

AGENDA

Committee on City Operations AGENDA FOR JUNE 16, 2021 AT 3:30 PM



Access the meeting via: <https://us02web.zoom.us/j/83295036449> ; ID 832 9503 6449; Dial In (301) 715-8592 email
comments prior to the meeting at sherrie.boak@lansingmi.gov
All Councilmembers will participate virtually & may be contacted prior to the meeting at
city.council@lansingmi.gov 483-4177

Council Member Dunbar, Chairperson
Council Member Spadafore, Vice Chairperson
Council Member Hussain, Member

1. **Call to Order**
2. **Roll Call**
3. **Minutes**
 - A. 06/02/2021 Minutes
4. **Public Comment on Agenda Items (Up to 3 Minutes)**
5. **Discussion/Action:**
 - B. RESOLUTION - Appointment; Gregory Frens as the 4th Ward member of the Board of Public Service for a term to expire June 30, 2024 (PEND-2564)
 - C. RESOLUTION - Fireworks Display License; Great Lakes Fireworks for the City of Lansing's Independence Day Celebration (PEND-2554)
 - D. RESOLUTION - Claim Appeal; Claim #1839, Daron & Nancy MacKinder for \$490 in Trash violation fees at 320 Haag Ct. (PEND-2568)
 - E. RESOLUTION - Liquor License; Acapulco Grill for a transfer of shares of ownership at 300 North Clippert (PEND-2561)
 - F. RESOLUTION - Liquor License; Ocean Crab Inc. for SDM & Class C License, Sunday sales (AM), Sunday sales (PM), dance, entertainment, and outdoor service permits at 727 E. Miller Rd. (PEND-2563)
 - G. RESOLUTION - Liquor License; Mid-Michigan Sports Turf, LLC for a transfer to a Class C license from a Tavern license (PEND-2562)
6. **Other**
7. **Adjourn**

To mitigate the spread of COVID-19 and to provide essential protections to vulnerable Michiganders and this State's health care system and other critical infrastructure, it is crucial that all Michiganders take steps to limit in-person contact, particularly in the context of large groups. Therefore, the above meetings will be conducted via audio/video conference.

The meetings are being held virtually in accordance with the Open Meetings Act, as amended in an effort to protect the health and safety of the public. Members of the public wishing to participate in the meeting may do so by logging into or calling into the meetings using the website or phone number above, and meeting ID provided. To provide input or ask questions on any item that is listed on the agenda, members of the public may contact the email address

listed above under the meeting link.

Persons with disabilities who need an accommodation to fully participate in these meetings should contact the City Council Office at 517-483-4177 (TTY 711) 24 hour notice may be needed for certain accommodations. An attempt will be made to grant all reasonable accommodation requests.



MINUTES

Committee on City Operations Wednesday, June 2, 2021 @ 3:30 p.m.

Access the meeting via: <https://us02web.zoom.us/j/83295036449> ID: 832 9503 6449; Dial In: (312)626-6799

Email comments prior to the meeting to renee.richmond@lansingmi.gov

All Council Members will participate virtually. They may be contacted prior at city.council@lansingmi.gov or (517)483-4177

CALL TO ORDER

The meeting was called to order at 3:33 p.m. via zoom.

PRESENT – via audio/video

Councilmember Dunbar, excused

Councilmember Spadafore, remotely from Lansing, Michigan

Councilmember Hussain, remotely from Lansing, Michigan

OTHERS PRESENT via ZOOM

Renee Richmond, Council Administrative Asst.

Eric Brewer, Internal Auditor

Jim Smiertka, City Attorney

Lisa Hagen, OCA

Lisa Welch, Dept. Public Service

Scott Sanford, Code Enforcement

Erika Li Zhang, Claim Appeal

David Bueche, Claim Appeal

Minutes

MOTION BY COUNCIL MEMBER HUSSAIN TO APPROVE MINUTES FROM MAY 19, 2021 AS PRESENTED. ROLL CALL VOTE, MOTION CARRIED 2-0.

Public Comment on Agenda Items (3 minute limit)

No public comment

Discussion/Action:

RESOLUTION – Support of Updating Part 115 of Michigan’s Solid Waste Law (PEND-2549)

Councilmember Spadafore indicated he sees Lori from Pubic Service and asked her to join the meeting. Lori Welch explained she was invited to give a little background and this is something she served up and other communities are passing resolutions for policy updates that it has been passed in the House and is currently being considered in the Senate. This provides a policy framework to the funding renewal Michigan funds received a couple years ago to provide recycling funding. It provides policy updates, policy terms, definition and support to continue for solid waste plans and prioritizing recycling and recover over landfills.

Councilmember Spadafore stated he read through it and looks like the City has already been able to accomplish on its own. It is his understanding that this is something we don’t have to ask the state or county to do something that we haven’t already made steps to do and Lori stated that is correct.

MOTION BY COUNCILMEMBER HUSSAIN TO APPROVE RESOLUTION – SUPPORT OF UPDATING PART 115 OF MICHIGAN'S SOLID WASTE LAW (PEND-2549). ROLL CALL VOTE, MOTION CARRIED 2-0.

RESOLUTION – Claim Appeal; Claim #1838, Erika Li for \$14,476 in Trash Removal Fees at 3222 S Martin Luther King Blvd #M (PEND-2537)

Councilmember Spadafore asked for Mr. Sanford to be brought into the meeting. Mr. Sanford explained that this is a Commercial property on MLK and was cited five times for trash violations in 2020. The City cleaned up the property twice during that time and that added assessments occurred on the 3rd and 4th violations. Proper notification was sent to the tax payer on record – Logan Capitol LLC c/o Signature Associates in Campbell, CA. Time and yardage was approved by Code Officer Tom Barry and this office would like to note that cleanup took longer due to the occupant of Unit 7 trying to engage Eric's Refuse in a physical altercation. Proper policy and procedures were followed and this office recommends denial of the claim and suggest the claimant seek restitution from renter of Unit #7. This office would also like to note that the City Fire Marshall Jim Harrington also visited the tenant of this unit and was also informed that all debris and pallets had to be removed.

Erika Li Zhang thanked the Committee and Scot for his brief statements and for the opportunity to share a few points. She stated there is a lot of illegal dumping and they didn't know when and where it will come as it happens day and night with truck loads and take off. In order to address these kinds of issues they installed a closure at the back entrances and tried to clean up trash and issue notices to tenants as soon as they could. Furthermore, they installed security cameras to monitor the center and increase frequency of patrols and added another dumpster. She stated they didn't receive the notice from the City in time since and have since updated to their California address to receive things in a timely manner. They welcome and appreciate any assistance and suggestions for this and we have a common goal and don't want the property to be a dumping ground. They feel the charges are high and ask if it can be reduced.

Councilmember Spadafore stated to Mr. Sanford that as he looked over the packet it looks as we followed the protocol and there is no dispute the trash was cleaned up is that correct and Mr. Sanford agreed.

Councilmember Hussain commented that he also looked over the packed and pictures. He stated that although they were thanked for cleaning up the trash they are not in the business to do so. They don't charge people exorbitant fees and essentially what we do is contract out and have to pay those bills that were generated for services and there is a \$265 administration fee and is based on the amount of work in terms of notices, visiting the property, authorization and working with the contractors we are not generating revenue from this. This is what the City was charged minus the \$265 fee to clean up the trash. Councilmember Hussain indicated he talked to Michael and Kevin quite a bit about the concerns with the property and lack of onsite management. There is no presence of security. Councilmember Hussain continued that he met with the Fire Marshal not long ago and there are a lot of issues with people parking in the fire lanes and a number of suites that are rented to Social Clubs and parties on site. That will transcend into trash issues and not surprised it was so much, we did the proper notice to you and services were rendered. We can partner with you in the future.

MOTION BY COUNCILMEMBER HUSSAIN TO APPROVE RESOLUTION – CLAIM APPEAL; CLAIM #1838, ERIKA LI FOR \$14,476 IN TRASH REMOVAL FEES AT 3222 S MARTIN LUTHER KING BLVD #M (PEND-2537). ROLL CALL VOTE, MOTION CARRIED 3-0.

Other:

UPDATE – Frances Park; Trail along river

Councilmember Spadafore indicated he didn't see anyone from the Department and didn't believe there was any additional update to give. He was able to attend a meeting with the Director of Parks & Rec and they are moving along getting bids and due to the pandemic it could be next year before things get finished.

Pending - None

Adjourned

Adjourned at 3:45 p.m.

Submitted by Renee Richmond,

Administrative Assistant, Lansing City Council

Approved by the Committee on _____

From: [Plummer, Marilyn](#)
To: [Hetke, Veronica](#)
Subject: Fw: [EXTERNAL] Online Form Submittal: Application for Appointment to Board or Commission
Date: Tuesday, March 9, 2021 3:20:27 PM

From: noreply@civicplus.com <noreply@civicplus.com>
Sent: Wednesday, August 28, 2019 4:37 PM
To: Plummer, Marilyn <Marilyn.Plummer@lansingmi.gov>; Schraft, Matthew <Matthew.Schraft@lansingmi.gov>; Mayor Intern <Mayor.Intern@lansingmi.gov>
Subject: [EXTERNAL] Online Form Submittal: Application for Appointment to Board or Commission

Application for Appointment to Board or Commission

Thank you for your interest in serving on a Lansing Board, Commission or Committee.

Certain boards, commissions or committees require appointees to be a registered elector in the City of Lansing (Charter Section 2-102) and be a resident of Lansing for one year prior to taking office (Charter Section 2-102).

Appointees to every board, commission or committee must not be in default to the City at the time of taking office (Charter Section 2-103.2) and not have been convicted, within 20 years of taking office, of a violation of the election laws of the City of Lansing, State of Michigan, or the United States; a violation of public trust; or any felony (Charter Section 2-103.1).

Lansing City Charter, Section 5-104, Ineligibility For Boards, restricts certain City employee activities on some boards: "No person holding another City office or activity employed by the City shall be eligible to be a voting member on any board."

(Section Break)

Date	8/28/2019
First Name	Gregory
Middle	Roger
Last Name	Frens
Other name(s) by	Field not completed.

which you have been known, including maiden names

Date of Birth	██████
Address	226 W Genesse St
City	Lansing
State	Michigan
Zip Code	48933-1224
Email	frensg@yahoo.com
Gender	M
Ward	4
Precinct	Field not completed.
Best phone number to contact you	9062807590
Last 4 digits of social security number	████
In what year did you move to Lansing?	2008
Additional information regarding experience and credentials	Field not completed.
Occupational Background	State Government, MSU - Educational Currently Retired S of M and working for Delta Airlines Part time
Educational Background	LCC 1984 Management and Computers MSU 1986 Accounting
Previous Appointments	LansingHousing Commission
Current Appointments	Field not completed.
Please attach a resume if available	Gregory R Frens Resume April 2019 (1).doc
First choice for board to serve on	Fire Commissioners

Second choice of a board to serve on	Mayor's Diversity Advisory Council
Third choice of a board to serve on	Board of Water and Light
Fourth choice of a board to serve on	Economic Development Corporation/Tax
Please comment briefly on why you wish to serve on a particular board or commission. Please be specific as to your goals and ideas about how you wish to contribute to the work of the board or commission	I was active on the Diversity Committee with the Department of Human Services in State Government. I want to bring my knowledge of diversity to the commission to help keep Lansing moving forward. I have a family member working as a firemen in a remote Brazilian City in the north of Brazil at the airport, and want to be able to share appropriate information with him, given the extreme poverty in his area. Want to help make sure Lansing is a safe city for our great residents!
Qualifications and Eligibility – At this time, if you do not meet one or more of the qualifications or eligibility requirements listed at the top, please state here the requirement to be met and explain how you will be qualified or eligible before you would be sworn in to an appointed office	<i>Field not completed.</i>
Background Check Authorization	I agree
Please type your name in this box to signify that you can serve on a board or commission and the information in this application is accurate to the best of your knowledge	Gregory Roger Frens

8/28/2019 4:30 PM

Date & Time

Email not displaying correctly? [View it in your browser.](#)

Experience

(Continued)

grant/ endowment purpose. Provide financial guidance to center directors. Maintain incoming gifts to the center. Provide pre and post award research administration services for grants and other awards. Serve as Human Resource contact for Asian Studies Center, Center for Gender in Global Context, and Center for European, Russian and Eurasian Studies. Supervisor of student employees.

Michigan Department of Transportation, Lansing, MI (6/2008 – 6/2016 – Retired)
45+ hours per week

Departmental Manager Contract Services Division, Construction Contracts. Manager of the prequalification unit, bid letting unit, awards and insurance unit, and the subcontractor compliance unit. Supervisor of 10 staff. Responsible for letting and awarding 800+ road construction projects a year totaling approximately one billion dollars. Chair of the Department's Prequalification Committee, which operates under the Administrative Rules Governing the Prequalification of Construction Contractors [SOAHR – Department of Transportation – Bureau of Finance & Administration]. Member of the management team and involved in strategic planning.

Michigan Department of Human Services, Escanaba, MI (12/2004—6/2008)
50+ hours per week

Departmental Manager Region 1, Outstate Operations. Manager for the Region 1 Regional Accounting Program & Acting Administrative Assistant. Direct supervisor of five accounting staff. Responsible for the development of administrative functions and staffing relating to switching from local office accounting to regional accounting. Working directly with the Region Manager and Regional Accountant.

There were 14 U.P. counties are in the program. Assisted in the development, planning, and maintenance of reporting processes. Supervisor of the computer technician for the Region office. Part of the Management Team. Currently performing all the administrative assistant duties for Region 1; pending the reorganization of the Department. Provide assistance to the Regional Contract Coordinator; regional rating team member and/or budget analysis. Responsible for all State of Michigan, Region 1 MAIN payments. Participant in strategic planning processes. Responsible for internal control assessment roll-up document, CSS&M monitoring, fleet management of the Escanaba buggy barn.

