# 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:

Liquor License Transfer Request – Arneck B Wood Golf Group

Resolution 23-015

DATE:

May 5, 2023

Attached is the On-Premises Retailer License & Permit Application transfer request.

Reference/Transaction: Transfer Brentwood Golf Club Partners II, LLC to Arneck B Wood Golf Group, LLC, in conjunction with a Class C and SDM license the company will also have Sunday Sales Permits (AM and PM), Outdoor Service, Dance Permit, and an Entertainment Permit located at 2450 Havenwood Dr, White Lake MI 48383. The application was sent for review by the Police Department, Fire Department, and Community Development. No concerns were identified.

Since this request is a transfer under MCL 436.1529(1), approval of the local unit of government is not required. However, a copy of this notice is being provided to Local Governmental should they wish to submit an opinion on the application or advise of any local non-compliance issues.



#### **CHARTER TOWNSHIP OF WHITE LAKE**

#### Application for New Liquor License or for Transfer of Liquor License Resolution No. 23-015

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 much 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.

Applican	ot Name(s):	c k	B Wood G	2. If	Group	s, LLC
Address	to be licensed: 245	0	1-lavenwood D	<b>~</b> .		_
City:	White Lake			State:	MI	Zip Code: 48383 - 3900
Business	Phone: 248-684	· - :	2662 Zoning Classificat	ion of Bu	siness Addres	55:
2. Natu	re of Application ( <i>Check</i>	all	that apply):			
	New License	区	Transfer Ownership		Transfer L	ocation
	Resort	X	Class C		Tavern	
	DD	2	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.)  Colf Club and Banquet Center
Golf Class and Garquet Center
8. This proposed license business will be owned by: (Check the appropriate box)
<ul> <li>□ Me, as the individual owner</li> <li>□ The following partners (Put "L" before the name of limited partners)</li> </ul>
Name of Partner: Jerome J. Domeneck  Home address: 946 Crestmoor Dr.
City: Oxford State: MI Zip Code: 48371
Business Phone: 248-684-2662 Cell Phone: 586-945-4242 Email: jerry domenach Cymail.c
Name of Partner: Toolal C. Arnott
Home address: 600 Birmingham Ave.
City: Leke U-ion State: MT Zip Code: 48362  Business Phone: 248-684-1148 Cell Phone: 586-337-4810 Email: arnottodel Photona:
<ol> <li>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.</li> </ol>
10. Limited Partnership — is the limited partnership authorized to do business under the laws of Michigan?  ☐ No ☐ Yes Date Authorized:
11. <u>Stockholders:</u> NAME ADDRESS PHONE DOB # OF SHARES

•	-	ctach a copy of the latest f y of stockholder certificati	•	•	les of Incorporation and last vate corporation.
Corporate Name:		Incor			•
Incorporated in wh	at state? _				
Michigan Authoriza	tion Date:	many strong and an analysis and a strong and a			
☐ Profit or	□ Non-p	rofit Corporation			
☐ Public or	☐ Private	e Corporation			
Date last Annual Re	port filed v	vith Michigan Corporation	and Secu	rity Bureau.	
Corporate Officers:					
Name of President:					
Address:					
City:			State:		Zip Code:
Business Phone:		Cell Phone:	<u> </u>	Email:	
Name of Vice President:		L			
Address:	Miles beds and the best to the best should be transitive and the best shou				
City:			State:		Zip Code:
Business Phone:		Cell Phone:		Email:	A contract of the contract of
Name of Secretary:				<u>[</u>	
Address:			·····		
City:			State		Zip Code:
Business Phone:		Cell Phone:		Email:	
Name of Treasurer:					
Address:					
City:			State		Zip Code:
Business Phone:		Cell Phone:		Email:	1
Name of Resident Agent:					
Address:					
City:			State		Zip Code:
Business Phone:		Cell Phone:	I	Email:	
		L	M-070	<u> </u>	
Number of Shares Auth	orized:	Common		Preferred _	
Number of Shares Issue	ed:	Common		Preferred _	

13.	Informatio	n o	n Indiv	idual	Applicant,	Stock	khold	er,	Member	, or	Limited	Partner	Each	individual,	stockholder,
	member,	or p	artner	must	complete	13,	13a,	13b,	. 13c, ar	d 1	3d. If a	stockholo	der or	member of	an applicant
	company	is a	corpor	ation	or limited	liabil	ity co	omp	any, cor	nple	ete item	10 and 1	0d.		

