



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.)

Up From The Skies, LLC
210 S. Main, Ann Arbor, MI 48104

Complete name and address of business to be licensed _____
Personal Property ID (for existing businesses) _____

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)

Matthew B. Bradish 2/14/20
Signature of Applicant **Date**

Matt Bradish
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

210 S. Main - 5 Year DDA Rehabilitation Historic & Projected Totals

Date	Improvement	Supplier	Cost
11/19/2015	2nd Floor Apartment - Project Total	Anderson's Paint	\$ 2,281
02/18/2016	2nd Floor Apartment - New Blinds on all windows	Deluxe Drapery	\$ 1,500
03/09/2016	Bosch Boiler & Water Heater for Apartments	Hunter Mechanical	\$ 8,450
06/18/2016	Roof Repair / Environmentally Friendly Coating	Anderson's Paint	\$ 465
08/01/2016	2nd Floor Apartment - New Oak Hardwood Floors	CJ Hardwoods	\$ 8,225
09/01/2016	2nd Floor Apartment - New Plumbing Bathroom & Utility	BC Plumbing	\$ 1,080
09/01/2016	2nd Floor Apartment - New Tile in Bathroom & Utility	Conklin Art & Tile	\$ 3,600
01/10/2018	Additional Horn Strobe - 2nd Floor Apt	Allstar Alarm	\$ 235
01/29/2018	Basement Horn Strobe - Basement	Allstar Alarm	\$ 230
04/26/2018	Fire Alarm Installation	Allstar Alarm	\$ 570
04/26/2019	2nd & 3rd Floor Apartments - AC Installation	Haley Mechanical	\$ 14,031
06/20/2019	Security Cameras - Caught Act(s) of Vandalism 30 hrs later	Security Camera W.	\$ 1,574
		Historic Five Year Total:	\$ 42,241
		% of \$75k:	56.3%
	Projected Change of Use Spend (Quote's in-hand only)		
03/15/2020	Electric Service Change	Winson Electric	\$ 6,000
04/01/2020	HVAC Equipment & Installation for Grade Level		\$ 24,000
04/15/2020	Structural Engineering Drawings	Atlantes	\$ 2,800
		Historic & Projected Total:	\$ 75,041
		% of \$75k:	100.1%



734.663.7580
210 Calhounwood Dr 104
Ann Arbor, MI 48103
info@cdarchitects.com

Owner/Client:

210 S Main
LLC

210 S Main St
Ann Arbor, MI 48104
ph: 734.545.2078

Project:

Renovation
For Bar

210 S Main St.
Ann Arbor, MI

Revisions:

Owner Revs: 10/22/19

Date: 7/16/19

Drawn: GAM

Project No.: 201915

Scale: AS SHOWN

Approved:

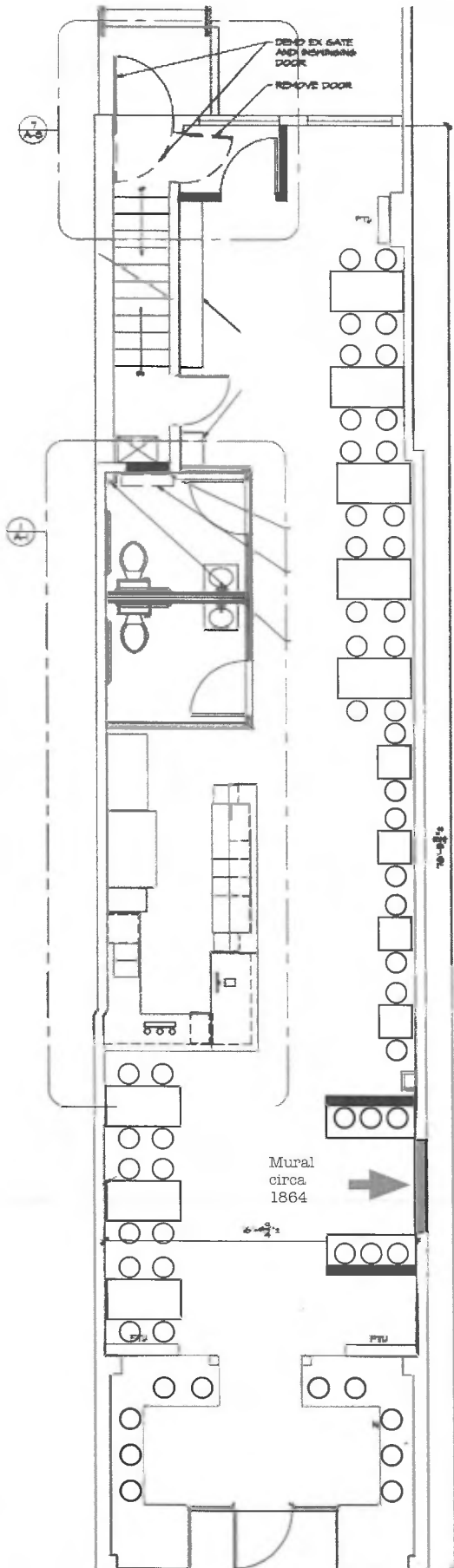
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Notes

Evidence that "the licensed premises will engage in dining, entertainment or recreation, that is open to the general public, with seating capacity of not less than 50 persons."

