



CITY OF ANN ARBOR REDEVELOPMENT LIQUOR LICENSE PRE-APPLICATION QUESTIONNAIRE

CITY OF ANN ARBOR
CITY CLERK
REC'D

2017 APR -3 PM 12:58

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.)

Complete name and address of business to be licensed GANESH SAI RESTAURANT INC.
Personal Property ID (for existing businesses) 09-09-29-130-009

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.)
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.)
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:
 - 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)

M. K. Patel.
Signature of Applicant

03/30/17
Date

MAHENDRA PATEL.
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.

Revised 10/11/13



CITY OF ANN ARBOR
APPLICATION FOR NEW LICENSES

Date: MARCH 31, 2017

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>GANESH SAI RESTAURANT INC.</u>	Contact Person Name: <u>MAHENDRA K. PATEL</u>
Business Street Address: <u>309 S. MAIN STREET</u>	Street Address: [REDACTED]
City/State/Zip Code: <u>ANN ARBOR, MI, 48104</u>	City/State/Zip Code: [REDACTED]
Township: <u>WASHTENAW</u>	Business Phone No. Home Phone No. () () [REDACTED]

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 checked="" type="checkbox"/> SDM <input checked="" type="checkbox"/> Class C <input type="checkbox"/> A-Hotel <input type="checkbox"/> B-Hotel <input type="checkbox"/> Tavern <input type="checkbox"/> Club <input type="checkbox"/> SDD <input checked="" type="checkbox"/> Redevelopment <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Sunday Sales <input checked="" type="checkbox"/> Add Bar <input checked="" type="checkbox"/> Entertainment Sales <input checked="" 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: _____
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5. Proposed Licensed Address: 309 South Main Street, Ann Arbor, MI, 48104

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

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.

Corporate/LLC Name: GANEGH SAI RESTAURANT INC. Incorporation/Organization date: Feb 29, 2016

Incorporated/Organized in what State? MICHIGAN Michigan Authorization date: _____

Name, Address, Phone Number of Resident Agent:
Mahendra Patel (ph) 347-426-8601
309 S. Main Street - Ann Arbor, MI 48109

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

Date last annual report/statement filed with Michigan Corporation and Securities: _____

Corporate Officers	Name	Address	Phone Number
President	<u>Mahendra Patel</u>	<u>see above</u>	<u>347-426-8601</u>
Vice-President	_____	_____	_____
Secretary	<u>Mahendra Patel</u>	_____	_____
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>Mahendra Patel</u>	<u>see above</u>	_____	<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
Gonerk Inc	228 Park Ave suite 60069 New York, NY 10003	\$ 110,000
		\$
		\$

(B) Attorney or representative

Michael J Brown	Carlton Edward Brown PLLC 6017 W. Skokie Hwy	519-321-4616
Name	Address Lansing MI 48917	Phone Number

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 noise control.

(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?

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

If yes, in what capacity are you associated?

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? \$ 20,000
If yes, when do you expect construction will begin? April 1, 2017
If yes, when do you expect the construction to be completed? July 1, 2017
When is your anticipated occupancy date/open for business date? July 15, 2017
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? closed over 1 year
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"/>	_____
_____	<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"/>	_____

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

(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
<u>4</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>Bartenders</u>
<u>7</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>waitstaff</u>
<u>6</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>kitchen staff</u>
<u>2</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<u>Managers</u>
<u>6</u>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<u>Hostess / Busboys</u>

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.

The restaurant will have 2 floors. The top floor will offer a fine dining experience with a wide variety of entrees (Italian, French, African, Spanish, and Indian) changing periodically. The first floor will offer a pub atmosphere with simpler dishes and lower prices. Prices will range from \$8 to \$30. The menu and prices will cater to adults, not students. Hours will be 2 pm to 2 am each day, with the kitchen open until 1 am every day. Security at the door.

17. Personal Statement - (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.

This unique restaurant will offer high-end international entrees and a fine dining experience. A professional chef and skilled servers will prepare the meals. Prices will be reasonable, but geared to an adult clientele. High end bar products and Michigan-based producers will be featured at the bar. Food sales are expected to be 80% or more of total revenue. The restaurant will create about 25 new jobs and be a good neighbor to adjoining businesses and the community.

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.

