



Social District Permit Application

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name: Gallagher Vineyard and Winery Corp		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: McKenzie Gallagher	Phone: 231-735-1523	Email: mckenzie@roveestate.com

Part 2 - Required Documents & Fees

<input checked="" type="checkbox"/> Local Governmental Unit Approval Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)	
<input type="checkbox"/> \$70.00 Inspection Fee (MLCC Fee Code 4036)	TOTAL DUE: <div style="border: 1px solid black; padding: 5px; display: inline-block;">0.00000000</div> Make checks payable to State of Michigan
<input checked="" type="checkbox"/> \$250.00 Social District Permit Fee (MLCC Fee Code 4081)	

Leave Blank - MLCC Use Only

Part 3 - Signature of Licensee

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 permit 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. By signing this application, I am freely and voluntarily consenting and submitting to inspections of the licensed premises in accordance with MCL 436.1217(2)-(3) and R 436.1011(4). 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.

McKenzie Gallagher, Vice President	DocuSigned by: Signature of Licensee	3/2/2026
Print Name of Licensee & Title		Date

Please return this completed form and fees to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906
Fax with Credit Card Authorization to: 517-284-8557



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)

Social District Permit Application

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name: Chateau Operations LTD		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Marie Chantal Dalese	Phone: 231-534-5485	Email: MCDalese@chateauchantal.com

Part 2 - Required Documents & Fees

<input checked="" type="checkbox"/> Local Governmental Unit Approval <i>Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)</i>		TOTAL DUE: <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00000000</div> Make checks payable to State of Michigan	Leave Blank - MLCC Use Only
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<input checked="" type="checkbox"/> \$250.00 Social District Permit Fee (MLCC Fee Code 4081)			

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Marie Chantal Dalese, President & CEO	Signed by: <small>48C32446B7C2467</small>	3/2/2026
Print Name of Licensee & Title	Signature of Licensee	Date

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Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
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Social District Permit Application

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name: Dablon Winery, LLC		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Brody Sheldon	Phone: 312-402-3602	Email: brody@dablon.com

Part 2 - Required Documents & Fees

<p>Local Governmental Unit Approval</p> <p><input checked="" type="checkbox"/> Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)</p>

<p><input type="checkbox"/> \$70.00 Inspection Fee (MLCC Fee Code 4036)</p> <p><input checked="" type="checkbox"/> \$250.00 Social District Permit Fee (MLCC Fee Code 4081)</p>	<p>TOTAL DUE:</p> <p>0.00000000</p> <p>Make checks payable to State of Michigan</p>	<p><i>Leave Blank - MLCC Use Only</i></p>
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Part 3 - Signature of Licensee

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

Brody Sheldon, Co-Owner _____ Print Name of Licensee & Title	Signed by: _____ Signature of Licensee	3/2/2026 _____ Date
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 Michigan Liquor Control Commission
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 Toll-Free: 866-813-0011 - www.michigan.gov/lcc

Business ID: _____
 Request ID: _____
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Social District Permit Application

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name: Mackinaw Trail Winery Inc		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Ralph Stabile	Phone: 231-487-1910	Email: rstabile@mackinawtrail.net

Part 2 - Required Documents & Fees

Local Governmental Unit Approval
Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)

<input type="checkbox"/> \$70.00 Inspection Fee (MLCC Fee Code 4036)	TOTAL DUE: 0.00000000	<i>Leave Blank - MLCC Use Only</i>
<input checked="" type="checkbox"/> \$250.00 Social District Permit Fee (MLCC Fee Code 4081)		


Make checks payable to **State of Michigan**

Part 3 - Signature of Licensee

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

Ralph Stabile, President	Signed by: 	3/2/2026
Print Name of Licensee & Title	Signature of Licensee	Date

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Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name: OV The Farm LLC		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Todd Oosterhouse	Phone: 231-383-5118	Email: todd@bonobowinery.com

