



**Local Government Approval**  
(Authorized by MCL 436.1501)

**Resolution #23-052**

**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 Regular meeting of the White Lake Township council/board  
(regular or special) (township, city, village)

called to order by Supervisor Rik Kowall on November 21, 2023 at 7:00 P.M.  
(date) (time)

the following resolution was offered:

Moved by \_\_\_\_\_ and supported by \_\_\_\_\_

that the application from Stacy Orosz d/b/a Filling Station Burger Bar LCC  
(name of applicant - if a corporation or limited liability company, please state the company name)

for the following license(s): \_\_\_\_\_  
(list specific licenses requested)

to be located at: 9260 Cooley Lake Road

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 White Lake TWP  
council/board at a Regular meeting held on November 21, 2023  
(regular or special) (date) (township, city, village)

Anthony L. Noble

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


INTEROFFICE MEMORANDUM  
WHITE LAKE TOWNSHIP

Rik Kowall, Supervisor  
**Anthony L. Noble, Clerk**  
Mike Roman, Treasurer

Trustees  
Scott Ruggles  
Liz Fessler Smith  
Andrea C. Voorheis  
Michael Powell



OFFICE OF THE CLERK

TO: Board of Trustees  
FROM: Anthony L. Noble   
SUBJECT: Application for New Liquor License  
9260 Cooley Lake Road  
DATE: November 21, 2023

Attached please find the LCC application submitted by Stacy Orosz for the Filling Station Burger Bar LCC at 9260 Cooley Lake Road. Along with the redacted application are investigative reports for your review. The applicant has paid the Township application fee.

There are currently only 3 available licenses in the Township.



**White Lake Township**

7525 Highland Rd.  
White Lake, MI 48383

# Receipt

Date	Receipt No.
08/10/2023	181714

**Received of:**

FILLING STATION BURGER BAR LLC

**Description: APPLICATION FOR NEW LIQUOR LICENSE  
STACY OROSZ**

Item	Description	Amount
POLLIQ	STATE LIQUOR LICENSE 207-000-577.000 STATE LIQUOR LI 550.00	550.00
<b>TOTAL</b>		<b>550.00</b>

Check No.	Payment Method	Amount
3500807	CHECK	550.00

# Local Governmental Unit Quota Search

Through this search page, you may look up the retail license quota numbers for on and off premises licenses within a specific Local Governmental Unit (LGU) or county.

The "Allowed" column indicates the number of licenses authorized in the LGU under the quota defined under MCL 436.1531. The "Available" column indicates the number of licenses the LGU has available under the quota, but which have not been issued. The "Allocated" column indicates the number of available, unissued quota licenses in the LGU that have been approved by the LGU and for which an active application is still pending. The "Issued" column indicates the total number of quota licenses issued within the LGU.

After running a search, if you would like to generate a list that you may merge into a letter or print, click the CSV button (for a Comma-Separated Value list), the Excel button (for an Excel spreadsheet list), the Print button to print the list, or the Copy button to copy the data so that you may paste it into a document.

## LGU Details

LGU Name	WHITE LAKE TWP	County	OAKLAND
LGU Id	2651	Current Census Population	30950
Prohibition Status	Legal		

[Go Back](#)

## Quotas

Show  entries

[Copy](#) [CSV](#) [Excel](#) [Print](#)

Quota Name	Type	Allowed	Issued	Available	Allocated
WHITE LAKE TWP - Retail - On Premises - - - - -	Retail - On Premises	21	16	3	2
WHITE LAKE TWP - Retail - SDD - Off Premises - - - - -	Retail - SDD - Off Premises	11	11	0	0
WHITE LAKE TWP - Retail - SDM - Off Premises - - - - -	Retail - SDM - Off Premises	31	15	14	2

Showing 1 to 3 of 3 entries

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## WHITE LAKE TOWNSHIP POLICE DEPARTMENT INTER-OFFICE MEMORANDUM

*Daniel T. Keller*  
Chief of Police

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**TO: Clerk Anthony Noble**

**SUBJECT: LIQUOR LICENSE APPLICATION INVESTIGATION 9260 COOLEY LAKE RD**

**DATE: October 6, 2023**

The White Lake Police Department conducted a background investigation of the applicant Stacy Lynn Orosz, per White Lake Township Ordinance Section 4-3(c).