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

Name: Jeron	e J. Do	meneck					
Home address: $90$	HLe Crestm	oor Dr.					
			State:	MI	Zip Code: 4	8371	
Business Phone: 248-	684-2462 Cell Ph	one: 586-945-4.	242	Email: ティハ	y domene	ick Csm	a:1.co
		ust be at least 21 years o					
	「ィコ し Social Securi		TEID)	Driver's Lice	nse Number	REDAC	TED
Have you ever legally o						☐ Yes	<b>€</b> No
	ease list your prior name(s) (	including maiden):  lärgaret Eliza	// /				
		- 1					
	· [	ls your spouse a cit			tes of America?		□ No
i '		pled no contest to a criminate ach additional pages if necessity	-	e or any		☐ Yes	<b>₺</b> No
Date	City/State	Char			Dis	position	
1 .		uilty, or pled no contest to a additional pages if necessary		I charge or an	y local	☐ Yes	<b>₽</b> No
Date	City/State	Char	ge		Dis	position	
L3b. List your forme	er occupations for the	e past 3 years:					
FROM (date) T	O (date)	OCCUPATION		NAMI	E/ADDRESS/EN	<b>APLOYER</b>	
Oct. 2015 - 0	Present	Minegement		Brant	wood Co.	If Cly	<u>6</u>
		V		2450,	Havenwood	e De	

NAME OF LICE	NSE	TYPE OF LICENSE	LOCATION	DATE
• •	ant is or will be do name filed with th	oing business under an ass ne County Clerk.	umed name, submit o	copy of the certificate
Have you or	your spouse mad	le previous application for	a license to the LCC o	r similar agency?
<b>⊠</b> No	☐ Yes	Disposition of Applicati	on:	· · · · · · · · · · · · · · · · · · ·
l – Signature				
-		ed in this form is true and a ng <mark>false</mark> or <b>fraudulent</b> inforn		•
belief. I also unde must be signed by	rstand that providi	ng false or fraudulent inform information it contains).	nation is a violation of	•
belief. I also unde must be signed by  Serome T  Print  Will businesses I	rstand that providing the person whose somenecken	ng false or fraudulent information it contains). Signature a manger or agent of the a	nation is a violation of	the Law. (This form  2/15/2023  Date  No
belief. I also unde must be signed by  Terome T  Print	rstand that providing the person whose somenecken	ng false or fraudulent information it contains).  Signature	nation is a violation of	the Law. (This form
belief. I also unde must be signed by  Serome T  Print  Will businesses I	rstand that providing the person whose somenecken	ng false or fraudulent information it contains). Signature a manger or agent of the a	pplicant?  Yes	the Law. (This form  2/15/2023  Date  No
belief. I also unde must be signed by Print  Will businesses I  Name of Manager  Date of Birth  Citizen of U.S. Elf not a U.S. Citizen	rstand that providing the person whose Name  Place of Birth  Yes	ng false or fraudulent information it contains).  Signature a manger or agent of the a  Address  Driver's License Num  No registered alien?  Yes [	pplicant?  Yes	the Law. (This form  2/15/2023  Date  No  Phone Number
Date of Birth Citizen of U.S. Citized Does manager	Place of Birth  Yes  Pan, is manager a reve a VISA?	ng false or fraudulent information it contains).  Signature a manger or agent of the a  Address  Driver's License Num  No registered alien?  Yes [	pplicant?   Yes	the Law. (This form  2/15/2023  Date  No  Phone Number
Date of Birth Citizen of U.S. Citized Does manager	Place of Birth  Yes  Pan, is manager a reve a VISA?	ng false or fraudulent information it contains).  Signature a manger or agent of the a  Address  Driver's License Num  No registered alien?  Yes I	pplicant?   Yes	the Law. (This form  2/15/2023  Date  No  Phone Number

13.	Information	on	Individual	Applicant,	Stockhold	er, N	Member, d	r Lim	ited	Partner	Each	individual,	stockholder,
	member, or	· pa	rtner mus	t complete	13, 13a,	13b,	13c, and	13d.	If a s	tockholo	ler or	member of	an applicant
	company is	a co	orporation	or limited	liability co	ompa	any, comp	lete it	tem 1	10 and 10	Od.		

