

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 for a new on-premise liquor licensed business 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 their knowledge.

NEW LIQUOR LICENSE (\$600.00) (Check	ADDITIONAL PERMITS IN CONJUCTION WITH AN ON-PREMISE LICENSE:
type(s) of license requested)	□DANCE PERMIT
□CLASS C □CLASS G-1, G-2 □CLUB	DENTERTAINMENT PERMIT
□RESORT □HOTEL □A □B	□EXTENDED HOURS PERMIT (For
□BREWER □BREWPUB □ TAVERN	Entertainment Purposes only)
MICRO BREWER WINE TASTING ROOM	□SDD AND/OR SDM (No charge in
SMALL WINE MAKER SMALL DISTILLER	conjunction with on-premise application.)
□BRANDY MANUFACTURER	
Please answer all questions completely, indicating spaces. Incomplete applications may be refused o 1. Full name and address of applicant(s), including	r require additional processing time.
spaces. Incomplete applications may be refused o 1. Full name and address of applicant(s), including	r require additional processing time.
Full name and address of applicant(s), including Name: Anthony DeRosa	aka(s): (Attach additional sheet if necessary)
Full name and address of applicant(s), including Name: Anthony DeRosa Address	y aka(s): (Attach additional sheet if necessary) Name:
1. Full name and address of applicant(s), including Name: Anthony DeRosa Address Suite #:	y aka(s): (Attach additional sheet if necessary) Name: Address
1. Full name and address of applicant(s), including Name: Anthony DeRosa Address Suite #: City: Ann Arbor	y aka(s): (Attach additional sheet if necessary) Name: Address Suite #:
1. Full name and address of applicant(s), including Name: Anthony DeRosa Address Suite #: City: Ann Arbor	y aka(s): (Attach additional sheet if necessary) Name: Address Suite #: City:
1. Full name and address of applicant(s), including Name: Anthony DeRosa Address Suite #: City: Ann Arbor State: Ml Zip: 48108	Name: Address Suite #: City: State: Zip:

ddress:		Suite #:
ity: Ann Arbor	State: MI	Zip: 48108
Officers (Please List):		
nthony DeRosa, President		
susiness Name (D.B.A.)	hear.say brewing + thea	ater
lame and location of est	tablishment to be lic	censed:
I Itaaway ka		
lame: Hearsay, Inc.		Cuito #
Address: 2350 W Liberty St.		Suite #:
City: Ann Arbor	State: MI	Zip:48103
Phone # (if known):		
		Ann Arbor):
Business Name (D.B.A):	hear.say brewing + thea	ater
s this establishment cur	rently operating?	YesXNo
lame of current license	holder (if applicat	ble): (Include corporate name and t
ame (D.B.A.) if known)	riolder (ii applicat	oloj. (molado corporato mamo ama s
lame:		
Corporate Name:		
D.B.A. (if known)		

State: MI

Type of License: Microbrewer, Small Winemaker (Mead)

City: Grosse Pointe Woods

Financial Interest: 9.5% equity

Zip:48236

the applicant(s)?Yes	erty, real estate taxes or any other obligation to the City owe
Failure to report and application.	pay these obligations may result in a delay in processing
If yes, detail amount:	
D	Seed Fetata Toy ID No :
Personal Property or r	Real Estate Tax ID No.:
Note: Section 9:77	of the Ann Arbor City Code prohibits the City Council
recommending approv	val of the transfer or renewal of a liquor license if the own
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recommending approv	of the Ann Arbor City Code prohibits the City Council val of the transfer or renewal of a liquor license if the own nent of personal property taxes or any other obligation to the
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