The applicant came to the WLTPD for fingerprinting. Fingerprints were checked through the Law Enforcement Information Network (LEIN) system. Computerized Criminal Histories (CCH) through LEIN were produced through each. The applicant was checked through Oakland County Courts for outstanding cases. Background investigations were conducted for the following applicant:

- Stacy Lynn Orosz

The applicant was convicted of a Misdemeanor in Virginia on 10/16/2018 for Reckless Driving - Speed. The applicant's husband, Michael Edward Davis was convicted of a Misdemeanor in Michigan on 2/23/2023 for Assault and Battery.

The applicant has not yet applied for a State of Michigan Liquor License.

Respectfully,

Daniel T. Keller  
Chief of Police



RECEIVED

Rik Kowall, Supervisor  
Anthony L. Noble, Clerk  
Mike Roman, Treasurer



AUG 23 2023

WHITE LAKE TOWNSHIP  
CLERK'S OFFICE

Trustees  
Scott Ruggles  
Liz Fessler Smith  
Andrea C. Voorheis  
Michael Powell

## WHITE LAKE TOWNSHIP

7525 Highland Road • White Lake, Michigan 48383-2900 • (248) 698-3300 • www.whitelaketwp.com

### INTER-OFFICE MEMORANDUM

**TO:** Anthony L. Noble, Clerk  
**FROM:** Nick Spencer, Building Official  
**DATE:** August 17, 2023  
**RE:** Liquor License Application Investigation, Stacy Orosz

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The White Lake Township Building Department has reviewed an application for a New Liquor License from Stacy Orosz dated August 10, 2023. The proposed address for the restaurant is 9260 Cooley Lake Rd.

Currently this site is non-conforming, as the property is zoned LB (Local Business); and outdoor dining is not a permitted principal use or special land use allowed in the zoning district. Planning and Building will be addressing these zoning issues.

For the Building Department to be fully in favor of the issuance of a liquor license, I would like to see the appropriate attachments be submitted per the application, and the zoning issues addressed.

If the license is approved by the Township Board, conditions should be placed on the outdoor seating, as a clearly defined and enclosed area does not currently exist.



RECEIVED

AUG 18 2023

WHITE LAKE TOWNSHIP  
CLERK'S OFFICE

CHARTER TOWNSHIP OF WHITE LAKE

Application for New Liquor License or for Transfer of Liquor License

**Instructions:** This application must be completed and returned to the Charter Township of White Lake with a \$550.00 nonrefundable fee before you can be considered for a license. All answers must be typed or printed and delivered to the Township Clerk. Please make check payable to White Lake Township.

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): <i>Stacy Orosz</i>		
Address to be licensed: <i>9260 Cooley Lake Rd</i>		
City: <i>White Lake</i>	State: <i>MI</i>	Zip Code: <i>48386</i>
Business Phone: <i>949-945-3206</i>		Zoning Classification of Business Address: <i>Commercial</i>

2. Nature of Application (*Check all that apply*):

- New License     
  Transfer Ownership     
  Transfer Location  
 Resort     
  Class C     
  Tavern  
 DD     
  SDM

3. Attach application for license and other documents submitted to LCC showing date submitted.

- \* 4. Attach evidence of ownership (i.e., deed, land contract, lease agreement).
- \* 5. Attach a sketch, drawn to scale, showing floor plans, seating arrangements, site dimensions (including parking areas), future building alterations and other pertinent physical features for existing buildings or proposed buildings in which the applicant's business will be conducted.
- \* 6. Attach a plan of operation which shall contain an operational statement outlining the proposed manner in which the establishment will be operated, including, but not limited to, the opening date, the concept, the format, the anticipated food to alcohol ratio, a schedule of the hours of operation, food service, crowd control, use of facilities, parking facilities and estimated cost of development.