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

	D ARN					
Home address:	600 BIR	MINGHAM	ST			
City: LAKE			State	: M1	Zip Code: 48362	
Business Phone:	_	Cell Phone: 586	.337.4810	Email: 여유	notHodd Chotmail, co	<i></i>

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

Date of Birth REDACTE	タフタ Social Security Nu	mber: REDACTED Driver's License Number:	REDACTED	
Are you a citizen of the U	nited States of America?		Yes	□ No
Have you ever legally cha	nged your name?		☐ Yes	Ŋ No
If you answered "yes", please	e list your prior name(s) (includ			
Spouse's full name (if cur	rently married): Aルロ	SREA ARNOTT		
Spouse's date of birth:	REDACTE 1983	Is your spouse a citizen of the United States of America	a? <b>\\\</b> Yes	□ No
I and the second		no contest to a criminal charge or any dditional pages if necessary):	Yes	◯ No
Date	City/State	Charge	Disposition	
Nov 1 2001	E. LANSING	DUIL	GUILTY	
1	n found guilty, pled guilty, o es, list below (attach addition	or pled no contest to a criminal charge or any local onal pages if necessary):	☐ Yes	ΜNο
Date	City/State	Charge	Disposition	

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

FROM (date) TO (date)		E/ADDRESS/EMPLOYER
2005 - CURRENT	GOLF COURSE SUPERINTENDENT	BEAGON HIM GOLF CLUB
		GOIL MASESTIC GAKS DEIVE
		Connerce Tup. MI. 48382
		5-10-10-10-10-10-10-10-10-10-10-10-10-10-

NAME OF LICE	ENSE	TYPE OF LICENSE	LOCATION	DATE
	cant is or will be do	oing business under an ass he County Clerk.	umed name, submit	copy of the certificate
		de previous application for		or similar agency?
No	☐ Yes	Disposition of Applicati	on:	mild and shall the state of the consequences.
belief. I also und	erstand that provide by the person whose	ned in this form is true and a ing false or fraudulent inform e information it contains)	nation is a violation o	f the Law. (This form
belief. I also und must be signed b	erstand that providing the person whose Alambara Same	ing <mark>false</mark> or <b>fraudulent</b> inform	pation is a violation o	
belief. I also und must be signed b	erstand that providing the person whose Alambara Same	ing false or fraudulent informe e information it contains) Signature	pation is a violation o	f the Law. (This form $02/16/2023$ Date
belief. I also und must be signed b Prir Will businesses Name of Manager	erstand that providing the person whose Alame  To Name  Place of Birth	sing false or fraudulent informer information it contains)  Signature  a manger or agent of the a  Address  Driver's License Num	pplicant?   Yes	f the Law. (This form $02/16/2023$ Date  No
belief. I also und must be signed belief. I also und must be signed belief. I also und print the signed belief. Print Will businesses  Name of Manager  Date of Birth  Citizen of U.S. If not a U.S. Citizen of U.S.	erstand that providing the person whose Place of Birth	signature  a manger or agent of the a  Address  Driver's License Num  1 No registered alien?   Yes [	pplicant?   Yes	f the Law. (This form  02/16/2023  Date  Phone Number
belief. I also und must be signed belief. I also und must be signed be printed by the printed by	Place of Birth  Person whose the person	signature  a manger or agent of the a  Address  Driver's License Num  1 No registered alien?   Yes [	pplicant?    Yes	f the Law. (This form  02/16/2023  Date  Phone Number