Secretary. Equal Opportunity and Diversity Advisory Committee. Member and secretary of the Directors advisory committee for DHS.

Michigan Department of Human Services, Escanaba, MI (07/1998—12/2004)
40 hour per

week

Departmental Analyst Zone 1, Outstate Operations. Responsible to provide management

assistance to County Directors and County Office Managers for the entire Upper Peninsula and the five most northern lower Peninsula Counties. Conduct annual Administrative Reviews for all 20 Zone 1 counties. Coordinate all Volunteer Services activities and monitor for appropriate expenditures within the Volunteer Services Appropriation. Assist with family,

Experience
(Continued)

client, and youth supervised visitations.

Michigan Department of Human Services, Escanaba, MI (05/1994—07/1998)
50 – 60+ hours per

week

Administrative Manager Office of Juvenile Justice. Purchasing and Budget Manager, Personnel Officer, and Labor Relations Officer for Bay Pines Center. Bay Pines Center (BPC) is a State of Michigan Training School, operated by the Residential Care Division of the former Department of Social Services. BPC operates under the authority of Act 97, P.A. of 1978, which establishes BPC's responsibility for children committed to the Agency by the Juvenile Division of Probate Court under Act 150, P.A. of 1974 and Act 220, P.A. of 1935. Manage personnel issues for 47 staff and three unions. Responsible for a two point five million-dollar payroll, and a half million-dollar operating budget. Capitol Outlay delegated the Miscellaneous Operation Projects for BPC to me to negotiate, bid, and award to area vendors. I was responsible for the successful opening of a new state facility in 1994 and for the daily management of it thereafter.

Michigan Department of State, Lansing, MI (11/1989—05/1994)
40 hours per

week

Departmental Analyst Research and Evaluation Division. Responsible for conducting complex professional research and analysis projects. Using professional theories and techniques, research and analysis are conducted through the evaluation, assessment, planning, development, and implementation of Department programs and services. Courses of action are determined based on current statutes, regulations, rules, policies, procedures, quality improvement concepts, and independent judgment. Leading major research projects requires project management skills and highly developed organizational skills. The nature of the research also requires a high degree of teamwork, the ability to prioritize projects, develop project work plans, establish clear procedures, and monitor the implementation and progress of the overall project. In team projects, coordination of other staff activities is often required to ensure efficient and effective accomplishment of the project. Written and oral presentation skills are exercised on a regular basis to provide decision-makers with solid research on which to base program and policy changes and structures. Member of the strategic planning team for the Department. Provide information technology support between DMB and DOS regarding the States Driver file, which DMB uses as a resource for population projections.

Michigan Department of State, Detroit & Baldwin, MI (04/1988—11/1989)
45 hours per

week

Branch Supervisor Bureau of Branch Office Services. Responsible for the daily operations of a motor vehicles field office. Major duties included: managing staff,

monitoring employee performance, training staff, report completion, scheduling, administer union guidelines, quality control, monitor general office conditions, monitor/administer road tests, knowledge and administer vehicle/driver code, cash control, and involved in all phases of customer relations. CSS&M monitoring and travel approvals and monitoring. Served as the customer advocate between Lansing and the customer for unusual and complex transactions.

Experience
(Continued)

State of Michigan, Office of the Auditor General, Lansing, MI (01/1987—04/1988)
40 hours per week

Auditor Using a team approach, responsible to help strengthen and promote improvements in the operations of State agencies, to achieve maximum efficiency, responsibility, and equity in the conduct of State activities and programs. A member of the technical unit which preformed State agency data center audits.

Community **Lansing Housing Commission, Lansing, MI** (6/2011 – Current)
10+ hours per month

Former Vice-Chair; Board of Commissioners

Lansing Downtown Neighborhood Association, Lansing, MI (6/2008 – Current)
5+ hours per month

Former Treasurer

Professional **Administrative Officers Association, Lansing, MI** (6/2008 – 6/2016)
2+ hours per month

Member

Other Delta Million Miler / Current 2019 Platinum Elite
Delta Charter Member Diamond Elite
Marriott Rewards Lifetime Titanium Elite
Global Entry Holder / TSA Pre Check
Passion for International & Domestic Travel

BY THE COMMITTEE ON CITY OPERATIONS
RESOLVED BY THE CITY COUNCIL OF THE CITY OF LANSING

WHEREAS, the Mayor has made the appointment of Gregory Frens as the 4th Ward member of the Board of Public Service for a term to expire June 30, 2024; and

WHEREAS, the nominee has been vetted by the Mayor's Office and meets the qualifications as required by the City Charter; and

WHEREAS, the Committee on City Operations took affirmative action.

NOW, THEREFORE, BE IT RESOLVED that the Lansing City Council, hereby, confirms the appointment of Gregory Frens as the 4th Ward member of the Board of Public Service for a term to expire June 30, 2024.



Andy Schor
Mayor

REVISED 6/9/21
RUSH

RECEIVED May 18, 2021

City of Lansing



7893

IDENTIFYING INFORMATION		
CONTRACT NAME <i>Great Lake Fireworks</i>		
CONTRACT POINT PERSON <i>Tracy</i>	PHONE <i>7830</i>	E-MAIL
INITIATING DEPARTMENT/DIVISION <i>City Clerk</i>		CONTRACT, P.R. OR P.O. NUMBER

DEADLINE INFORMATION	
REQUEST DATE: <i>5/13/21</i>	HIGH PRIORITY?
DEADLINE FOR MAYOR APPROVAL:	
DEADLINE FOR COUNCIL APPROVAL (if applicable):	

ROUTING INFORMATION							
INITIATING DEPARTMENT: Please list the departments that need to approve this contract IN ORDER in the boxes below. All contracts must be routed to the Controller, City Attorney, Mayor and Clerk. NOTE: If the contract requires a signature from an outside organization, please put your own department on the list in the appropriate order so you can obtain this signature.							
APPROVING DEPARTMENTS: Please fill in the Received, Approved, and Forwarded boxes next to the name of your department. Once approved, hand deliver this contract to the next department on the list and send a confirmation e-mail to the Contract Point Person.							
DIVISION/ DEPARTMENT	RECEIVED		APPROVED		FORWARDED		
	Date	By	Date	By	Date	By	To
<i>LCW</i>	<i>5/18/21</i>	<i>VMK</i>	<i>6/19/21</i>	<i>VKH</i>	<i>6/19/21</i>	<i>(VK)</i>	<i>TS</i>

NOTES AND ADDITIONAL INSTRUCTIONS
5/18/21 The application requires \$500,000 for damages to rented premises—and the certificate only shows \$100,000 for damages to rented premises. Please provide a revised certificate. per LKH
Original Contract and Routing Form MUST be filed with the City Clerk at the end of the process.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/3/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
McGowan Allied Specialty
140 Fountain Parkway, North
Suite 570
St Petersburg FL 33176

CONTACT
NAME: Mary Jo PiconePHONE
(A/C, No, Ext): 727-547-3034FAX
(A/C, No): 727-367-2918E-MAIL
ADDRESS: mpicone@mcgowanallied.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: T.H.E. Insurance Company

12866

INSURER B: Accident Fund Insurance Company of America

10166

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Great Lakes Fireworks, LLC
24805 Marine
Eastpointe MI 48021

License#: 973
GREALAK-13

COVERAGES

CERTIFICATE NUMBER: 1255570811

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y		CPP0100711-11	1/15/2021	1/15/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			CPP0100711-11	1/15/2021	1/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$			ELP0010168-11 VL	1/15/2021	1/15/2022	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ARP1200146040-02 MI	1/15/2021	1/15/2022	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A A A	Excess Liability GL Inland Marine / Hull			ELP0011852-06 GL CPP0100711-11 CPP010071111	1/15/2021 1/15/2021 1/15/2021	1/15/2022 1/15/2022 1/15/2022	Ea Occur/Agg Limit 4,000,000 Hull Limit/Show Limit 250,000/500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Display Date: July 4, 2021 Rain Date: July 5, 2021 Location: Oak Park, Lansing MI

RE: General Liability, the following are named as additional insured in respects to the negligence of the named insured:

City of Lansing and all its elected and appointed officials, employees, volunteers, boards, commissions, and/or other authorities.

Cert # 21023

CERTIFICATE HOLDER

CANCELLATION

City of Lansing
124 W. Michigan Avenue
Lansing MI 489333

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

POLICY NUMBER: CPP0100711-11

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

City of Lansing and all its elected and appointed officials, employees, volunteers, board, commissions and/or other authorities but as respects the negligence of the named insured only.

Display Date: 07/04/21

Rain Date: 07/05/21

Location of Display: Oak Park, Lansing MI

APPROVED AS TO FORM

Rina K. Wagner
R.K. CITY ATTORNEY

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



Application for Fireworks Display

Great Lake Fireworks

Instructions

General

- It is highly recommended to have all the documents ready for uploading prior to submission.
- All attachments must be in a PDF format.
- PDF files should be compressed to the smallest size possible.
- If you need more time to get additional documents together, please save your application as a draft and come back to it when you are ready.
- Applications left open for more than 24 hours will need to be started over.
- If you have submitted the wrong document prior to submission of the application, or wish to update a document after submission of the application, please notify the Clerk's Office in writing at city.clerk@lansingmi.gov.
- It is the responsibility of the submitter to ensure they receive an email confirming the receipt of their application. If they do NOT receive an email with a confirmation number within 24 hours of submitting the application, it is the submitter's responsibility to notify the Clerk's Office in writing at city.clerk@lansingmi.gov.

Payments

- Payment fee must be RECEIVED by the Clerk's Office before the application will be reviewed. Failure to remit payment in a timely manner may result in denial of your application.
- Cash, Credit Card, Debit Card, Check, Electronic Check (ACH) & Money Order are accepted.
- Electronic Checks (ACH), Credit and Debit cards are accepted through the City's Point and Pay site. There is a 3% convenience fee for credit and debit card transactions.

Application Information

Annual non-refundable License fee: \$150.00

Application for a license required by this section shall be made in writing to the City Clerk at least 30 business days before the proposed date of the use or display unless application within a shorter period of time is approved by the Fire Marshal. Fill out and submit this form. Bring the materials listed below to the City Clerk's office to complete the application process.

Materials

1. Non-Refundable License fee of \$150
2. Proof of an insurance policy naming the City as co-insured, available for the payment of any damages arising out of an act or omission of the licensee or his agents, employees, or subcontractors, covering the following: (a) At least \$500,000.00 for property damage; and (b) at least \$500,000.00 for injury to one person and \$1,000,000.00 for injury to two or more persons resulting from the same occurrence.
3. Copies of State issued identification for each person who will operate the display.
4. If the applicant is a nonresident person, written appointment of a resident agent to serve as legal representative upon whom all process in an action or proceeding against the person may be served.

(City Codified Ordinances - Chapter 1615.01-1615-06)

<http://mi-lansing.civicplus.com/171/Business-Licenses>

Applicant Information

Applicant Name * Barry J. Beltz

Address *

Street Address

3275 W M-76

Address Line 2

P.O. BOX 276

City

West Branch

Postal / Zip Code

48661

State / Province / Region

MI

Country

United States

Phone 9897265040

Email * chrisb@glfpyro.com

Business Information

Business Name * Great Lakes Fireworks

**Same Address as
above? *** ☒ Yes

☐ No

Business Owner Information

Same as Applicant? ☒ Yes

☐ No

*

Business Owner  1956

Date of Birth *

Display Information

Liability Information

Bond or Insurance ☐ Bond ☒ Insurance
(at least one
required) *

Insured by McGowan Allied Specialty
(Documentation
Attached) *

Insurance \$ 5,000,000.00
Amount *

Expiration 1/15/2022
Date *

Event Information

Date of 7/4/2021
Display *

Start 10:00:00 PM
Time of
Display *

Exact Location of Oak Park, 601 Leshar Place, Lansing MI
Display *

Type and Quantity of 190 - 3" Assortment shells
Fireworks to be used 351 - 4" Assortment shells
in Display * 329 - 5" Assortment shells
 157 - 6" Assortment shells

Manner and location Stored at federally licensed facility until date of display.
of the storage of the
fireworks prior to the
display *

Operators

List all Persons who will Operate the Display

Name *	Age *	Description of Relevant Experience *
Barry Beltz		1,000+ Displays throughout MI; APA Trained

*

Has the applicant, any person with an ownership interest in the applicant, or any person who will operate the display had any citation or conviction for, or guilty plea to, a violation of the laws of the United States, any State, or any local unit of government regulating the sale, use, or possssion of fireworks? If yes, please include details

☐ Yes ☒ No

Electronic Signature Agreement*

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

☒ I agree

I certify that neither the Applicant nor any person with ownership interest is in default to the City of Lansing. By my signature, I swear (or affirm) that all information provided in this application is true.

Signature

Barry J. Beltz

Date Submitted 4/15/2021

Attachments

Attach your completed Treasury form using the **Attach** button, below. If you do not have one, you may download it [here](#).

Treasury Form *	Lansing 2021 Treasury Doc. 4.12.21.pdf	309.4KB
------------------------	--	---------

Certificate of Insurance *	Coi Lansing 2021.pdf	96.88KB
-----------------------------------	----------------------	---------

Insurance Endorsement Pages *	Great Lakes CG2026 (002).pdf	67.7KB
--------------------------------------	------------------------------	--------

Initials	I confirm that the City of Lansing is named as an Additional Insured Party on BOTH the Insurance Endorsement AND the Certificate of Insurance documentation.
-----------------	--

Barry J. Beltz

Copy of ID *	DL 2.15.21.pdf	149.18KB
	Copy of Photo ID	

Great
Lakes

OFFICIAL USE ONLY

Approvals:

Sgt Janelle Bony 5/19/21
Police Department Date

Sgt Desinee Kirkland 5/19/21
City Treasurer Date

Sgt Mauricio 5/13/21
Fire Marshal Barrera Date

City Attorney Date

OFFICIAL USE

Amount paid: \$ 500.00

Date paid: 4/15/21

License #: _____

Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 • 517-377-0068 FAX
www.lansingmi.gov/clerk • city.clerk@lansing.mi.gov

Approvals

Please choose your approval decision on the appropriate line and click **Submit**. If you deny, please provide a comment as to why.

