with multiple stockholder/members/partners, please make copies of this section for each individual to complete)

Date of Birth: 7/9/76 Social Security Number: 365-82-3359  
Name: TODD CIOLEK  
Home address: 6080 WOODS DR  
Business Phone: 231-226-3001 Cell Phone: 231-645-4026 E-mail address: todd@cherryrepublic.com

Are you a citizen of the United States of America?  Yes  No (if you answered "no", you will be asked to provide documentation to verify citizenship)

Have you ever legally changed your name?  Yes  No (if you are/were married remember to list your prior name(s) or during naturalization or court process.)  
If you answered yes, please state your prior name(s) (including maiden): \_\_\_\_\_

Have you ever been arrested?  Yes  No If yes, list below (attach additional pages if necessary)

Date	City/State	Charge	Disposition

If you are currently married, what is your spouse's full name? KELLY MICHELLE CIOLEK  
Spouse's date of birth: 9/6/78 (First, Middle, Last)

Is your spouse a citizen of the United States of America?  Yes  No (if you answered "no", you will be asked to provide documentation to verify your spouse's citizenship)

Has your spouse ever been arrested?  Yes  No If yes, list below (attach additional pages if necessary)

Date	City/State	Charge	Disposition

Do you or your spouse hold any position, either by appointment or election, which involves the duty to enforce any penal law of the United States of America, or the penal laws of the State of Michigan, or any penal ordinance or resolution of any municipal subdivisions of the State of Michigan (civil defense volunteer policeman, mayors, village presidents, and members of city councils are not considered to be law enforcement officers).  
 Yes  No

Do you or your spouse hold any class of license for the manufacture or sale of alcoholic beverages at wholesale in Michigan?  
 Yes  No

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that submitting false or incomplete information is cause for denial of the license and is a violation of the Liquor Control Code pursuant to MCL 436.2003.

4/3/12 Date Todd R Ciolek Signature TODD R CIOLEK Print Name of Applicant