NAME OF LICENSE	ADDRESS	PHONE
ource of funds used to estab	lish business, or which will be used	to purchase this business (money lenders to
BANK OR MONEY LENDER	ADDRESS and Beak	AMOUNT \$ 936,000. −
Borrover Injection		\$436,000
Seller Financing Attorney or Representative		\$162,000 -+ \$61,000
Steven Grobb	el 2055 Orchesellak	eRd. 248-816-500
Name	Address	e Rol. 248-816-5000 eke, MI 48320 Phone Number
Name Real Estate is owned by	Address	Phone Number
Name	Address	Phone Number
Business Purchase Price		
Business/Fixtur	re/Fauipment	\$ 150,000.00
		\$ 45,000.00
Goodwill (if ap	complete (if applicable)	\$
- • •	outhbrete (ii applicable)	
- • •		\$
Covenant no to Alcoholic Bever Other inventor	rages y (estimate)	\$ \$
Covenant no to Alcoholic Bevel Other inventor TOTAL COST O	rages y (estimate) F BUSINESS	\$ \$
Covenant no to Alcoholic Beve Other inventor TOTAL COST Of Down Payment	rages y (estimate) F BUSINESS t	\$ \$ \$
Covenant no to Alcoholic Bevel Other inventor TOTAL COST O	rages y (estimate) F BUSINESS t D	\$ \$

Collateral:				
Real Estate Purchase Price				
Land Building Other TOTAL REAL ESTA Down Payment BALANCED OWED For balance owed	)		\$ \$ \$	980,000.00
Terms:	alana da anta d			
Collateral:  17. License Transfer Information (If A of a license, fill out only the name of the content of the content of the content of the content on the content	•			
Current licensee(s):	sol Golf Cl	Lb Pertne	-5 11, L	LC
Current licensed address:				
City:		State:		Zip Code:
Business Phone:	Cell Phone:	And the second s	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.

U	inreasonably impact nearby prop	erty owners	s, businesses	and residents.		
24. P	Permits: Are you applying for any	of the follo	wing:			
	Dance	<b>⊠</b> Yes	□ No			
	Entertainment	☑ Yes	□ No			
	Dance & Entertainment	☐ Yes	□ No			
	If so, attach a plan outlining nuisances and neighborhoo				n and for avoiding	
-	acknowledge receipt of the char	ter townshi	p liquor licen	se chapter 4 alcoholic	liquors.	
k	certify that the information cont pelief. I agree to comply with all ordinance.		• •		• •	
	Jerome J. Domenec	k _	[] [] (		2/15/2023	

Signature

Print Name

23. I acknowledge and agree that the location proposed and the methods of operation will not detrimentally and

## **MLCC AIMS - Application Status**

Date	<b>Activity Code</b>	Description
02/17/2023	PODOCR	Present Ownership Documents Received by MLCC Enforcement
02/16/2023	RPODOC	MLCC Enforcement Requested Present Ownership Documents
02/16/2023	ILSTRL	Initial List Released by MLCC Enforcement
02/06/2023	AUTHOR	Authorized for Investigation
02/06/2023	APPEVA	Application Evaluated for Completeness by MLCC Licensing
12/09/2022	CAMR	Completed Application Meets Requirements
12/09/2022	FPRECD	Livescan form received
12/09/2022	FSTREQ	Initial Application Received by MLCC



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Re	70	て!	ΝL

Received of:	
JEROME DOMENECK	

Description: ARNECK B WOOD GOLF GROUP, LLC TRANSFER OF LIQUOR LICENSE

len		Description			mount
POLLIQ	STATE LIQUOR LIC		550.00		550.00
	207-000-577.000	STATE LIQUOR LI	550.00	TOTAL	550.00
				IOTAL	550.00