License Desk *	☒ Approved	☐ Denied
Attorney	☐ Approved	☐ Denied
Police	☒ Approved	☐ Denied
Fire_Marshal	☐ Approved	☐ Denied
Treasury	☐ Approved	☐ Denied
Treasurer Approval	☐ Approved	☐ Denied
City Clerk	☐ Approved	☐ Denied

	Fire Marshal Bypass	 Completed	4/28/2021 10:12:16 AM	4/28/2021 10:12:17 AM	Less th
	Police Bypass	 Completed	4/28/2021 10:12:17 AM	4/28/2021 10:12:17 AM	Less th
 	Police Approval	 Completed	4/28/2021 10:12:17 AM	4/28/2021 2:11:11 PM	3 hour

- The task was assigned to Ford, Monika - 4/28/2021 10:12:19 AM
- Berry, Janelle reassigned the task to Berry, Janelle - 4/28/2021 2:10:58 PM

 	Fire Marshal Approval	 Completed	4/28/2021 10:12:19 AM	5/13/2021 12:39:50 PM	15 day
---	-----------------------	---	-----------------------	-----------------------	--------

- The task was assigned to Barrera, Mauricio - 4/28/2021 10:12:20 AM
- Foltz, John reassigned the task to Foltz, John - 5/13/2021 12:39:10 PM

	Police Bypass 2	 Completed	4/28/2021 2:11:11 PM	4/28/2021 2:11:11 PM	Less th
	Parallel Gateway (1)	 Completed	4/28/2021 2:11:11 PM	4/28/2021 2:11:11 PM	Less th
	Fire Marshal Bypass 2	 Completed	5/13/2021 12:39:50 PM	5/13/2021 12:39:50 PM	Less th
	Parallel Gateway (1)	 Completed	5/13/2021 12:39:50 PM	5/13/2021 12:39:50 PM	Less th

Great
Lakes

OFFICIAL USE ONLY

Approvals:

Sgt Jonelle Berry 5/19/21
Police Department Date

Sgt Mauricio Barrera 5/13/21
Fire Marshal Date

Sgt Desinee Kirkland 5/19/21
City Treasurer Date

Rina K. Hingun 06/09/2021
City Attorney Date

OFFICIAL USE

Amount paid: \$ 500.00

Date paid: 4/15/21

License #: _____

Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 • 517-377-0068 FAX
www.lansingmi.gov/clerk • city.clerk@lansing.mi.gov

BY THE COMMITTEE ON CITY OPERATIONS
RESOLVED BY THE CITY COUNCIL OF THE CITY OF LANSING

WHEREAS, the City Clerk has forwarded an application for a City License, which has been routinely processed without objection, and is ready for final action by this Council; and,

WHEREAS, all required signatures have been obtained supporting the application for a fireworks display license;

NOW, THEREFORE, BE IT RESOLVED, the Lansing City Council, hereby, approves the application for a City License as follows:

FIREWORKS DISPLAY LICENSE:

Great Lakes Fireworks for a public display of fireworks in the City of Lansing at 601 Leshar Pl, Lansing, MI 48912 to be held on July 4, 2021

Claim #1839
320 Haag Court
\$524.00

Incident Date (per claim application) –	<u>10-27-2020</u>
Incident Date (per Code Report) –	<u>10-27-2020</u>
Taxes –	<u>Partial Winter 2020</u>
Filed Claim –	<u>02-18-2021</u>
Claims Review Committee Hearing –	<u>Unknown</u>
Claims Review Committee Letter –	<u>05-12-2021</u>
Referred to City Council –	<u>05-10-2021</u>
Referred to Committee on City Operations –	<u>06-07-2021</u>



RECEIVED FEB 18 2021

City of Lansing

OFFICE OF THE CITY ATTORNEY

1839

Claims Review Committee Form

(Commonly including: Grass, Trash, Weeds and Board-Up Violations)

NAME: DARON MACKINDER DATE: 2-12-21
MAILING ADDRESS: 320 HAAG CT. EMAIL: DARON.MACKINDER@GMAIL
CITY: LANSING STATE: MI ZIP CODE: 48912
TELEPHONE: Home () 517-512-2838 Work () —

Please provide the following information on the incident(s) for which you are filing a claim. WE MAY NOT BE ABLE TO PROCESS YOUR CLAIM IF YOU DO NOT PROVIDE ALL OF THE INFORMATION BELOW.

ADDRESS: 320 HAAG CT. PARCEL NO. —
DATE OF INCIDENT: 10-27-2020 AMOUNT YOU WERE BILLED: \$524.00
TOTAL AMOUNT YOU ARE CONTESTING: \$524.00
TYPE OF ASSESSMENT: ENFORCEMENT - TRASH

Please give a detailed description of the circumstances surrounding the incident, including why you feel the City should not have charged you this fee. You may attach additional pages or documentation to this form as needed.

OUR ROAD DOES NOT HAVE A DEDICATED
MAIL CARRIER. WE ARE ALWAYS LOSING
MAIL, AMAZON, ETC. I CAME OUT OF
MY HOUSE ONE DAY AND FOUND MEN
LOADING SOME TRASH WE HAD CLEANED
FROM BEHIND OUR GARAGE, THEY SAID
THEY WERE "WITH THE CITY" AND SHOWED
ME THE PAPERWORK. THEY THEN PROCEEDED
TO TAKE A FULL BAG OF EMPTY BOTTLES

A description of the claims review process is available on our website at: <https://www.lansingmi.gov/349/Claims-Review-Process>

To download the claim form: <https://www.lansingmi.gov/DocumentCenter/View/4639/Claims-Review-Committee-Form?bidId=>

— CONTINUED
ON BACK —

FROM MY FRONT PORCH (ABOUT \$40)
THE POST OFFICE WILL ATTEST THAT
WE ALWAYS GET "FLOATER" MAIL
CARRIERS AND ARE CONSTANTLY
FILING COMPLAINTS. WE RUN A
CLEANING COMPANY AND IF WE WOULD
HAVE RECEIVED THE NOTICE, WE
WOULD HAVE DISPOSED OF THE
TRASH OURSELVES. IT WAS FROM
WHEN WE INITIALLY TOOK OWNERSHIP
OF THE PROPERTY AND CLEANED OUT
BEHIND THE GARAGE WHERE SOMEONE
HAD DUMPED FOR YEARS.

THANK YOU.

D. Mark

RECEIVED FEB 18 20

From Residents:

Daron & Nancy MacKinder

320 Haag Ct.

Lansing, MI 48912

MAY26'21 2PMCLERK

To: Lansing City Clerk

9th Floor

City Hall

Lansing, MI 48933

Appeal to the Lansing City Council from the Claims Review Committee decided on May 12th, 2021.

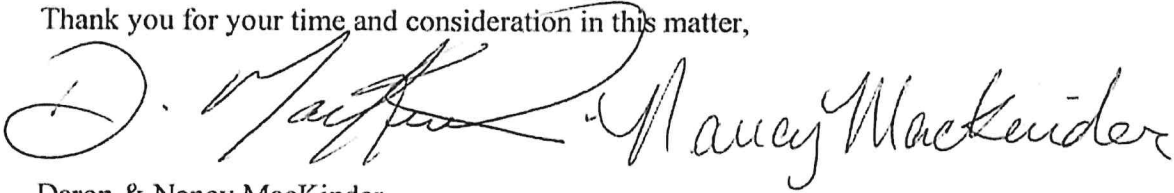
My wife and I recently had a hearing in Zoom format in front of the Claims Review Committee. I would like to appeal the decision to the full City Council. I have several reasons for the appeal, which I will briefly outline here, although I am not sure if that is required at this point.

1. The trash came from cleaning behind our garage after buying the property, it was bagged, and stored behind our home, not visible from the road (Irrelevant, but worth noting).
2. As stated during the Claims Review Hearing, Haag Ct. often has substitute mail carriers, and we personally have often had mail not get delivered, or get delivered to the wrong address, and then later retrieved from neighbors, etc.
3. As stated during the Claims review hearing, we did not receive EITHER letter from the City stating to remove the garbage from behind our home.
4. As stated during the Claims Review Hearing, when the trash removal service came to our residence, they first "acted" as though they worked for the City directly, showing papers as though they were directly employed by the City. They then asked if I wanted bags from our porch removed, which I later learned from my wife, contained about sixty dollars' worth of returnable bottles and cans. To us, the trash removal service contracted by the City was deceitful in their business dealings.

5. As stated during the Claims Review Hearing, by one of the hearing investigators themselves, on the record, that they had "lived a few houses down" from our current address. and the investigator then stated they could attest to the "horrible mail service there."
6. This letter for appeal has been sent via Certified Mail, one would assume that something that could affect the property ownership (I.E., in the form of property tax liens from the City) would at least be deserving of the same certified letter. We are wondering why the City did not at least send a certified letter over something so important, and so costly.
7. My wife and I own a cleaning company and have never had any issues with the City since taking ownership of our property. If we WOULD have received notification of the issue, we would have taken care of it.
8. The offer of "relief" given by the Claims Review Hearing of thirty-four dollars. when to us we did nothing wrong, while leaving us an extra four hundred and ninety dollars on our tax bill, is something that to us, is appealable. We do not think that we should be required to pay the City at all when a simple certified letter would have solved this entire issue and stopped the appealability on these grounds.

Based on these grounds, we request the City to grant relief of all bills incurred from this incident. We also ask the City why it is not policy to send notices in Lansing that could result in tax forfeiture, with certified mail?

Thank you for your time and consideration in this matter,

A handwritten signature in black ink, appearing to read "D. MacKinder Nancy MacKinder". The signature is fluid and cursive, with the first name "D." being a large, stylized initial.

Daron & Nancy MacKinder



City of Lansing

OFFICE OF THE CITY ATTORNEY

James D. Smiertka, City Attorney

May 12, 2021

Daron Mackinder
320 Haag Court
Lansing, MI 48912

Re: Claim – 320 Haag Ct.

Dear Mr. Mackinder:

Please be advised that with further review of your claim in the amount of \$524.00 regarding a Trash violation at the above address, and has GRANTED a portion of your claim, in the amount of \$34.00. **Your new balance due is \$490.00.**

Enclosed please find a Release for your review and signature. If the decision of the committee meets with your approval, please sign the release in front of a witness and have the witness also sign the form, then return the signed Release to this office. Once our office receives the signed Release with both signatures, we will request the amount be removed from the tax rolls, or a refund issued if the penalty has been paid.

You have the right to appeal the decision of the Claims Review Committee to the Lansing City Council. If you desire to do so, please submit your appeal in writing, within thirty (30) days of the date of this letter, to the Lansing City Clerk, 9th Floor, City Hall, Lansing, MI 48933, for placement on the Council's agenda.

Thank you for your cooperation in this matter. If you should have any questions, please feel free to contact me.

Sincerely,

Venus Kumar

Venus Kumar
Paralegal

Enclosure
Claim #1839



City of Lansing

OFFICE OF THE CITY ATTORNEY

James D. Smiertka, City Attorney

April 20, 2021

Daron Mackinder
320 Haag Ct.
Lansing, MI 48912

Re: Claims Review Committee
Claim for: 320 Haag Ct.

Dear Mr. Mackinder:

Please be advised that your claim is scheduled to be heard by the Claims Review Committee. The Committee is scheduled to hear your claim at **9:30 a.m. on May 6, 2021 via ZOOM audio/video call**. A copy of the appropriate department's recommendation are enclosed for your review.

Please be sure that you are either the registered Owner or the registered Taxpayer of the property. Land Contract owners **must** present a copy of the land contract that has been recorded with the register of deeds, to this office **prior** to the hearing. If the property is owned by an LLC or other business entity, you **must** provide documentation demonstrating such or the Claims Review Committee will not be able to hear your claim. You may also appoint an attorney to appear on your behalf. **If you are not the registered Owner or registered Taxpayer of the property, please make arrangements for that person to attend this meeting with you otherwise your claim will not be heard.**

If you are not able to attend on your scheduled day and time, please contact the Office of the City Attorney to reschedule. If you do not attend this meeting and you do not call prior to the meeting to reschedule, your claim will be heard and a determination will be made based on the information in this packet.

As mentioned, the committee will meet via **ZOOM audio/video call** and can be accessed electronically using the Zoom meeting website. Please log onto zoom.us and click on **Join a Meeting**, enter the **Meeting ID: 867 1990 1473** and **Passcode: 845001** or dial in by calling **1-646-558-8656** using the same Meeting ID and Passcode. If you have technical difficulties, please contact 517-483-4319.

Sincerely,

Venus Kumar
Paralegal

Enclosure
Claim No: 1839

RELEASE

In consideration for the payment of \$34.00, by the City of Lansing, which will be remitted to me upon receipt by the City of this signed Release. I, **DARON MACKINDER** (the "undersigned"), for myself, my heirs, executors, administrators, representatives and assigns hereby release and discharge the City of Lansing, its officers, officials, employees, agents, insurers and any other person, firm, or corporation charged or chargeable with any responsibility or liability, from all claims, demands, actions or causes of action regarding the special assessment for a trash violation on property located at 320 Haag Ct., Lansing, Michigan.