Part 2 - Required Documents & Fees

Local Governmental Unit Approval
Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)

<input type="checkbox"/> \$70.00 Inspection Fee (MLCC Fee Code 4036) <input checked="" type="checkbox"/> \$250.00 Social District Permit Fee (MLCC Fee Code 4081)	TOTAL DUE: <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00000000</div> Make checks payable to State of Michigan	Leave Blank - MLCC Use Only
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Todd Oosterhouse, Owner	DocuSigned by: <small>995EB1A095804F4</small>	3/10/2026
Print Name of Licensee & Title	Signature of Licensee	Date

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 Michigan Liquor Control Commission
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Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name: Aurora Cellars [2015] LLC		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Taylor Simpson	Phone: 231-944-2943	Email: taylor@simpsonfamilyestates.com

Part 2 - Required Documents & Fees

<input checked="" type="checkbox"/> Local Governmental Unit Approval <i>Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)</i>		<i>Leave Blank - MLCC Use Only</i>
<input type="checkbox"/> \$70.00 Inspection Fee (MLCC Fee Code 4036)	TOTAL DUE: <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00000000</div>	
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J Taylor Simpson, Member
Print Name of Licensee & Title

J. Taylor Simpson
Signature of Licensee

3/2/2026
Date

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Business ID: _____
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Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name: Brys Winery, LC		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Patrick Brys	Phone: 231-883-2020	Email: patrick@brysestate.com

Part 2 - Required Documents & Fees


<input checked="" type="checkbox"/> Local Governmental Unit Approval <i>Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)</i>		<i>Leave Blank - MLCC Use Only</i>
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Patrick Brys, Member	Signed by:  <small>0520BB46D1FD400</small>	3/8/2026
Print Name of Licensee & Title	Signature of Licensee	Date

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Michigan Liquor Control Commission
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Social District Permit Application

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name: Glenn Vineyards, LLC		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Jim Gonzalez	Phone: 847-312-4459	Email: j.gonzalez@modaleswines.com

Part 2 - Required Documents & Fees

Local Governmental Unit Approval
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<input type="checkbox"/> \$70.00 Inspection Fee (MLCC Fee Code 4036)	TOTAL DUE: 0.00000000
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Jaime Gonzalez, Member	Signed by: <small>0410105040574EF</small>	3/2/2026
Print Name of Licensee & Title	Signature of Licensee	Date

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Social District Permit Application

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name: Domaine Berrien Cellars Inc		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Amy Birk	Phone: 269-823-8464	Email: winery@domaineberrien.com

Part 2 - Required Documents & Fees

Local Governmental Unit Approval <input checked="" type="checkbox"/> Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)		Leave Blank - MLCC Use Only
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Amy Birk, Vice President	DocuSigned by: 221070292F144A8 Signature of Licensee	3/3/2026 Date
Print Name of Licensee & Title		

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Social District Permit Application

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Licensee name: Chateau Operations LTD		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Marie Chantal Dalese	Phone: 231-534-5485	Email: MCDalese@chateauchantal.com

Part 2 - Required Documents & Fees

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Marie Chantal Dalese, President & CEO _____ Print Name of Licensee & Title	Signed by: _____ Signature of Licensee	3/2/2026 _____ Date
--	--	---------------------------

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Social District Permit Application

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Licensee name: Blustone Partners, LLC		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Thomas Knighton	Phone: 630-569-8390	Email: tom@blustonevineyards.com

Part 2 - Required Documents & Fees

<input checked="" type="checkbox"/> Local Governmental Unit Approval Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)		Leave Blank - MLCC Use Only TOTAL DUE: <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.0000000</div> Make checks payable to State of Michigan
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Thomas Knighton, Member	Signed by: <small>C8E604B4E8734C8</small>	3/4/2026
Print Name of Licensee & Title	Signature of Licensee	Date