MICHIGAN



# REDACTED



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

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

On-Premises Retail	er License &	Permit Applicati	on (LCC-100a)	
Part 1 - Applicant Information Individuals, please state your legal name. Corporations or Limited L				lichigan Corporation Division
Applicant name(s): Arneck B Wood Golf Group, LLC				
Address to be licensed: 2450 Havenwood Dr.				
City: White LAke		Zip Code: 48383-390	0	
City/township/village where license will be issued: White L	ake Twp.		County: Oakland	
Federal Employer Identification Number (FEIN):				
Are you requesting a new license?		○ Yes ⑥ N	lo Leave Blan	nk-MLCC Use Only
2. Are you applying ONLY for a new permit or permiss	sion?	← Yes ♠ N	lo	
3. Are you buying an existing license?		€ Yes ○N	lo	
4. Are you transferring the classification of an existing	on premises lic	ense? (Yes (6)	lo	
5. Are you modifying the size of the licensed premises	s?	C Yes ⊚ N	lo	
If Yes, specify: Adding Space Dropping Spa				
6. Are you transferring the location of an existing licer		C Yes @ N		
7. Is this license being transferred as the result of a de		,		
8. Do you intend to use this license actively?		€ Yes ○N		
Part 2 - License Transfer Information (If Applicable If transferring ownership of a license ONLY and not transferring the			I.	
Current licensee(s): Brentwood Golf Club Partners II, L	.LC			
Current licensed address:				
City:		Zip Code:		
City/township/village where license is issued:	-		County:	
Part 3 - Licenses, Permits, and Permissions Applicants for on premises licenses, permits, and permission with this application. Transfer the fee calculations from the			ust complete the attach	ed Schedule A and retu
Part 4 - Inspection, License, and Permit Fees - Make Inspection Fees - Pursuant to MCL 436.1529(4) a nonrefunction the time of filing of a request for a new license or permit, a roof the licensed premises, or a request to add a bar. Requesticense do not require an additional inspection fee.  License and Permit Fees - Pursuant to MCL 436.1525(1), licenor to transfer ownership or location of an existing license.	dable inspection request to transfer sts for a new perr	fee of \$70.00 shall be pa r ownership or location o mit in conjunction with	aid to the Commission b of a license, a request to a request for a new lice	increase or decrease the nse or transfer of an exis
Inspection Fees: \$140.00 License	& Permit Fees:	\$1,770.00	TOTAL FEES:	\$1,910.00

#### Schedule A - Licenses, Permits, & Permissions

App	icant	name: Arneck B Wood Golf	Group, LLC					
	rem	ises License Type:	Base Fee:	Fee Code MLCC Use	On-Prem	ises Permits:	Base Fee:	Fee Cod MLCC U: Only
New	ransie	B-Hotel License	\$600.00	Only	$\boxtimes$	Sunday Sales Permit (AM)*	\$160.00	4033
	Nu	mber of guest rooms:	00.000		$\boxtimes$	Sunday Sales Permit (PM)**	\$195,00	4032
П	П	A-Hotel License	\$250.00			Catering Permit	\$100.00	
	Nu	mber of guest rooms:	7230.00			Social District Permit	\$250.00	
П	X	Class C License	\$600.00	4034		Banquet Facility Permit - Complete	e Form LCC-2	00
		Tavern License	\$250.00	4034	A Banquet	Facility Permit is an extension of the licenterists own permits and permissions.	se at a different	location
		Resort License	Upon Licensure		×	Outdoor Service	No charge	
		DDA/Redevelopment License	Upon Licensure			Dance Permit	No charge	
		Brewpub License	\$100.00			Entertainment Permit	No charge	
		G-1 License	\$1,000.00			Extended Hours Permit:	No charge	
		G-2 License	\$500.00		CD	ance C Entertainment Days/Hours:		
		Aircraft License	\$600.00		$\boxtimes$	Specific Purpose Permit:	No charge	
		Watercraft License	\$100.00		Activit	ty requested: Golf / Food		
		Train License	\$100.00		Days/i	Hours requested: Sun - Sat 6:00 am - 7:0	00 am	-
		Continuing Care Retirement Center I	License \$600.00			Living Quarters Permit	No charge	
		MCL 436.1545(1)(b)(i) MCL 436.15	45(1)(b)(ii)			<b>Topless Activity Permit</b>	No charge	
		8-Hotel or Class C Licenses C	Inly:			Off-Premises Storage	No charge	
	$\times$	Additional Bar(s)	\$700.00	4034		Direct Connection(s)	No charge	
Number of Additional Bars: 2				On-Premises Public Swimming Poo	ol Permit -			
B-Hote premi	el or C	lass C licenses allow licensees to have \$350.00 licensing fee is required for a	one (1) bar within the l	licensed the one		Complete Form LCC-209		
(1) bar	initial	ly issued with the license. ermits, and permissions selected on	this form will be inves	tigated	Merchant (Si	MCL 436.1533, on-premises retailers may be iss DM) license or a Specially Designated Distribute onjunction with the on-premises license under o	or (SDD) license at	t the same
your a	pplic	our request. Please verify your in ation, as some licenses, permits, or uest once the application has been	permissions cannot be	added	Off-Prem New Transfe	ises License Type:	Base Fee:	Fee Code MLCC Use Only
		ment Division.	vent out for investiga	tion by		SDM License	\$100.00	4034
_						SDD License	\$150.00	
		tion, License, Permit, & Perm		ion	Off Prem	ises Permits:	Base Fee:	
	Vuml	per of Licenses: x \$70.00	Inspection Fee			SDD Sunday Sales Permit (PM)** For Spirit Products	\$22.50	
'	<b>Total</b>	Inspection Fee(s): Fee Code: 40	\$140.00	_	×	SDM Sunday Sales Permit (PM)** For Mixed Spirit Drink Products	\$15.00	4032
	Total	License Fee(s):	\$700.00	_		Motor Vehicle Fuel Pumps	No charge	
	Total	Permit Fee(s):	\$1,070.00	-		es Permit (AM) allows the sale of spirits, mix day mornings between 7:00am and 12:00 no rnment.		
	ГОТА	L FEES DUE:	\$1,910.00	_	Sunday afte	ales Permit (PM) allows the sale of spirits a ernoons and evenings between 12:00 noo	on and 2:00am	(Monday
1	faddi	note that requests to transfer SDD licen: tional fees based on the seller's previous I be determined prior to issuance of the li	calendar year's sales. The		is required f Sales Permit	allowed by the local unit of government. No or the sale of beer and wine on Sunday after (PM) fee is 15% of the fee for the license tha rit drink. Additional bar fees and hotel room	r 12:00 noon. That allows the sale	e Sunday of spirits
L		Make checks payable to State	e of Michigan		part of the	permit fee. A separate Sunday Sales Permit will sell spirits or mixed spirit drink on Sunday	(PM) is required	for each