The undersigned understands and agrees that this payment is the sole consideration for my release and is in full and complete settlement of all claims resulting from any damage. The undersigned warrants that no promise or inducement has been offered or made for my release, except as herein set forth; that this Release is executed without reliance upon any statement or representation by any of the parties released herein, or by their representatives concerning the nature and extent of any damage or injury or the legal liability therefore; and that the undersigned is of legal age and legally competent to execute this Release and accepts the full responsibility therefore.

The undersigned understands that none of the parties released admit liability of any kind and this payment and settlement in compromise is made to terminate further controversy respecting claims for damages that the undersigned has heretofore asserted or that the undersigned or his/her heirs, executors, administrators, representative or assigns might later assert.

In witness whereof, I have hereunto set my hand this ____ day of **MAY** 2021.

WITNESS:

CLAIMANT:

DARON MACKINDER

RECEIVED APR 12 2021

DATE: 4/09/2021

1839

PPN: 33-01-01-15-152-041
DATE SUBMITTED: 2/18/2021
ADDRESS OF VIOLATION: 320 Haag Court
LISTED TAXPAYER OF RECORD: Mackinder, Daron & Doak, Nanacy
OTHER TAXPAYER OF RECORD:
CLAIMANT: Mackinder, Daron
CLAIMANT'S ADDRESS: 320 Haag Court
Lansing, MI 48912
TYPE OF ACTIONS CONTESTED: Trash Removal
VIOLATION DATE: 10/27/2020
NOTIFICATION DATE: 10/28/2020
2ND NOTICE ASSESSMENT DATE:
AMOUNT OF ASSESSMENT: \$524.00
CONTRACTOR NAME - INVOICE NO. - DATE: Crutcher 20-T039 11/25/2020
AMOUNT OF CLAIM: \$524.00
ADDITIONAL ACTIONS CONTESTED:
VIOLATION DATE:
NOTIFICATION DATE:
2ND NOTICE ASSESSMENT DATE:
AMOUNT OF ASSESSMENT:
CONTRACTOR NAME - INVOICE NO. - DATE:
AMOUNT OF CLAIM:
MEMO DATE - INVOICE NO.:
HISTORY: Trash
Violation
10/27/2020

CITATIONS IN PREVIOUS YEAR:

CLAIMANT'S CIRCUMSTANCES: See Attached

CODE OFFICER'S NOTES: This property was cited for a trash violation on 10/27/2020 with a compliance due date of 11/03/2020. The Premise Officer rechecked the property on 11/04/2020 the violations were still present and it was submitted to the contractor for removal. The contractor arrived on 11/25/2020 almost 30 days after the initial notification was sent the same violations noted in the pictures and they were removed. The owner of this property purchased the home in July of 2019 this was not a recent purchase they need to file a claim with their title company not the City of Lansing. Proper procedures were taken by this office and the contractor therefor this office recommends denial of the claim.





Nuisance Fees
 City of Lansing Treasurers Office
 124 W Michigan Ave 1st Floor
 Lansing, MI 48933
 Ph: (517) 483-4361 Fx: (517) 377-0169

Nuisance Fee Billing Statement

Date Created: 12/03/2020
 Due Date: 01/02/2021
 Pay Invoice In Full



MACKINDER DARON & DOAK NANCY
 320 HAAG CT
 LANSING MI 48912

Inv Number: 00165722
 Parcel: 33-01-01-15-152-041
 Address: 320 HAAG CT

Parcel: 33-01-01-15-152-041

Bill Detail

Invoice Number	Date of Service	Enforcement Num	Address	Amount Due
00165722		E20-33620	320 HAAG CT	\$524.00
Fee Details:				Balance
	Quantity	Description		
	1.000	Trash - Admin Fee		\$ 265.00
	259.000	Trash - Contractor Charge		\$ 259.00
Total Amount Due				\$ 524.00

Questions regarding this invoice: Contact **CODE ENFORCEMENT** at 517.483.4361

Payment Information:

- Make checks payable to: City of Lansing
- Mail payments or pay in person at:
 City of Lansing Treasurers Office
 124 W Michigan Ave 1st Fl
 Lansing MI 48933
- In order to assure proper credit, please send the top portion of this bill along with your payment.
- Payment in full is due within 30 days from the billing date
- Any unpaid balance remains as a lien against this property and will be added to the next property tax bill.

Appeals Process:

If you intend to appeal this nuisance fee and it is attached to your tax bill, you or your agent must file a written protest with the Claims Review Committee within 30 days after the nuisance fee is placed on the July or December Tax Roll. Claims forms are available in the City Attorney's Office and the City of Lansing's web address: www.lansingmi.gov. Return completed claim to: Lansing City Attorney's Office, 124 West Michigan Ave 5th Fl, Lansing, MI 48933

Other Information:

- July property taxes are due and payable on or before August 31st. December property taxes are due and payable on or before February 14th.
- For Red Tag Monitoring Fees Only – invoices not paid within 30 days are subject to a 5% penalty which will be applied on the 31st day.

By Authority of the Lansing City Council - Ordinance Numbers 655, 676, 1060.08 and 1460.04

Payments may be made online or in person Monday thru Friday 8:00 a.m. - 4:30 p.m., at the above address or by mail

Eric's Refuse LLC
P.O. Box 16035
Lansing, MI 48901 US
ericsrefuse@hotmail.com

INVOICE

BILL TO

Economic Development &
Planning Code
Enforcement Office
316 N Capitol, Ste. C-1
Lansing, MI 48933-1238

INVOICE # 4063
DATE 11/30/2020

PROPERTY ADDRESS

320 Haag CT

PARCEL NUMBER

33-01-01-15-152-041

DESCRIPTION

		RATE	AMOUNT
city:1hour 3 yards	1	225.00	225.00
first hour and 3 cubic yards			
city:add cy	1	34.00	34.00
any after 3			
11/25/20			
4 yards			
Joshua odom			

BALANCE DUE

\$259.00



Andy Schor, Mayor

Economic Development & Planning Code Enforcement Office

316 N. Capitol, Ste C-1, Lansing, MI 48933-1238
(517) 483-4361 FAX (517) 377-0100

TRASH AND DEBRIS CORRECTION NOTICE

MACKINDER DARON & DOAK NANCY
320 HAAG CT
LANSING, MI 48912

Violation Date: 10/27/2020
Violation Location: 320 HAAG CT
Parcel No: 33-01-01-15-152-041
Compliance Due Date: November 03, 2020

You are hereby notified that this Office has found a violation of the City of Lansing Housing Code Section 302 EXTERIOR PROPERTY at the above referenced location.

Violation: Trash found in bags/boxes

INSPECTOR COMMENTS: *Please dispose of the trash bags on the driveway.*

Failure to correct this violation by the Compliance Due Date shall cause this office to immediately hire a contractor to complete the cleanup. Please be advised that moving the items to another area on the property does not bring the violation into compliance. If any other additional trash and/or debris (as defined in Section 302) is found on the premises by the contractor it will also be removed without additional notice. The contractor's expenses plus a \$265.00 administrative services fee will be billed to you. If this bill is not paid within 30 days of the billing date, the amount will be assessed as a lien against your property. Please be advised that, in an effort to discourage repeat offenses of this nature, the City will assess graduated fees from \$75.00 to \$300.00 for each time there is an additional premise violation at the violation address above during this calendar year. If you have any questions or concerns about complying within the time indicated, you may contact me Monday through Friday between the hours of 8-9 AM or 12-1 PM for any questions or extensions.

Pursuant to Section 107.2 of the IPMC, you have the right to appeal this notice of violation. In accordance with Section 106.3 any action taken by the City on such premises shall be charged against the real estate upon which the structure is located and shall be a lien upon such real estate.

Code Officer: Joshua Odom (517) 483 4381 Joshua.Odom@lansingmi.gov

"Equal Opportunity Employer"

Taxpayer's Copy



Andy Schor, Mayor

Economic Development & Planning Code Enforcement Office

316 N. Capitol, Ste C-1, Lansing, MI 48933-1238
(517) 483-4361 FAX (517) 377-0100

Trash Authorization Form

Submitted to: Eric Crutcher on 11/04/2020

TAXPAYER: MACKINDER DARON & DOAK NANCY, 320 HAAG CT LANSING, MI 48912

Location of Work:

Enf Num: E20-33620

Address: 320 HAAG CT

Lot No:

Description:

Parcel No: 33-01-01-15-152-041

Remove Trash and Debris

Work Authorized:

Violation: Trash found in bags/boxes

INSPECTOR COMMENTS: *Please dispose of the trash bags on the driveway.*

PLUS ANY OTHER INCIDENTAL TRASH / DEBRIS ON THE PROPERTY

Authorized Time required to complete work: 1

Authorized Cubic Yards: 1.5

Warning Comment:

<NONE>

Submitted By: Joshua Odom (517) 483 4381

This action is authorized by the Manager of Code Compliance



IMG_4121

10/27/2020 12:30

J0dom2



IMG_4122

10/27/2020 12:31

J0dom2



IMG_4321

11/04/2020 16:12

J0dom2



IMG_4320

11/04/2020 16:12

J0dom2























320 HAAG CT LANSING, MI 48912 (Property Address)

Parcel Number: 33-01-01-15-152-041



Item 1 of 3

[1 Image / 2 Sketches](#)**Property Owner: MACKINDER DARON & DOAK NANCY****Summary Information**

> Residential Building Summary

- Year Built: 1938
- Full Baths: 1
- Sq. Feet: 1,122
- Bedrooms: 0
- Half Baths: 1
- Acres: 0.085

> Assessed Value: \$23,400 | Taxable Value: \$21,801

> Property Tax information found

> 15 Building Department records found

Owner and Taxpayer Information**Owner**

MACKINDER DARON & DOAK
NANCY
320 HAAG CT
LANSING, MI 48912

Taxpayer

NDB L L C
C/O BAO NGUYEN
5859 W SAGINAW HWY STE 280
LANSING, MI 48917

Legal Description

LOT 5 HAAGS ADD

Recalculate amounts using a different Payment Date

You can change your anticipated payment date in order to recalculate amounts due as of the specified date for this property.

Enter a Payment Date

6/9/2021

[Recalculate](#)**Tax History**

****Note:** On March 2 at 12:00 AM, Summer and Winter local taxes become ineligible for payment at the local unit.

Year	Season	Total Amount	Total Paid	Last Paid	Total Due	
2020	Winter	\$356.16	\$0.00		\$356.16	** Read Note(s) Above

General Information for 2020 Winter Taxes

School District	33020	PRE/MBT	100.0000%
Taxable Value	\$21,500	S.E.V.	\$21,500
Property Class	401 - RESIDENTIAL - IMPROVED	Assessed Value	\$21,500
Tax Bill Number	No Data to Display	Last Receipt Number	No Data to Display
Last Payment Date	No Data to Display	Number of Payments	0
Base Tax	\$343.51	Base Paid	\$0.00
Admin Fees	\$2.28	Admin Fees Paid	\$0.00
Interest Fees	\$10.37	Interest Fees Paid	\$0.00
Total Tax & Fees	\$356.16	Total Paid	\$0.00
Renaissance Zone	Not Available	Mortgage Code	Not Available

Tax Bill Breakdown for 2020 Winter

Taxing Authority	Millage Rate	Amount	Amount Paid
INGHAM COUNTY	5.116500	\$110.00	\$0.00
AIRPORT AUTH.	0.699000	\$15.02	\$0.00
	10.629800	\$356.16	\$0.00

Taxing Authority				Millage Rate	Amount	Amount Paid
CATA				2.997600	\$64.44	\$0.00
CADL-LIBRARY				1.556700	\$33.46	\$0.00
MONTGOMERY DRAIN				0.260000	\$5.59	\$0.00
RCYCL/YARD				0.000000	\$115.00	\$0.00
Admin Fees					\$2.28	\$0.00
Interest Fees					\$10.37	\$0.00
				10.629800	\$356.16	\$0.00

[Click here for a printer friendly version of Winter 2020 Tax information](#)

2020	Summer	\$1,054.04	\$1,054.04	08/27/2020	\$0.00	
2019	Winter	\$262.49	\$262.49	01/10/2020	\$0.00	
2019	Summer	\$1,028.60	\$1,028.60	07/03/2019	\$0.00	
2018	Winter	\$253.93	\$253.93	12/12/2018	\$0.00	
2018	Summer	\$964.81	\$964.81	07/11/2018	\$0.00	
2017	Winter	\$231.71	\$231.71	01/22/2018	\$0.00	
2017	Summer	\$968.30	\$968.30	01/22/2018	\$0.00	
2016	Winter	\$226.43	\$0.00		\$226.43	** Read Note(s) Above
2016	Summer	\$959.23	\$0.00		\$959.23	** Read Note(s) Above

Load More Years

****Disclaimer:** BS&A Software provides BS&A Online as a way for municipalities to display information online and is not responsible for the content or accuracy of the data herein. This data is provided for reference only and WITHOUT WARRANTY of any kind, expressed or inferred. Please contact your local municipality if you believe there are errors in the data.

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**City of Lansing, Michigan
On-Premises Alcohol Sales Application**

Business Name: Acapulco Mexican Grill, INC. dba: Acapulco Mexican Grill
 Business Address: 300N Clippert Ave Suite 17
 City: LANSING State: MI Zip: 48912
 Main Contact Number: (517) 203-0096 Secondary Contact Number: ()
 Email Address: HaleyRH@hotmail.com
 License(s) for which you are seeking Local Government Approval Liquor license
transfer shares

Provide the name, age and address of the applicant, in the case of an individual, or, in the case of a co-partnership, the names, addresses and ages of the persons entitled to share in the profits thereof, or, in the case of a corporation, the objects for which the corporation is organized, the names, addresses and ages of the officers and directors and, if a majority interest in the stock of such corporation is owned by one person or his or her nominee, the name, address and age of such person:

Name	Position	Address	Age
Caemelo Vera	President	3243 Hulett Mason MI 48854	
Alfredo Melendez	V. President	6945 N Laredo Dr Mc Corderville, IN 46055	
Jose C Vera Mendoza	Secretary	15847 pastoxel path East Lansing MI 48823	
Carlos Vera	Treasurer	15261 Wood Rd Lansing MI 48906	
Jorge Vera	Treasurer II	244 Church Hill Road Williamston MI 48895	
Raul Vera	Treasurer III	4521 Shiwell Ave. Lansing MI	

If an Individual, provide Applicant's:

Date of Birth: _____ Place of Birth: _____

What character of business do you intend to operate? Mexican Restaurant

What is the length of time your business has been of that character, or in the case of a corporation, the date when its charter was issued?