7. Briefly describe the operation of this business: (i.e., restaurant, party store, bar, lounge, banquet facility, etc.)

Restaurant

8. This proposed license business will be owned by: (Check the appropriate box)

Me, as the individual owner       Named Corporation

The following partners (Put "L" before the name of limited partners)

Name of Partner:		
Home address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:

Name of Partner:		
Home address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:

9. Partnership Agreement – Attach an agreement or resolution signed by all general partners authorizing one or more general partners to submit and sign the application if applicant is a partner.

10. Limited Partnership – is the limited partnership authorized to do business under the laws of Michigan?

No       Yes      Date Authorized: \_\_\_\_\_

11. Stockholders:

NAME	ADDRESS	PHONE	DOB	# OF SHARES
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12. **Corporation Applicants only.** Attach a copy of the latest filed or proposed Articles of Incorporation and last Annual Report filed. Attach copy of stockholder certification form if this is a private corporation.

Corporate Name: \_\_\_\_\_ Incorporation Date: \_\_\_\_\_

Incorporated in what state? \_\_\_\_\_

Michigan Authorization Date: \_\_\_\_\_

Profit or  Non-profit Corporation

Public or  Private Corporation

Date last Annual Report filed with Michigan Corporation and Security Bureau. \_\_\_\_\_

**Corporate Officers:**

<b>Name of President:</b>		
Address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:
<b>Name of Vice President:</b>		
Address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:
<b>Name of Secretary:</b>		
Address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:
<b>Name of Treasurer:</b>		
Address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:
<b>Name of Resident Agent:</b>		
Address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:

Number of Shares Authorized: Common \_\_\_\_\_ Preferred \_\_\_\_\_

Number of Shares Issued: Common \_\_\_\_\_ Preferred \_\_\_\_\_

13. Information on Individual Applicant, Stockholder, Member, or Limited Partner Each individual, stockholder, member, or partner must complete 13, 13a, 13b, 13c, and 13d. If a stockholder or member of an applicant company is a corporation or limited liability company, complete item 10 and 10d.

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

Name: <u>Stacy Orosz</u>		
Home address: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Business Phone: <u>949-945-3206</u>	[REDACTED]	[REDACTED]

13a. Personal Information (Individuals) - Must be at least 21 years of age.

Date of Birth: [REDACTED]	Social Security Number: [REDACTED]	Driver's License Number: [REDACTED]
Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever legally changed your name?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If you answered "yes", please list your prior name(s) (including maiden):		
Spouse's full name (if currently married): <u>Michael Davis</u>		
Spouse's date of birth: [REDACTED]	Is your spouse a citizen of the United States of America?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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):		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date	City/State	Charge
<u>10/16/18</u>	<u>VA</u>	<u>Reckless Driving</u>
		Disposition
		<u>Default Judgement</u>
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):		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date	City/State	Charge
<u>4/26/23</u>	<u>Lake Orion, MI</u>	<u>Assault</u>
		Disposition
		<u>Convicted</u>

13b. List your former occupations for the past 3 years:

FROM (date) TO (date)	OCCUPATION	NAME/ADDRESS/EMPLOYER
<u>2018 - current</u>	<u>Owner of GingerRx</u>	<u>2155 N. Pontiac Trail</u>
<u>2020 - current</u>	<u>Event Coordinator</u>	<u>Peas &amp; Carrots Hospitality</u>
<u>2022 - current</u>	<u>Event Coordinator</u>	<u>Orion Boat House</u>

13c. I, or my spouse, previously held, or now holds interest in the following license or sale of alcoholic beverages as sole licensee, partner or stockholder.