NOTE: BAR SEATING AREA EXCLUSIVE OF RESTROOMS, STAIRS AND BAR IS 865 SF, 58 PERSON OCCUPANCY



OVERALL PLAN

1/4" = 1'-0"

Sheet No.

A-1



734 663 7580
210 Collegewood, Ste. 106
Ann Arbor, MI 48103
info@comerstone.com

Owner/Client:

210 S Main
LLC

210 S Main St
Ann Arbor, MI 48104
ph: 734 545 2911

Project:

Renovation
For Bar

210 S Main St
Ann Arbor, MI

Revisions:

Owner Revs: 10/22/19

Date: 7/16/19

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Approved:

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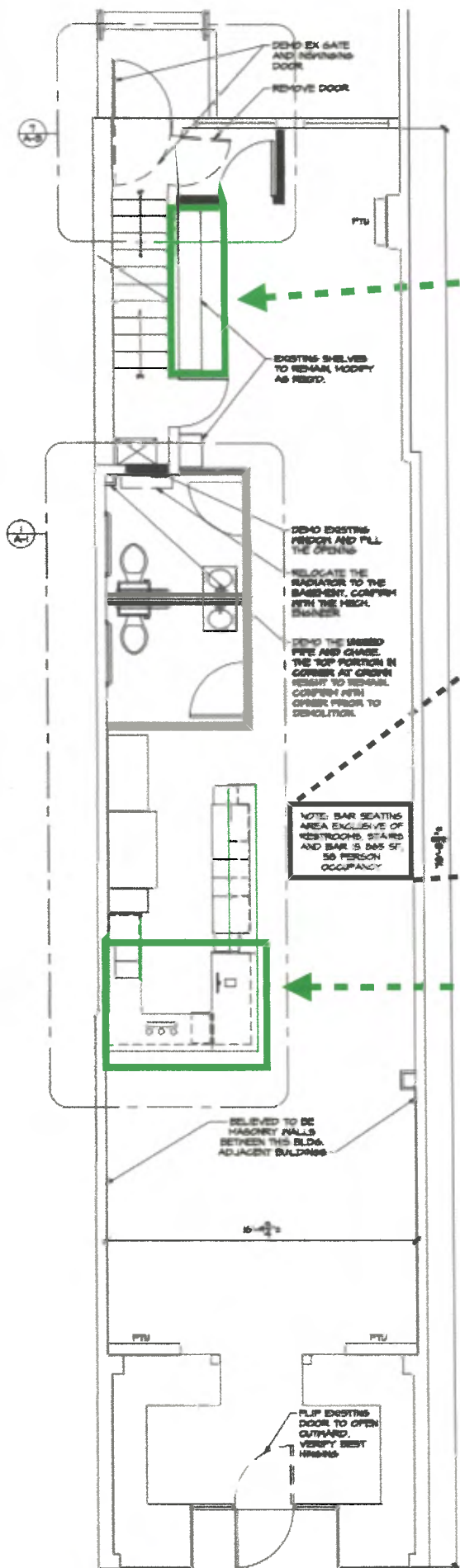
Sheet No.:

A-1

Shelves for 1k vinyl records for sale, as curated from 18 years of experience and the Point of Sale System from Underground Sounds. Same again will be in cases lining the back walls.

NOTE: BAR SEATING AREA EXCLUSIVE OF RESTROOMS, STAIRS AND BAR IS 865 SF, 58 PERSON OCCUPANCY

Location of a full-service Espresso Bar serving locally-roasted Coffee, fine Tea's and non-alcoholic beverages.



DDA Pre-Application Questionnaire - Answers

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*
 - a. Our focus is to create more full-time employment, and fewer part-time positions.
 - b. Our building has stood for 160 years, and everything we do is viewed from a Caretaker's role, be that historic preservation or capital improvements in HVAC, Electrical, Fire Safety, etc, ...
 - ii. *Represents a desired land use as determined by the City's area master plan and zoning requirements.*

Please see the attached cover of "Ann Arbor Downtown Plan, May 2009".