2 / 2017

When you are done with this form, please return it to:

Chris Swope, City Clerk
 Lansing City Clerk's Office
 Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
 Phone: 517-483-4131 Fax: 517-377-0068
City.clerk@lansingmi.gov lansingmi.gov/clerk

Have you made applications for a similar or other license on premises other than those described in this application? Yes ☐ No ☒

If yes, what is the disposition of any such earlier application? _____

Are building plans on file? Yes ☒ No ☐ If not please submit them with this application showing the entire structure and premises and, in particular, the specific areas where the license is to be utilized. Such plans shall demonstrate adequate off-street parking, lighting and refuse disposal facilities and, where appropriate, adequate plans for screening and noise control, as provided in the Zoning, Building and Housing, and Fire Prevention Codes.

- ☒ I (we) have never been convicted of a felony and is (are) not disqualified to receive a license by reason of any item contained in this chapter or the laws of the State.
- ☒ I (we) will not violate any State or Federal laws or any ordinance of the City in the conduct of this business.
- ☒ I (we) or my (our) agent(s) do not owe any personal property taxes.
- ☒ The copy of the Michigan Liquor Control Commission application submitted with this application is a true copy of what I (we) intend to submit to the Michigan Liquor Control Commission.

I hereby certify that this application is complete and accurate to the best of my knowledge, information and belief.

Signature

Date

Subscribed and sworn to before me this

5th day of NOVEMBER, 2020.

Signature Betty Jo Shaffer

Printed Name BETTY JO SHAFFER

Notary Public, INGHAM County, Michigan

My Commission Expires: JAN 26, 2024

Acting in the County of INGHAM



BETTY JO SHAFFER
NOTARY PUBLIC, STATE OF MI
COUNTY OF INGHAM
MY COMMISSION EXPIRES Jan 26, 2026
ACTING IN COUNTY OF INGHAM

When you are done with this form, please return it to:

Chris Swope, City Clerk
Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
Phone: 517-483-4131 Fax: 517-377-0068
City.clerk@lansingmi.gov lansingmi.gov/clerk



Chris Swope

Lansing City Clerk

REPORT ON APPLICATION FOR:

<u>ACTION</u>	<u>TYPE OF LICENSE</u>
☒ Transfer Ownership	☒ Class C
☐ Transfer Location	☐ SDD
☐ Add Partner	☒ SDM
☐ Drop Partner	☐ Tavern
☐ Other: Transfer Sunday Sales Permit and Outdoor Service	

NAME:

Acapulco Mexican Grill, Inc
300 N Clipper Ave, Suite 2017
Lansing MI 48912

THAT THE REQUEST: (RID #2002-02770), Transfer stock interest in conjunction with 2019 Class C and SDM licensed corporation with Sunday Sales Permit (AM), Sunday Sales Permit (PM) and Outdoor Service (1 area) located at Acapulco Mexican Grill, Inc., 300 N. Clippert St.

Signature & Date

Treasury: _____

Date to City Council _____

FEE PAID

If you have any questions, please contact Chris at: 517-483-4130. Thank you.

***PLEASE RETURN THIS FORM TO BRIAN P JACKSON, CITY CLERK'S OFFICE
FAX 517-377-0068**

Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 □ 517-377-0068 FAX
clerk.city@lansingmi.gov □ lansingmi.gov/clerk

From: [Sanford, Sarah](#)
To: [Jackson, Brian](#); [Scott, Tracy](#)
Subject: Acapulco Treasury Request
Date: Monday, May 17, 2021 9:55:10 AM
Attachments: [image001.png](#)
[image002.jpg](#)

Good morning, Brian

Acapulco Mexican Grill is now APPROVED.

Have a great day,

Sarah Sanford

Administrative Assistant

Treasury & Income Tax Department

124 W. Michigan Ave. | Lansing, MI 48933

O: (517) 483-6012 | E: Sarah.Sanford2@lansingmi.gov



From: Sanford, Sarah <Sarah.Sanford2@lansingmi.gov>
Sent: Wednesday, April 21, 2021 3:04 PM
To: Jackson, Brian <Brian.Jackson@lansingmi.gov>
Cc: Swope, Chris <Chris.Swope@lansingmi.gov>
Subject: RE: Status of Acapulco Treasury Request Form from Nov 2020

Good afternoon, Brian

I have reached out to the Applicant and will keep you posted.

Best regards,

Sarah Sanford

Administrative Assistant

Treasury & Income Tax Department

124 W. Michigan Ave. | Lansing, MI 48933

O: (517) 483-6012 | E: Sarah.Sanford2@lansingmi.gov



From: Jackson, Brian <Brian.Jackson@lansingmi.gov>
Sent: Friday, April 16, 2021 9:56 AM
To: Sanford, Sarah <Sarah.Sanford2@lansingmi.gov>
Cc: Swope, Chris <Chris.Swope@lansingmi.gov>
Subject: Status of Acapulco Treasury Request Form from Nov 2020

Sarah, in either Dec or January, you let me know that Treasury was still unable to sign off on the attached Treasury Approval Form for Acapulco Grill.

I wanted to follow up to see if the issue had been resolved and approval was or can be made.

I appreciate any update. Thanks.

Brian P. Jackson, MiPMC
pronouns: He/Him/His
Chief Deputy City Clerk
Lansing City Clerk's Office

Chris Swope, MMC/MiPMC
Lansing City Clerk

City Hall/Main Office | 124 W. Michigan Ave. | 9th Floor | Lansing MI 48933
Elections Unit/Marijuana Licensing | 2500 S. Washington Ave. | Rear Entrance | Lansing MI 48910
Main: (517) 483-4131 | Fax: (517) 377-0068
Direct(517)483-4135 | Mobile: (517)614-6061
brian.jackson@lansingmi.gov
[Website](#) | [Facebook](#) | [Twitter](#) |



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BY THE COMMITTEE ON CITY OPERATIONS
RESOLVED BY THE CITY COUNCIL OF THE CITY OF LANSING

WHEREAS, the Licensing and Enforcement Division of the Michigan Liquor Control Commission received a request from Acapulco Mexican Grill, Inc. for transfer of stock interest in conjunction with 2019 Class C and SDM licensed corporation, Sunday Sales (AM), Sunday sales (PM), and Outdoor Service permits; and

WHEREAS, the COMMITTEE ON CITY OPERATIONS met on July 7, 2021 to review the request with affirmative action taken;

NOW, THEREFORE, BE IT RESOLVED, the Lansing City Council, hereby, approves the request from Acapulco Mexican Grill, Inc. to for transfer of stock interest in conjunction with 2019 Class C and SDM licensed corporation, Sunday Sales (AM), Sunday Sales (PM), and Outdoor Service Permits;



Retailer License & Permit Application

For information on retail licenses and permits, including a checklist of required documents for a completed application, please visit the Liquor Control Commission's frequently asked questions website [by clicking this link](#).

Part 1 - Applicant Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it is filed with the State of Michigan Corporation Division.

Applicant name(s): Ocean Crab, Inc.

Address to be licensed: 727 East Miller Road

City: Lansing, MI

Zip Code: 48911

City/township/village where license will be issued: City of Lansing

County: Ingham

Federal Employer Identification Number (FEIN):

1. Are you requesting a new license? ☐ Yes ☒ No
2. Are you applying ONLY for a new permit or permission? ☐ Yes ☒ No
3. Are you buying an existing license? ☒ Yes ☐ No
4. Are you transferring the classification of an existing on premises license? ☐ Yes ☒ No
5. Are you modifying the size of the licensed premises? ☐ Yes ☒ No
If Yes, specify: ☐ Adding Space ☐ Dropping Space ☐ Redefining Licensed Premises
6. Are you transferring the location of an existing license? ☒ Yes ☐ No
7. Is this license being transferred as the result of a default or court action? ☐ Yes ☒ No
8. Do you intend to use this license actively? ☒ Yes ☐ No

Leave Blank - MLCC Use Only

Part 2 - License Transfer Information (If Applicable)

If transferring ownership of a license ONLY and not transferring the location of a license, fill out only the name of the current licensee(s)

Current licensee(s): MKE, Inc. (BID: 166803)

Current licensed address: 206 S. Washington Square

City: Lansing, MI

Zip Code: 48933-1851

City/township/village where license is issued: City of Lansing

County: Ingham

Part 3 - Licenses, Permits, and Permissions

Off Premises Licenses - Applicants for off premises licenses, permits, and permissions (e.g. convenience, grocery, specialty food stores, etc.) must complete the attached Schedule A and return it with this application. Transfer the fee calculations from the Schedule A to Part 4 below.

On Premises Licenses - Applicants for on premises licenses, permits, and permissions (e.g. restaurants, hotels, bars, etc.) must complete the attached Schedule A and return it with this application. Transfer the fee calculations from the Schedule A to Part 4 below.

Part 4 - Inspection, License, and Permit Fees - Make checks payable to State of Michigan

Inspection Fees - Pursuant to MCL 436.1529(4) a nonrefundable inspection fee of \$70.00 shall be paid to the Commission by an applicant or licensee at the time of filing of a request for a new license or permit, a request to transfer ownership or location of a license, a request to increase or decrease the size of the licensed premises, or a request to add a bar. Requests for a new permit in conjunction with a request for a new license or transfer of an existing license do not require an additional inspection fee.

License and Permit Fees - Pursuant to MCL 436.1525(1), license and permit fees shall be paid to the Commission for a request for a new license or permit or to transfer ownership or location of an existing license.

Inspection Fees:	\$140.00	License & Permit Fees:	\$950.00	TOTAL FEES:	\$1,090.00
------------------	----------	------------------------	----------	--------------------	-------------------

Schedule A - Licenses, Permits, & Permissions

Applicant name: Shimoda LLC d/b/a The Ocean Crab, Inc.

Off Premises License Type:

New Transfer

- ☐ ☒ SDM License \$100.00
- ☐ ☐ SDD License \$150.00
- ☐ ☐ Resort SDD License Upon Licensure/\$150.00

Resort SDD Licenses may only be issued in governmental units having a population of 50,000 or less

Off Premises Permits:

Base Fee:

- ☐ Sunday Sales Permit (AM)* \$160.00
- ☐ Sunday Sales Permit (PM)** \$22.50
(Held with SDD License)
- ☐ Catering Permit \$100.00
- ☐ Secondary Location Permit - Complete Form LCC-201
- ☐ Beer and Wine Tasting Permit No charge
- ☐ Living Quarters Permit No charge

On/Off Premises Permission Type:

Base Fee:

- ☐ Off-Premises Storage No charge
- ☐ Direct Connection(s) No charge
- ☐ Motor Vehicle Fuel Pumps No charge

*Sunday Sales Permit (AM) allows the sale of liquor, beer, and wine on Sunday mornings between 7:00am and 12:00 noon, if allowed by the local unit of government.

**Sunday Sales Permit (PM) allows the sale of liquor on Sunday afternoons and evenings between 12:00 noon and 2:00am (Monday morning), if allowed by the local unit of government. No Sunday Sales Permit (PM) is required for the sale of beer and wine on Sunday after 12:00 noon. The Sunday Sales Permit (PM) fee is 15% of the fee for the license that allows the sale of liquor. Additional bar fees and B-Hotel room fees are also calculated as part of the permit fee.

Licenses, permits, and permissions selected on this form will be investigated as part of your request. Please verify your information prior to submitting your application, as some licenses, permits, or permissions cannot be added to your request once the application has been sent out for investigation by the Enforcement Division.

Inspection, License, Permit, & Permission Fee Calculation

Number of Licenses: 2 x \$70.00 Inspection Fee

Total Inspection Fee(s): Fee Code: 4036 \$140.00

Total License Fee(s): \$700.00

Total Permit Fee(s): \$250.00

TOTAL FEES DUE: \$1,090.00

Please note that requests to transfer SDD licenses will require the payment of additional fees based on the seller's previous calendar year's sales. These fees will be determined prior to issuance of the license to the applicant.

Make checks payable to **State of Michigan**

On Premises License Type:

New Transfer

- ☐ ☐ B-Hotel License \$600.00

Number of guest rooms: _____

- ☐ ☐ A-Hotel License \$250.00

Number of guest rooms: _____

- ☐ ☒ Class C License \$600.00 4034

- ☐ ☐ Tavern License \$250.00

- ☐ ☐ Resort License Upon Licensure

- ☐ ☐ DDA/Redevelopment License Upon Licensure

- ☐ ☐ Brewpub License \$100.00

- ☐ ☐ G-1 License \$1,000.00

- ☐ ☐ G-2 License \$500.00

- ☐ ☐ Aircraft License \$600.00

- ☐ ☐ Watercraft License \$100.00

- ☐ ☐ Train License \$100.00

- ☐ ☐ Continuing Care Retirement Center License \$600.00

- ☐ MCL 436.1545(1)(b)(i) ☐ MCL 436.1545(1)(b)(ii)

B-Hotel or Class C Licenses Only:

- ☐ ☐ Additional Bar(s)

Number of Additional Bars: _____

B-Hotel or Class C licenses allow licensees to have one (1) bar within the licensed premises. A \$350.00 licensing fee is required for each additional bar over the one (1) bar initially issued with the license.