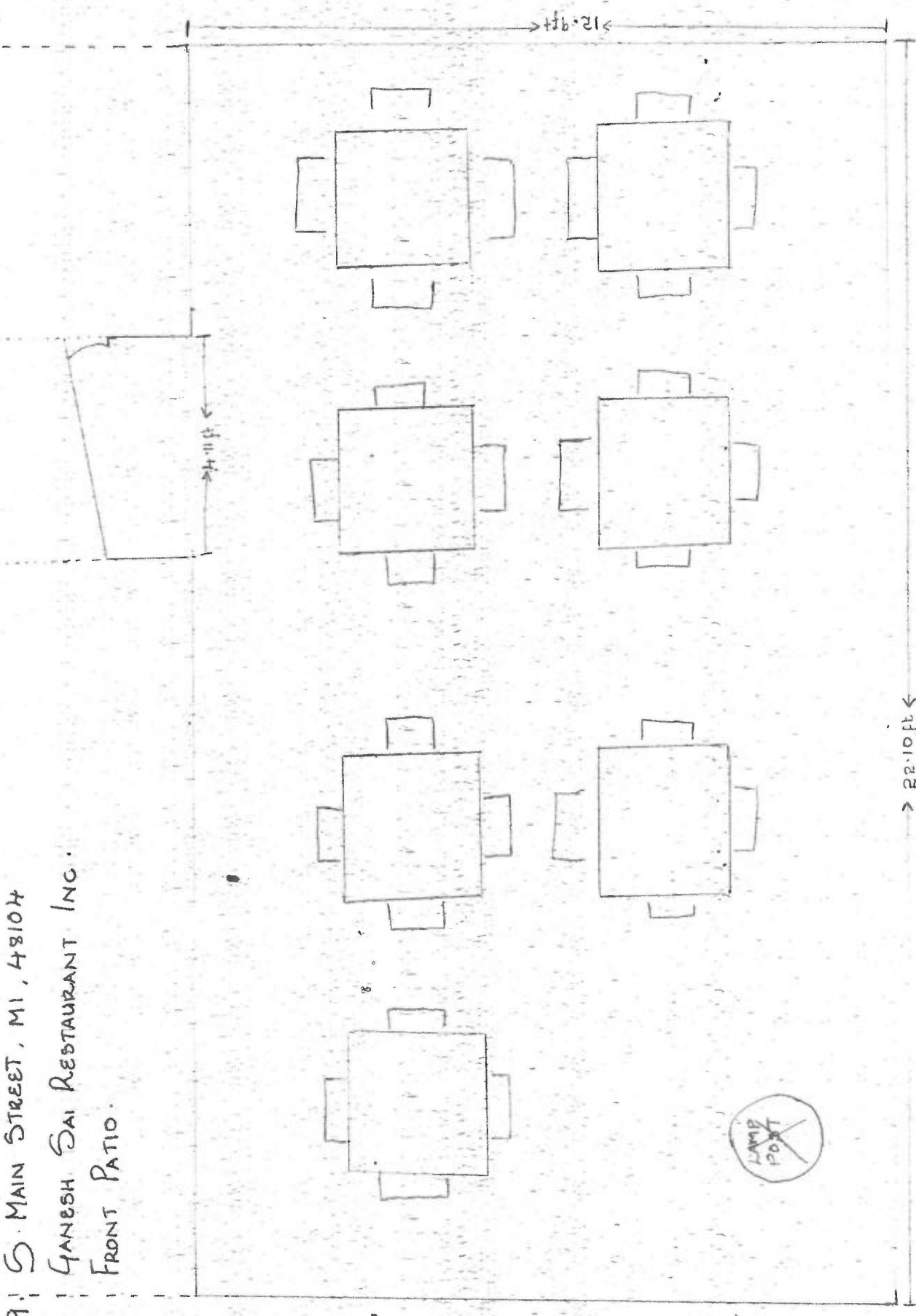
Attested to:

03/30/17
Date of Application

M. R. P. [Signature]
Signature of Applicant
(If applicant is a corporation, include title of signor)

Michael J. Brown, Attorney
Name of person completing this form if not the applicant

309. S MAIN STREET, MI, 48104
GANESH SAI RESTAURANT INC.
FRONT PATIO.



> 22.10ft <

> 12.94ft <

3.31ft

~~LAMP POST~~

ROAD