- iii. *Contribute to the mix of dining/drinking, entertainment and recreational existing establishments (describe unique characteristics)*

"What do we like about our downtown?"¹ Our answer is a mix of history, local products and unique experiences.

Our mural was painted in 1864 (during The Civil War).

Our food and beverages will come from Michigan.

And our vinyl records, much like book shopping, provide a journey of discovery that is made that little bit more special by visiting downtown in person.

¹ The Final Report of the Downtown Historic District Study Committee, May 1989

Ann Arbor Downtown Plan



May, 2009



CITY OF ANN ARBOR
APPLICATION FOR NEW LICENSES

Date: _____

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: Up From The Skies, LLC
Contact Person Name: Matt Bradish
Business Street Address: 210 S. Main St. Street Address: 210 S. Main St.
City/State/Zip Code: Ann Arbor, MI 48104 City/State/Zip Code: Ann Arbor, MI 48104
Township: Business Phone No. Home Phone No. () 734-883-9155 ()

2. Nature of Application - (Check all that apply)
[X] 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
[X] SDM
[] Class C
[] A-Hotel
[] B-Hotel
[X] Tavern
[] Club
[] SDD
[X] Redevelopment
[] Other:
3b. Check Type of Permits
[X] Sunday Sales
[] Add Bar
[X] Entertainment Sales
[X] Outdoor Sales
[] Before / After Hours For:

4. New Manufacturer or Wholesale Applicants
[] Wine Maker [] Manufacturer of Spirits [] Outstate Seller of Mixed Spirit Drinks
[] Small Wine Maker [] Industrial Manufacturer [] Outstate Seller of Wine
[] Wine Maker Tasting Room [] Warehouse [] Outstate Seller of Beer
[] Micro Brewer [] Brewpub [] Other:
[] Small Distiller

5. Proposed Licensed Address:
210 S. Main St., Ann Arbor, MI 48104

6. Briefly describe the business, for example - Drug Store, Restaurant, Party Store, Wholesaler, Wine Maker, etc.
A Café, Tavern and retail Vinyl Record Store.

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
Matt Bradish	[REDACTED]	734-883-9155

* 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 [REDACTED] (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
8/01/1993 - Present	Record Shop Owner	Self-Employed, [REDACTED]
_____	_____	_____
_____	_____	_____

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

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
Mark Wilfong	[REDACTED]	734-545-2078

* 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 [REDACTED] (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
1/01/2015 - Present	Property Management	Carol Lopez, [REDACTED]
_____	_____	_____
_____	_____	_____

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:

Up From The Skies, LLC

Incorporation/Organization date:

10/30/2019

Incorporated/Organized in what State?

Michigan

Michigan Authorization date:

Name, Address, Phone Number of Resident Agent:

Matt Bradish - 123 Madison St., Chelsea, MI 48118 - 734-883-9155

(Check one of each)
Corporation



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>Matt Bradish</u>		<u>734-883-9155</u>
Vice-President	<u>Mark Wilfong</u>		<u>734-545-2078</u>
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>Matt Bradish</u>		<u>734-883-9155</u>	<u>50%</u>
2. <u>Mark Wilfong</u>		<u>734-545-2078</u>	<u>50%</u>
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
Matt Bradish	[REDACTED]	\$ 70,000
Mark Wilfong	[REDACTED]	\$ 100,000
		\$

(B) Attorney or representative

Name Address 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 notice 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? _____ No

(C) Existing Facility-Renovation

Do you plan to renovate an existing facility? Yes No
If yes, what is the estimated cost of the renovation? \$ 130,000
If yes, when do you expect construction will begin? 03/01/2020
If yes, when do you expect the construction to be completed? 6/01/2020
When is your anticipated occupancy date/open for business date? 6/01/2020
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"/>	_____
_____	<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>One</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<u>General Manager</u>
<u>Two</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<u>Asst. General Manager's</u>
<u>Five</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>Bartender's</u>
<u>Five</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>Barista's</u>
_____	<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.

The license will be operated in a building returning to it's original use as a Tavern from 1860. And, done so in a manner as to create the type of place one might visit twice in the same day. A nice cafe serving excellent coffee in the morning, and a great place to meet friends after work. We'll be open from 7am to 11pm, and serve pre-packaged foods until the construction of a cold prep area.

Our mantra is fewer, better, locally sourced offerings, in an environment that stimulates conversation via history. And, where the music isn't too loud.

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.

The perfect place for Townies to bring visiting relatives.

Somewhere with a sense of history, and no TV's.

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:

2/14/20
Date of Application

Matthew Z. Z...
Signature of Applicant
(if applicant is a corporation, include title of signor)

Matt Bradish
Name of person completing this form if not the applicant