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Licensee name: Harbor Hill Fruit Farms, Inc		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Taylor Simpson	Phone: 231-944-2943	Email: taylor@simpsonfamilyestates.com

Part 2 - Required Documents & Fees

<input checked="" type="checkbox"/> Local Governmental Unit Approval <input checked="" type="checkbox"/> Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)
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<input type="checkbox"/> \$70.00 Inspection Fee (MLCC Fee Code 4036) <input checked="" type="checkbox"/> \$250.00 Social District Permit Fee (MLCC Fee Code 4081)	TOTAL DUE: <div style="border: 1px solid black; padding: 5px; display: inline-block;">0.00000000</div>
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Leave Blank - MLCC Use Only

Part 3 - Signature of Licensee

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 permit 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. By signing this application, I am freely and voluntarily consenting and submitting to inspections of the licensed premises in accordance with MCL 436.1217(2)-(3) and R 436.1011(4). 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.

J Taylor Simpson, Vice President

Print Name of Licensee & Title

J. Taylor Simpson
Signature of Licensee

3/2/2024
Date

Please return this completed form and fees to:
Michigan Liquor Control Commission
Mailing address: P.O. Box 30005, Lansing, MI 48909
Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906
Fax with Credit Card Authorization to: 517-284-8557



Social District Permit Application

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name: Grape Harbor Inc		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: John Kroupa	Phone: 231-620-0550	Email: john@peninsulacellars.com

Part 2 - Required Documents & Fees

<input checked="" type="checkbox"/> Local Governmental Unit Approval Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)		Leave Blank - MLCC Use Only
<input type="checkbox"/> \$70.00 Inspection Fee (MLCC Fee Code 4036)	TOTAL DUE: 0.00000000	
<input checked="" type="checkbox"/> \$250.00 Social District Permit Fee (MLCC Fee Code 4081)	Make checks payable to State of Michigan	

Part 3 - Signature of Licensee

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 permit for the sale of alcoholic liquor on the licensed premises.

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

John Kroupa, President	Signed by: <small>PCP374DPA11843A</small>	3/3/2026
Print Name of Licensee & Title	Signature of Licensee	Date

Please return this completed form and fees to:
 Michigan Liquor Control Commission
 Mailing address: P.O. Box 30005, Lansing, MI 48909
 Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906
 Fax with Credit Card Authorization to: 517-284-8557



Social District Permit Application

Part 1 - Licensee Information

Individuals, please state your legal name. Corporations or Limited Liability Companies, please state your name as it appears on your Articles of Incorporation / Organization.

Licensee name: Chaos Vintners, LLC		
Address: 146 S Broadway, Suite 150		
City: Lake Orion	State: MI	Zip Code: 48362
Contact Name: Geoff Hamelin	Phone: 847-922-1319	Email: geoff@verterrawinery.com

Part 2 - Required Documents & Fees

Local Governmental Unit Approval
 Approval from the local governmental unit (city council, township board, village council) is required to be submitted with this application (See page 2 for approval form)

<input type="checkbox"/> \$70.00 Inspection Fee (MLCC Fee Code 4036)	TOTAL DUE: 0.00000000	<i>Leave Blank - MLCC Use Only</i>
<input checked="" type="checkbox"/> \$250.00 Social District Permit Fee (MLCC Fee Code 4081)		

Make checks payable to **State of Michigan**

Part 3 - Signature of Licensee

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 permit for the sale of alcoholic liquor on the licensed premises.

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

Geoff Hamelin, Member	Signed by: 88919AED22BC4AD...	3/10/2026
Print Name of Licensee & Title	Signature of Licensee	Date

Please return this completed form and fees to:
 Michigan Liquor Control Commission
 Mailing address: P.O. Box 30005, Lansing, MI 48909
 Overnight deliveries: 2407 N. Grand River Avenue, Lansing, MI 48906
 Fax with Credit Card Authorization to: 517-284-8557