NAME OF LICENSE	TYPE OF LICENSE	LOCATION	DATE
2COP	Beer & Wine on premise	Winter Park, FL	2014-2016

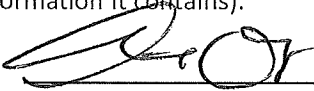
- If the applicant is or will be doing business under an assumed name, submit copy of the certificate of assumed name filed with the County Clerk.

- Have you or your spouse made previous application for a license to the LCC or similar agency?

No       Yes      Disposition of Application: \_\_\_\_\_

**13d – Signature**

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I also understand that providing false or fraudulent information is a violation of the Law. (This form must be signed by the person whose information it contains).

Stacy Drosz            8-19-23  
 Print Name      Signature      Date

14. Will businesses be conducted by a manger or agent of the applicant?  Yes     No

Name of Manager	Address	Phone Number

Date of Birth      Place of Birth      Driver's License Number      Social Security Number

Citizen of U.S.     Yes       No

If not a U.S. Citizen, is manager a registered alien?     Yes     No

Does manager have a VISA?     Yes     No

Manager's past experience in working for licensed establishment.

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Manager's previous general management and business experience.

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15. Financial Details – All Applicants Banks with which you do business

NAME OF LICENSE	ADDRESS	PHONE
Lake Michigan Credit Union	6615 Highland Rd White Lake	248-592-5510

Source of funds used to establish business, or which will be used to purchase this business (money lenders to fill out special form)

BANK OR MONEY LENDER	ADDRESS	AMOUNT

Attorney or Representative

Name	Address	Phone Number

Realtor/Broker

Name	Address	Phone Number

Real Estate is owned by

Name	Address	Phone Number

16. Business Purchase Price

Business/Fixture/Equipment	\$ _____
Goodwill (if applicable)	\$ _____
Covenant no to complete (if applicable)	\$ _____
Alcoholic Beverages	\$ _____
Other inventory (estimate)	\$ _____
<b>TOTAL COST OF BUSINESS</b>	<b>\$ _____</b>
Down Payment	\$ _____
<b>BALANCE OWED</b>	<b>\$ _____</b>
For balance owed, explain	\$ _____

Terms: Renting space fully built-out

\_\_\_\_\_

\_\_\_\_\_

Collateral: \_\_\_\_\_  
\_\_\_\_\_

Real Estate Purchase Price

Land \$ \_\_\_\_\_  
Building \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
TOTAL REAL ESTATE COSTS \$ \_\_\_\_\_  
Down Payment \$ \_\_\_\_\_  
BALANCED OWED \$ \_\_\_\_\_  
For balance owed, explain \_\_\_\_\_

Terms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Collateral: \_\_\_\_\_  
\_\_\_\_\_

17. **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:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:

18. I agree that I will furnish immediate notification to the Township Clerk of any changes to the information contained in the application.

19. I agree that the premises will be made available for inspections necessary to process the application, during regular business hours or when the premises is occupied by the licensee or a clerk, servant, agent of employee of the licensee.

20. I acknowledge and agree that the premises is not within 500 feet of a church or school building.

21. I acknowledge that I am not disqualified to receive a license by reason of any matter or thing contained in the City code or the laws of the state.

22. I acknowledge and agree that I will not violate any of the laws of the state or of the United States or any ordinances of the township when conducting the business subject to this application.

23. I acknowledge and agree that the location proposed and the methods of operation will not detrimentally and unreasonably impact nearby property owners, businesses and residents.

24. Permits: Are you applying for any of the following:

- |                       |                              |  |
|-----------------------|------------------------------|--|
| Dance                 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Entertainment         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Dance & Entertainment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If so, attach a plan outlining the type of activity and a plan for dealing with and for avoiding nuisances and neighborhood problems created by the permit.

I acknowledge receipt of the charter township liquor license chapter 4 alcoholic liquors.

I certify that the information contained in this application is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of Charter Township of White Lake Chapter 4 alcoholic liquor ordinance.

Stacy Onisz  
Print Name

  
Signature

8-19-23

Date