On Premises Permits:

Base Fee:

- ☒ Sunday Sales Permit (AM)* \$160.00 4033

- ☒ Sunday Sales Permit (PM)** \$90.00 4032

- ☐ Catering Permit \$100.00

- ☐ Banquet Facility Permit - Complete Form LCC-200

A Banquet Facility Permit is an extension of the license at a different location. It may have its own permits and permissions. It is not a banquet room on the licensed premises.

- ☒ Outdoor Service No charge

- ☒ Dance Permit No charge

- ☒ Entertainment Permit No charge

- ☐ Extended Hours Permit: No charge

- ☐ Dance ☐ Entertainment Days/Hours: _____

- ☐ Specific Purpose Permit: No charge

Activity requested: _____

Days/Hours requested: _____

- ☐ Living Quarters Permit No charge

- ☐ Topless Activity Permit No charge

Schedule B - New Specially Designated Merchant (SDM) License Supplemental Application - New SDM License Applications ONLY

Applicant name: ~~DEPOSE LTD. d/b/a The Ocean Crab~~ *Inc.*

Effective January 4, 2017 pursuant to MCL 436.1533(5), Specially Designated Merchant (SDM) licenses are quota licenses based on one (1) SDM license for every 1,000 of population in a local governmental unit. MCL 436.1533 provides for several exemptions from the quota for qualified applicants. Please carefully read the requirements in the boxes below, selecting the applicable approved type of business option(s) from Section 1 and an applicable new SDM license quota option from Section 2.

Section 1 - Requirements to Qualify as Approved Type of Business for New SDM License Applicants

Applicant must meet one (1) or more of the following conditions (check those that apply to your business):

- ☐ a. Applicant holds and maintains retail food establishment license or extended retail food establishment license under the Food Law of 2000, MCL 289.1101 to MCL 289.8111.
- ☐ b. Applicant holds or has been approved for Specially Designated Distributor (SDD) license.
- ☐ c. Applicant holds or has been approved for an on-premises license, such as a Class C, A-Hotel, B-Hotel, Tavern, Club, G-1, or G-2 license.

Section 2 - Quota Requirements for New SDM License Applicants

Applicant must qualify under one of the following sections of the Liquor Control Code regarding the SDM quota:

- ☐ a. Applicant is an applicant for or holds a Class C, A-Hotel, B-Hotel, Tavern, Club, G-1, or G-2 license.
MCL 436.1533(5)(a) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ b. Applicant's establishment is at least 20,000 square feet and at least 20% of gross receipts are derived from the sale of food.
MCL 436.1533(5)(b)(i) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ c. Applicant's establishment is a pharmacy as defined in the Public Health Code, MCL 333.17707.
MCL 436.1533(5)(b)(ii) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ d. Applicant's establishment qualifies as a marina under MCL 436.1539.
MCL 436.1533(5)(e) - SDM license is exempt from SDM quota and license may be transferred to another location if the applicant complies with MCL 436.1539 at the new location.
- ☐ e. Applicant does not qualify under any of the quota exemptions or waiver listed above.
MCL 436.1533(5) - Commission shall issue one (1) SDM for every 1,000 population in a local governmental unit and an unissued SDM must be available in the local governmental unit for the applicant to qualify. SDM license may be transferred to another location.

Documents Required To Be Submitted with New SDM License Application

In addition to the documents listed on the application checklist, the new SDM license applicant must submit the documents listed below, as applicable, with its application to comply with the requirements described above. Select one or more of the following:

- ☐ Copy of retail food establishment license or extended retail food establishment license for a SDM license. The name on the food establishment license must match the applicant name in Part 1 of this application form. *A food establishment license is not required for a SDM license to be issued in conjunction with a SDD license or an on-premises license.*
- ☐ If applying under Section 2b above, documentary proof that applicant's establishment is at least 20,000 square feet and at least 20% of gross receipts are derived from the sale of food.
- ☐ If applying under Section 2c above, a copy of the pharmacy license issued under the Public Health Code.

Part 5a - Information on Individual Applicant, Stockholder, Member, or Limited Partner

Each individual, stockholder, member, or partner must complete Part 5a, 5b, and 5c. If a stockholder or member of an applicant company is a corporation or limited liability company, complete Part 5a and 5c and submit a completed Form LCC-301.

For applications with multiple individuals, stockholders, members, or partners - each person or entity must complete a separate copy of this page.

Name: BI Hao Liu		
Home address: 6038 Kalamazoo Avenue		
City: Kentwood	State: MI	Zip Code: 49508
Business Phone:	Cell Phone: 217-572-2658	Email: niawong1029@yahoo.com
Have you ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you currently hold an interest in any other licenses issued by the MLCC? If Yes , please list business ID numbers below. If you hold interest in 2 or more locations under the same name, please also write "chain" below. Pursuant to MCL 436.1603, a retailer licensee <u>may not</u> hold interest in a manufacturer or wholesaler licensee. ☐ Yes ☒ No		
Do you hold 10% or more interest in the applicant entity? ☒ Yes ☐ No		
If you answered "no" to the first question and "yes" to the second question, you must submit fingerprints and undergo an investigation by the MLCC. Please see the attached instructions for submitting fingerprints to the MLCC. You must submit a copy of the completed and endorsed " <u>Livescan Fingerprint Background Request</u> " with your application.		

Part 5b - Personal Information (Individuals) - Must be at least 21 years of age, pursuant to administrative rule R 436.1105(1)(a).

Date of Birth: [REDACTED]	Social Security Number: [REDACTED]	Driver's License Number: [REDACTED]	
Are you a citizen of the United States of America? ☐ Yes ☒ No			
Have you ever legally changed your name? ☐ Yes ☒ No			
If you answered "yes", please list your prior name(s) (including maiden):			
Spouse's full name (if currently married):			
Spouse's date of birth:	Is your spouse a citizen of the United States of America? ☐ Yes ☐ No		
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? ☐ Yes ☒ No			
Does your spouse hold a retail, manufacturer, or wholesaler license issued by the MLCC? ☐ Yes ☒ No			
Have you ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If Yes , list below (attach additional pages if necessary): ☐ Yes ☒ No			
Date	City/State	Charge	Disposition
Has your spouse ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If Yes , list below (attach additional pages if necessary): ☐ Yes ☐ No			
Date	City/State	Charge	Disposition

Part 5c - Signature

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. (This form must be signed by the person whose information it contains).

BI Hao Liu

Print Name

Signature

Date

11/10/20, 2020

Part 6 - Contact Information

Provide information on the contact person for this application. Please note that corporations and limited liability companies must provide documentation (e.g. meeting minutes, corporate resolution) authorizing anyone other than the applicant or an attorney of record to be the contact person. If an authorization is not provided, your contact person will not be acknowledged if they are anyone other than the applicant or attorney.

What is your preferred method of contact?		☐ Phone	☐ Mail	☒ Email	☐ Fax
What is your preferred method for receiving a Commission Order?		☐ Mail	☒ Email	☐ Fax	
Contact name: Michael J. Brown		Relationship: Attorney			
Mailing address: see information below					
City:		State:		Zip Code:	
Phone:	Fax number:		Email:		

Part 7 - Attorney Information (If You Have An Attorney Representing You For This Application)

Attorney name: Michael J. Brown		Member Number: P-43015
Attorney address: 6017 W. St. Joe Hwy., Ste. 202, Lansing, MI 48917		
Phone: 517-321-4616	Fax number: 517-321-4642	Email: mbrown@cebhlaw.com
Would you prefer that we contact your attorney for all licensing matters related to this application?		☒ Yes ☐ No
Would you prefer any notices or closing packages be sent directly to your attorney?		☒ Yes ☐ No

Part 8 - Signature of Applicant

Be advised that the information contained in this application will only be used for this request. This section will need to be completed for each subsequent request you make with this office.

Notice: When purchasing a license, a buyer can be held liable for tax debts incurred by the previous owner. Prior to committing to the purchase of any license or establishment, the buyer should request a tax clearance certificate from the seller that indicates that all taxes have been paid up to the date of issuance. Obtaining sound professional assistance from an attorney or accountant can be helpful to identify and avoid any pitfalls and hidden liabilities when buying even a portion of a business. Sellers can make a request for the tax clearance certificate through the Michigan Department of Treasury.

Under administrative rule R 436.1003, the licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcements officials who have jurisdiction over the licensee. Approval of this application by the Michigan Liquor Control Commission does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license for the sale of alcoholic liquor on the licensed premises.

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.

The person signing this form has demonstrated that they have authorization to do so and have attached appropriate documentation as proof.

Bi Hao Liu

Print Name of Applicant & Title

Bi Hao Liu

Signature of Applicant

11/00/20
Bi Hao Liu, 2020

Date

Please return this completed form along with corresponding documents and fees to:

Michigan Liquor Control Commission

Mailing address: P.O. Box 30005, Lansing, MI 48909

Hand deliveries: Constitution Hall - 525 W. Allegan Street, Lansing, MI 48933

Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906

Fax to: 517-284-8557

Submitted

by Jackson, Brian 5/24/2021 12:22:37 PM (Message Start Event)

Submitted

by Jackson, Brian 5/24/2021 12:34:58 PM (License Desk Approval)

■ *Attention Treasury - [REDACTED] I notice that he left it off the Treasury Form. A hard copy of the Treasury form was submitted on May 21, 2021.*

- The task was assigned to Jackson, Brian 5/24/2021 12:22 PM

Submitted

by Berry, Jane 5/25/2021 8:50:34 AM (Police Approval)

■ *No criminal History found*

- Jackson, Brian reassigned the task to Berry, Jane 5/24/2021 3:37 PM
- The task was assigned to Jackson, Brian 5/24/2021 12:35 PM

Submitted

by Barrera, Mauricio 5/26/2021 3:25:59 PM (Fire Marshal Approval)

■ *Inspection has been performed. Approved.*

- Jackson, Brian reassigned the task to Barrera, Mauricio 5/24/2021 3:41 PM
- The task was assigned to Jackson, Brian 5/24/2021 12:35 PM

Submitted

by Stachowak, Susan 5/25/2021 7:57:56 AM (Zoning Approval)

- Jackson, Brian reassigned the task to Stachowak, Susan 5/24/2021 3:41 PM
- The task was assigned to Jackson, Brian 5/24/2021 12:35 PM

Submitted

by Jackson, Brian 5/24/2021 3:36:08 PM (Treasury Approval)

- The task was assigned to Jackson, Brian 5/24/2021 12:35 PM

Submitted

by Jackson, Brian 5/24/2021 3:37:00 PM (Treasurer Approval)

■ *Treasurer approved the paper copy on 5/24/2021. BPJ*

- The task was assigned to Jackson, Brian 5/24/2021 3:36 PM

Submitted

by Swan, Steve 5/26/2021 10:02:15 AM (Board Safety Approval)

- Jackson, Brian reassigned the task to Swan, Steve 5/24/2021 3:42 PM
- The task was assigned to Jackson, Brian 5/24/2021 12:35 PM

Submitted

by Jackson, Brian 6/1/2021 10:10:00 AM (Clerk Approval)

- The task was assigned to Jackson, Brian 5/26/2021 3:26 PM



On-Premises Alcohol Sales Application

Instructions

Instructions

- It is highly recommended to have all the documents ready for upload prior to submission.
- All attachments must be in a PDF format.
- PDF files should be compressed to the smallest size possible.
- If you need more time to get additional documents together, please save your application as a draft and come back to it when you are ready.
- Applications left open for more than 24 hours will need to be started over.
- If you have submitted the wrong document prior to submission of the application, or wish to update a document after submission of the application, please notify the Clerk's Office in writing at city.cerk@ansngm.gov.
- It is the responsibility of the submitter to ensure they receive an email confirming the receipt of their application. If they do NOT receive an email with a confirmation number within 24 hours of submitting the application, it is the submitter's responsibility to notify the Clerk's Office in writing at city.cerk@ansngm.gov.

Payments

- Payment fee must be RECEIVED by the Clerk's Office before the application will be reviewed. Failure to remit payment in a timely manner may result in denial of your application.
- Cash, Credit Card, Debit Card, Check, Electronic Check (ACH) & Money Order are accepted.
- Electronic Checks (ACH), Credit and Debit cards are accepted through the City's Point and Pay site. There is a 3% convenience fee for credit and debit card transactions.

Application Information

Non-Refundable License Fees

1. Application Fee: \$1450 for New Location, \$400 for Transfer of Ownership

Materials Required

1. Notary Statement
2. Attachment of Michigan Liquor Control Commission Application
3. Treasury Form(s)
4. Floor Plans, if not already on file

(City Code Ordinances - Chapter 830)

Applicant Information

Applicant Name * Ocean Crab Inc - B Hao Lu

Address *
Street Address
727 East Main Road
Address Line 2
City
Lansing
Postal / Zip Code
48911

State / Province / Region
MI
Country
United States

Phone * 5177087879
xxx xxx xxxx

Email * theoceancrab@gmail.com
name@domain

Business Information

I am applying for: * ☒ New Location ☐ Transfer of Ownership

License(s) for which SDM, Class C, Sunday Sales AM & PM, Outdoor, Dance

I am seeking Local

Government

Approval *

Business Name * Ocean Crab Inc

Does Business As

Address *
Street Address
727 East Main Road
Address Line 2
City
Lansing
Postal / Zip Code
48911

State / Province / Region
MI
Country
United States

Phone * 5177087879
xxx xxx xxxx

Email theoceancrab@gmail.com
name@domain

Business Owner Information

Type of Ownership * ☒ Single Owner ☐ Multiple Owners

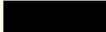
Owner Name * B Hao Lu

Address *
Street Address
4101 Genburne Road
Address Line 2
City
Lansing
Postal / Zip Code
48911

State / Province / Region
MI
Country
United States

Phone * 517-708-7879
xxx xxx xxxx

Email * theoceancrab@gmail.com
name@domain

Owner
Date of Birth * 

Owner
Place of Birth * China

Character of Business * What Character of business do you intend to operate?
restaurant

Length of Time * What is the length of time your business has been of that character or in the case of a corporation the date when its charter was issued?
02/12/2021

Similar Licenses * Have you made applications for a similar or other license on premises other than those described in this application?
☐ Yes ☒ No

Are Building Plans on File? * ☒ Yes ☐ No

(we) have never been convicted of a felony and is (are) not disqualified to receive a license by reason of any item contained in this chapter of the laws of the State
☒ I Agree

(we) will not violate any State or Federal laws or any ordinance of the City in the conduct of this business
☒ I Agree

(we) or my (our) agent(s) do not owe any personal property taxes
☒ I Agree

The copy of the Michigan Liquor Control Commission application submitted with this application is a true copy of what (we) intend to submit to the Michigan Liquor Control Commission
☒ I Agree

Fees Due \$ 1,450.00

Methods for payment are on the first page of this document, under "Payments." Processing this application will not proceed until payments are received.

Electronic Signature Agreement

By checking the "agree" box below you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document 2) by signing in this alternate manner you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature and 3) you may still be required to provide a traditional signature at a later date

☒ I Agree

I hereby certify that this application is complete and accurate to the best of my knowledge, information and belief. I understand that a false statement on this application may result in either a denial of this application or subsequent revocation of this license granted.

Signature

see paper application

Date Submitted

5/24/2021

Attachments

Treasury Form for all Stakeholders	Ocean Crab Treasury Form.pdf	359.64KB
------------------------------------	------------------------------	----------

Copy of Michigan Liquor Control Commission Application	Ocean Crab MLCC App.pdf	249.62KB
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Your application is required to be notarized per the Ordinance. Please click the link below and print, complete, sign and have notarized, and attach the completed form to the application using the button below. [Download Notarization Document](#)

Notarization Document *	Ocean Crab City App.pdf	772.53KB
	Ocean Crab Receipt.pdf	157.4KB

City Council Document(s)

Approvals

Instructions to City Clerk: Note: this license cannot be issued without approval by City Council. You may attach Council documents in the Attachment page or copy them later to the repository. Following a review of details and approval by council, choose an approval decision on the Clerk Approval row, and click **Submit**.

License Desk Approval	☒ Approved	☐ Denied
Police Approval	☒ Approved	☐ Denied
Fire Marshal Approval	☒ Approved	☐ Denied
Zoning Approval	☒ Approved	☐ Denied
Building Safety Approval	☒ Approved	☐ Denied
Treasury Approval	☒ Approved	☐ Denied
Treasurer Approval	☒ Approved	☐ Denied
Clerk Approval*	☒ Approved	☐ Denied

BY THE COMMITTEE ON CITY OPERATIONS
RESOLVED BY THE CITY COUNCIL OF THE CITY OF LANSING

WHEREAS, the Licensing and Enforcement Division of the Michigan Liquor Control Commission received a request from Ocean Crab, Inc. for a SDM and Class C license, Sunday sales (AM), Sunday sales (PM), dance, entertainment, and outdoor service permits; and

WHEREAS, the COMMITTEE ON CITY OPERATIONS met on June 16, 2021 to review the request with affirmative action taken;

NOW, THEREFORE, BE IT RESOLVED, the Lansing City Council, hereby, approves the request from Ocean Crab, Inc. for a SDM and Class C license, Sunday Sales (AM), Sunday Sales (PM), Dance, Entertainment, and Outdoor Service Permits;

BE IT FURTHER RESOLVED, the City Clerk is requested to notify the Michigan Liquor Control Commission of the action taken.



Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
Toll-Free: 866-813-0011 - www.michigan.gov/lcc

Business ID: _____
Request ID: _____
(For MLCC Use Only)

Retailer License & Permit Application

For information on retail licenses and permits, including a checklist of required documents for a completed application, please visit the Liquor Control Commission's frequently asked questions website [by clicking this link](#).

Part 1 - Applicant Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it is filed with the State of Michigan Corporation Division.

Applicant name(s): MID MICHIGAN SPORTS TURF, LLC	
Address to be licensed: 5801 Aurelius Rd	
City: Lansing, MI	Zip Code: 48911
City/township/village where license will be issued: City of Lansing	County: Ingham
Federal Employer Identification Number (FEIN):	

1. Are you requesting a new license? ☐ Yes ☒ No
2. Are you applying ONLY for a new permit or permission? ☐ Yes ☒ No
3. Are you buying an existing license? ☐ Yes ☒ No
4. Are you transferring the classification of an existing on premises license? ☒ Yes ☐ No
5. Are you modifying the size of the licensed premises? ☐ Yes ☒ No
If Yes, specify: ☐ Adding Space ☐ Dropping Space ☐ Redefining Licensed Premises
6. Are you transferring the location of an existing license? ☐ Yes ☒ No
7. Is this license being transferred as the result of a default or court action? ☐ Yes ☒ No
8. Do you intend to use this license actively? ☒ Yes ☐ No

Leave Blank - MLCC Use Only

Part 2 - License Transfer Information (If Applicable)

If transferring ownership of a license ONLY and not transferring the location of a license, fill out only the name of the current licensee(s).

Current licensee(s):	
Current licensed address:	
City:	Zip Code:
City/township/village where license is issued:	County:

Part 3 - Licenses, Permits, and Permissions

Off Premises Licenses - Applicants for off premises licenses, permits, and permissions (e.g. convenience, grocery, specialty food stores, etc.) must complete the attached Schedule A and return it with this application. Transfer the fee calculations from the Schedule A to Part 4 below.

On Premises Licenses - Applicants for on premises licenses, permits, and permissions (e.g. restaurants, hotels, bars, etc.) must complete the attached Schedule A and return it with this application. Transfer the fee calculations from the Schedule A to Part 4 below.

Part 4 - Inspection, License, and Permit Fees - Make checks payable to State of Michigan

Inspection Fees - Pursuant to MCL 436.1529(4) a nonrefundable inspection fee of \$70.00 shall be paid to the Commission by an applicant or licensee at the time of filing of a request for a new license or permit, a request to transfer ownership or location of a license, a request to increase or decrease the size of the licensed premises, or a request to add a bar. Requests for a new permit in conjunction with a request for a new license or transfer of an existing license do not require an additional inspection fee.

License and Permit Fees - Pursuant to MCL 436.1525(1), license and permit fees shall be paid to the Commission for a request for a new license or permit or to transfer ownership or location of an existing license.

Inspection Fees:	\$140.00	License & Permit Fees:	\$850.00	TOTAL FEES:	\$990.00
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Applicant name: MID MICHIGAN SPORTS TURF, LLC

Off Premises License Type:	Base Fee:	Fee Code MCLC Use Only
New Transfer		
☐ ☐ SDM License	\$100.00	
☐ ☐ SDD License	\$150.00	
☐ ☐ Resort SDD License Upon Licensure/\$150.00		

Resort SDD Licenses may only be issued in governmental units having a population of 50,000 or less

Off Premises Permits:	Base Fee:
☐ Sunday Sales Permit (AM)*	\$160.00
☐ Sunday Sales Permit (PM)** (Held with SDD License)	\$22.50
☐ Catering Permit	\$100.00
☐ Secondary Location Permit - Complete Form LCC-201	
☐ Beer and Wine Tasting Permit	No charge
☐ Living Quarters Permit	No charge

On/Off Premises Permission Type:	Base Fee:
☐ Off-Premises Storage	No charge
☐ Direct Connection(s)	No charge
☐ Motor Vehicle Fuel Pumps	No charge

*Sunday Sales Permit (AM) allows the sale of liquor, beer, and wine on Sunday mornings between 7:00am and 12:00 noon, if allowed by the local unit of government.

**Sunday Sales Permit (PM) allows the sale of liquor on Sunday afternoons and evenings between 12:00 noon and 2:00am (Monday morning), if allowed by the local unit of government. No Sunday Sales Permit (PM) is required for the sale of beer and wine on Sunday after 12:00 noon. The Sunday Sales Permit (PM) fee is 15% of the fee for the license that allows the sale of liquor. Additional bar fees and B-Hotel room fees are also calculated as part of the permit fee.

Licenses, permits, and permissions selected on this form will be investigated as part of your request. Please verify your information prior to submitting your application, as some licenses, permits, or permissions cannot be added to your request once the application has been sent out for investigation by the Enforcement Division.

Inspection, License, Permit, & Permission Fee Calculation

Number of Licenses: 2 x \$70.00 Inspection Fee

Total Inspection Fee(s): Fee Code: 4036 \$140.00

Total License Fee(s): \$850.00

Total Permit Fee(s):

TOTAL FEES DUE: \$990.00

Please note that requests to transfer SDD licenses will require the payment of additional fees based on the seller's previous calendar year's sales. These fees will be determined prior to issuance of the license to the applicant.

Make checks payable to **State of Michigan**

On Premises License Type:	Base Fee:	Fee Code MCLC Use Only
New Transfer		
☐ ☐ B-Hotel License	\$600.00	
Number of guest rooms: <u> </u>		
☐ ☐ A-Hotel License	\$250.00	
Number of guest rooms: <u> </u>		
☒ ☐ Class C License	\$600.00	4012
☐ ☒ Tavern License	\$250.00	4034
☐ ☐ Resort License	Upon Licensure	
☐ ☐ DDA/Redevelopment License	Upon Licensure	
☐ ☐ Brewpub License	\$100.00	
☐ ☐ G-1 License	\$1,000.00	
☐ ☐ G-2 License	\$500.00	
☐ ☐ Aircraft License	\$600.00	
☐ ☐ Watercraft License	\$100.00	
☐ ☐ Train License	\$100.00	
☐ ☐ Continuing Care Retirement Center License	\$600.00	
☐ ☐ MCL 436.1545(1)(b)(i) ☐ MCL 436.1545(1)(b)(ii)		
<i>B-Hotel or Class C Licenses Only:</i>		
☐ ☐ Additional Bar(s)		
Number of Additional Bars: <u> </u>		

B-Hotel or Class C Licenses allow licensees to have one (1) bar within the licensed premises. A \$350.00 licensing fee is required for each additional bar over the one (1) bar initially issued with the license.

On Premises Permits:	Base Fee:
☐ Sunday Sales Permit (AM)*	\$160.00
☐ Sunday Sales Permit (PM)**	15%**
☐ Catering Permit	\$100.00
☐ Banquet Facility Permit - Complete Form LCC-200	

A Banquet Facility Permit is an extension of the license at a different location. It may have its own permits and permissions. It is not a banquet room on the licensed premises.

☐ Outdoor Service	No charge
☐ Dance Permit	No charge
☐ Entertainment Permit	No charge
☐ Extended Hours Permit:	No charge

☐ Dance ☐ Entertainment Days/Hours:

☐ Specific Purpose Permit: No charge

Activity requested:

Days/Hours requested:

☐ Living Quarters Permit	No charge
☐ Topless Activity Permit	No charge

Schedule B - New Specially Designated Merchant (SDM) License Supplemental Application - New SDM License Applications ONLY

Applicant name: MID MICHIGAN SPORTS TURF, LLC

Effective January 4, 2017 pursuant to MCL 436.1533(5), Specially Designated Merchant (SDM) licenses are quota licenses based on one (1) SDM license for every 1,000 of population in a local governmental unit. MCL 436.1533 provides for several exemptions from the quota for qualified applicants. Please carefully read the requirements in the boxes below, selecting the applicable approved type of business option(s) from Section 1 and an applicable new SDM license quota option from Section 2.

Section 1 - Requirements to Qualify as Approved Type of Business for New SDM License Applicants

Applicant must meet one (1) or more of the following conditions (check those that apply to your business):

- ☐ a. Applicant holds and maintains retail food establishment license or extended retail food establishment license under the Food Law of 2000, MCL 289.1101 to MCL 289.8111.
- ☐ b. Applicant holds or has been approved for Specially Designated Distributor (SDD) license.
- ☐ c. Applicant holds or has been approved for an on-premises license, such as a Class C, A-Hotel, B-Hotel, Tavern, Club, G-1, or G-2 license.

Section 2 - Quota Requirements for New SDM License Applicants

Applicant must qualify under one of the following sections of the Liquor Control Code regarding the SDM quota:

- ☐ a. Applicant is an applicant for or holds a Class C, A-Hotel, B-Hotel, Tavern, Club, G-1, or G-2 license.
MCL 436.1533(5)(a) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ b. Applicant's establishment is at least 20,000 square feet and at least 20% of gross receipts are derived from the sale of food.
MCL 436.1533(5)(b)(i) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ c. Applicant's establishment is a pharmacy as defined in the Public Health Code, MCL 333.17707.
MCL 436.1533(5)(b)(ii) - SDM license is exempt from SDM quota and license cannot be transferred to another location.
- ☐ d. Applicant's establishment qualifies as a marina under MCL 436.1539.
MCL 436.1533(5)(e) - SDM license is exempt from SDM quota and license may be transferred to another location if the applicant complies with MCL 436.1539 at the new location.
- ☐ e. Applicant does not qualify under any of the quota exemptions or waiver listed above.
MCL 436.1533(5) - Commission shall issue one (1) SDM for every 1,000 population in a local governmental unit and an unissued SDM must be available in the local governmental unit for the applicant to qualify. SDM license may be transferred to another location.

Documents Required To Be Submitted with New SDM License Application

In addition to the documents listed on the application checklist, the new SDM license applicant must submit the documents listed below, as applicable, with its application to comply with the requirements described above. Select one or more of the following:

- ☐ Copy of retail food establishment license or extended retail food establishment license for a SDM license. The name on the food establishment license must match the applicant name in Part 1 of this application form. *A food establishment license is not required for a SDM license to be issued in conjunction with a SDD license or an on-premises license.*
- ☐ If applying under Section 2b above, documentary proof that applicant's establishment is at least 20,000 square feet and at least 20% of gross receipts are derived from the sale of food.
- ☐ If applying under Section 2c above, a copy of the pharmacy license issued under the Public Health Code.

Part 6 - Contact Information

Provide information on the contact person for this application. Please note that corporations and limited liability companies must provide documentation (e.g. meeting minutes, corporate resolution) authorizing anyone other than the applicant or an attorney of record to be the contact person. If an authorization is not provided, your contact person will not be acknowledged if they are anyone other than the applicant or attorney.

What is your preferred method of contact?			☐ Phone	☐ Mail	☒ Email	☐ Fax
What is your preferred method for receiving a Commission Order?			☐ Mail	☒ Email	☐ Fax	
Contact name: Laura Peters			Relationship: legal assistant			
Mailing address: 39572 Woodward Ste 222						
City: Bloomfield Hills			State: MI		Zip Code: 48304	
Phone: 248-540-7400		Fax number:		Email: lpeters@anafirm.com		

Part 7 - Attorney Information (If You Have An Attorney Representing You For This Application)

Attorney name: Kelly Allen			Member Number: P-36219		
Attorney address: 39572 Woodward Ste 222 Bloomfield Hills MI 48304					
Phone: 248-540-7400		Fax number:		Email: kallen@anafirm.com	
Would you prefer that we contact your attorney for all licensing matters related to this application?					☒ Yes ☐ No
Would you prefer any notices or closing packages be sent directly to your attorney?					☒ Yes ☐ No

Part 8 - Signature of Applicant

Be advised that the information contained in this application will only be used for this request. This section will need to be completed for each subsequent request you make with this office.

Notice: When purchasing a license, a buyer can be held liable for tax debts incurred by the previous owner. Prior to committing to the purchase of any license or establishment, the buyer should request a tax clearance certificate from the seller that indicates that all taxes have been paid up to the date of issuance. Obtaining sound professional assistance from an attorney or accountant can be helpful to identify and avoid any pitfalls and hidden liabilities when buying even a portion of a business. Sellers can make a request for the tax clearance certificate through the Michigan Department of Treasury.

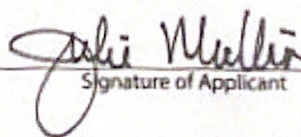
Under administrative rule R 436.1003, the licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcements officials who have jurisdiction over the licensee. Approval of this application by the Michigan Liquor Control Commission does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license for the sale of alcoholic liquor on the licensed premises.

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.

The person signing this form has demonstrated that they have authorization to do so and have attached appropriate documentation as proof.

Julie Mullin, member

Print Name of Applicant & Title


Signature of Applicant

3.29.2021
Date

Please return this completed form along with corresponding documents and fees to:

Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Hand deliveries: Constitution Hall - 525 W. Allegan Street, Lansing, MI 48933
Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906
Fax to: 517-284-8557



City of Lansing, Michigan
On-Premises Alcohol Sales Application

Business Name: Mid Michigan Sports Turf, LLC dba: Hope Sports Complex
Business Address: 2111 Merritt Rd. Ste. 102
City: Lansing State: MI Zip: 48911
Main Contact Number: 517 712-7651 Secondary Contact Number: 517 574-4008
Email Address: julie@hopesportscomplex.com
License(s) for which you are seeking Local Government Approval Reclassification of current Tavern License to Class C

Provide the name, age and address of the applicant, in the case of an individual, or, in the case of a co-partnership, the names, addresses and ages of the persons entitled to share in the profits thereof, or, in the case of a corporation, the objects for which the corporation is organized, the names, addresses and ages of the officers and directors and, if a majority interest in the stock of such corporation is owned by one person or his or her nominee, the name, address and age of such person:

Name	Position	Address	Age
(applicant)			
Julie Mullin	Owner/GM	6431 Pinehollow Dr. East Lansing, MI 48823	

If an Individual, provide Applicant's:

Date of Birth:

Camden, NJ

Place of Birth:

We operate a sports and events venue with food, beer and wine.

What character of business do you intend to operate?

We would like to offer spirits, primarily for events and to provide full service to customers.

What is the length of time your business has been of that character, or in the case of a corporation, the date when its charter was issued? April 2013

When you are done with this form, please return it to:

Chris Swope, City Clerk
Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
Phone: 517-483-4131 Fax: 517-377-0068
City.clerk@lansingmi.gov lansingmi.gov/clerk

Have you made applications for a similar or other license on premises other than those described in this application? Yes ☒ No ☐

I was approved with a Tavern License in 2015.

If yes, what is the disposition of any such earlier application? _____

Are building plans on file? Yes ☒ No ☐ If not please submit them with this application showing the entire structure and premises and, in particular, the specific areas where the license is to be utilized. Such plans shall demonstrate adequate off-street parking, lighting and refuse disposal facilities and, where appropriate, adequate plans for screening and noise control, as provided in the Zoning, Building and Housing, and Fire Prevention Codes.

☒ I (we) have never been convicted of a felony and is (are) not disqualified to receive a license by reason of any item contained in this chapter or the laws of the State.

☒ I (we) will not violate any State or Federal laws or any ordinance of the City in the conduct of this business.

☒ I (we) or my (our) agent(s) do not owe any personal property taxes.

☒ The copy of the Michigan Liquor Control Commission application submitted with this application is a true copy of what I (we) intend to submit to the Michigan Liquor Control Commission.

I hereby certify that this application is complete and accurate to the best of my knowledge, information and belief.

Julie Nall
Signature

5/28/21
Date

Subscribed and sworn to before me this

28th day of May, 2021.

Signature [Signature]

Printed Name SHELBY L. HAYES

Notary Public, Clinton County, Michigan

My Commission Expires: 4/30/26

Acting in the County of Ingham

SHELBY L. HAYES
NOTARY PUBLIC, STATE OF MI
COUNTY OF CLINTON
MY COMMISSION EXPIRES Apr 30, 2026
ACTING IN COUNTY OF Ingham

When you are done with this form, please return it to:

Chris Swope, City Clerk
Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
Phone: 517-483-4131 Fax: 517-377-0068
City.clerk@lansingmi.gov lansingmi.gov/clerk





CITY OF LANSING
TREASURER'S OFFICE/INCOME TAX DIVISION
Room G-29, First Floor, City Hall
124 W Michigan Ave
Lansing, Michigan 48933
(517) 483-4121
FAX (517) 483-6084

ANDY SCHOR, MAYOR

LANSING TREASURY INFORMATION REQUEST

COMPLETE A SEPARATE FORM FOR EACH INDIVIDUAL SUBJECT TO VERIFICATION

Date: 5/27/21

APPLICANT/EMPLOYEE INFORMATION

Name (RA): Sue Mullin

Home Address: [REDACTED]

Daytime Phone Number: 517-712-7651

Social Security (last 4 digits ONLY): [REDACTED]

Drivers License #: [REDACTED]

Date of Birth: [REDACTED]

EMPLOYER/BUSINESS INFORMATION

Corporate Name: Mid Michigan Sports Turf, LLC

Doing Business As (DBA): Hopie Sports Complex

Address: 5001 Avelinus Rd
Lansing MI 48911

Business Phone Number: 517-574-4008

FEIN #: 90-0994178

Date business was established: 2013

Do you, or any of these businesses, owe the City of Lansing money for any reason? ☐ Yes ☒ No

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds 25%
Clears Bar & Grill, Inc 5001 Avelinus Rd Lansing
MI 48911

[Signature]
Signature

5/25/2021
Date

S:\Clerk_Staff\Licenses

Revised 5/9/2018



Michigan Department of Licensing and Regulatory Affairs
Liquor Control Commission (MLCC)
Toll Free: 1-866-813-0011 • www.michigan.gov/lcc

Business ID: _____
Request ID: _____
(For MLCC use only)

Local Government Approval
(Authorized by MCL 436.1501)

Instructions for Applicants:

- You must obtain a recommendation from the local legislative body for a new on-premises license application, certain types of license classification transfers, and/or a new banquet facility permit.

Instructions for Local Legislative Body:

- Complete this resolution or provide a resolution, along with certification from the clerk or adopted minutes from the meeting at which this request was considered.

At a _____ meeting of the _____ council/board
(regular or special) (township, city, village)
called to order by _____ on _____ at _____
the following resolution was offered: (date) (time)

Moved by _____ and supported by _____
that the application from MID MICHIGAN SPORTS TURF, LLC
(name of applicant)

for the following license(s): reclassify the Tavern license to a Class C license.
(list specific licenses requested)

to be located at: 5801 Aurelius Rd, Lansing MI, 48911
and the following permit, if applied for:

☐ Banquet Facility Permit Address of Banquet Facility: _____

It is the consensus of this body that it _____ this application be considered for
(recommends/does not recommend)
approval by the Michigan Liquor Control Commission.

If disapproved, the reasons for disapproval are _____

Vote

Yeas: _____

Nays: _____

Absent: _____

I hereby certify that the foregoing is true and is a complete copy of the resolution offered and adopted by the
council/board at a _____ meeting held on _____
(regular or special) (date) (township, city, village)

Print Name of Clerk

Signature of Clerk

Date

Under Article IV, Section 40, of the Constitution of Michigan (1963), the Commission shall exercise complete control of the alcoholic beverage traffic within this state, including the retail sales thereof, subject to statutory limitations. Further, the Commission shall have the sole right, power, and duty to control the alcoholic beverage traffic and traffic in other alcoholic liquor within this state, including the licensure of businesses and individuals.

Please return this completed form along with any corresponding documents to:

Michigan Liquor Control Commission

Mailing address: P.O. Box 30005, Lansing, MI 48909

Hand deliveries or overnight packages: Constitution Hall - 525 W. Allegan, Lansing, MI 48933

Fax to: 517-763-0059



CITY OF LANSING
TREASURER'S OFFICE/INCOME TAX DIVISION
Room G-29, First Floor, City Hall
124 W Michigan Ave
Lansing, Michigan 48933
(517) 483-4121
FAX (517) 483-6084

ANDY SCHOR, MAYOR

LANSING TREASURY INFORMATION REQUEST

COMPLETE A SEPARATE FORM FOR EACH INDIVIDUAL SUBJECT TO VERIFICATION

Date: 5/27/21

APPLICANT/EMPLOYEE INFORMATION

Name (RA): Julie Mullin

Home Address: [REDACTED]

Daytime Phone Number: 517-712-7651

Social Security (last 4 digits ONLY): [REDACTED]

Drivers License # [REDACTED]

Date of Birth: [REDACTED]

EMPLOYER/BUSINESS INFORMATION

Corporate Name: Mid Michigan Sports Turf, LLC

Doing Business As (DBA): Hope Sports Complex

Address: 5801 Aurelius Rd.

Lansing MI 48911

Business Phone Number: 517-574-4608

FEIN #: 70-0994178

Date business was established: 2013

Do you, or any of these businesses, owe the City of Lansing money for any reason? ☐ Yes ☒ No

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds 25%

Cleats Bar & Grill, Inc 5801 Aurelius Rd Lansing

Julie Mullin
Signature

5/25/2021
Date

48911

Revised 5/9/2018

S:\Clerk_Staff\Licenses

Have you made applications for a similar or other license on premises other than those described in this application? Yes ☒ No ☐

I was approved with a Tavern License in 2015.

If yes, what is the disposition of any such earlier application? _____

Are building plans on file? Yes ☒ No ☐ If not please submit them with this application showing the entire structure and premises and, in particular, the specific areas where the license is to be utilized. Such plans shall demonstrate adequate off-street parking, lighting and refuse disposal facilities and, where appropriate, adequate plans for screening and noise control, as provided in the Zoning, Building and Housing, and Fire Prevention Codes.

 I (we) have never been convicted of a felony and is (are) not disqualified to receive a license by reason of any item contained in this chapter or the laws of the State.

 I (we) will not violate any State or Federal laws or any ordinance of the City in the conduct of this business.

 I (we) or my (our) agent(s) do not owe any personal property taxes.

 The copy of the Michigan Liquor Control Commission application submitted with this application is a true copy of what I (we) intend to submit to the Michigan Liquor Control Commission.

I hereby certify that this application is complete and accurate to the best of my knowledge, information and belief.

Signature

Date

Subscribed and sworn to before me this

28th day of May, 2021.

Signature

Printed Name

Notary Public, Clinton County, Michigan

My Commission Expires: 4/30/22

Acting in the County of

SHELBY L. HAYES
NOTARY PUBLIC, STATE OF MI
COUNTY OF CLINTON
MY COMMISSION EXPIRES Apr 30, 2022
ACTING IN COUNTY OF Ingham

When you are done with this form, please return it to:

Chris Swope, City Clerk
Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
Phone: 517-483-4131 Fax: 517-377-0068
City.clerk@lansingmi.gov lansingmi.gov/clerk



BY THE COMMITTEE ON CITY OPERATIONS
RESOLVED BY THE CITY COUNCIL OF THE CITY OF LANSING

WHEREAS, the Licensing and Enforcement Division of the Michigan Liquor Control Commission received a request from Mid Michigan Sports Turf, LLC. to transfer Tavern license to a Class C license; and

WHEREAS, the COMMITTEE ON CITY OPERATIONS met on June 16, 2021 to review the request with affirmative action taken;

NOW, THEREFORE, BE IT RESOLVED, the Lansing City Council, hereby, approves the request from Mid Michigan Sports Turf, LLC. >> to transfer Tavern License to a Class C License;

BE IT FURTHER RESOLVED, the City Clerk is requested to notify the Michigan Liquor Control Commission of the action taken.