#### 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.

lame: Jer	ome J. Domeneck								
lome addre	ess: 946 Crestmoor Di	rive							
Lity: Oxfor	rd			State: N	MI Zi	p Code: 48371			
Business Pho	ne: 248-684-2662	Cell Phone:	586-945-4242	En	nail: jerrydome	neck@gmail.co	m		
sued by the N	ALCC? If Yes, please list bu	siness ID numbers below.	mission (MLCC) or do you u. If you hold interest in 2 e <u>may not</u> hold interest in a i	or more loca	ations under the s	ame name, please	CYe	s (	No
Do you hold	10% or more interest	in the applicant enti	ity?				(e) Ye	es (	No
ttached instru	d "no" to the first question actions for submitting fing your application.	and "yes" to the second erprints to the MLCC. Yo	l question, you must subm ou must submit a copy o	it fingerprin f the compl	its and undergo a eted and endorse	n investigation by d <u>Livescan Finger</u>	the MLCO	. Ple	ase see th and Reque
art 5b - Pe	rsonal Information (	Individuals) - Must b	be at least 21 years of a	ige, pursu	ant to administ	rative rule R 436	.1105(1)	(a).	
Date of Birth:	REDACTED 1976	Social Security Num	mbei REDACTED		Driver's Licens	e Numbe RI	DAC	de la constitución de la constit	
Are you a ci	tizen of the United Sta	ites of America?					( Yes		
lave you ev	er legally changed yo	ur name?					C Yes	0	No
If you answe	red "yes", please list you	r prior name(s) (includir	ng maiden):						
Spouse's fu	ll name (if currently m	arried): Margaret Eliz	zabeth Domeneck						
Spouse's da	ate of birth REDACTED 19	81	Is your spouse a cit	izen of th	e United States	of America?	Yes	0	No
aw of the Ur	our spouse hold any pos nited States of America, bdivisions of the State o	or the penal laws of the	ntment or election, which ne State of Michigan, or	h involves any penal	the duty to enfo ordinance or res	orce any penal colution of any	○ Yes	•	No
Does your s	pouse hold a retailer,	manufacturer, or who	olesaler license issue				C Yes	-	
criminal b	ackground records wi may result in the deni	II be checked to verify al of the application.	i, regardiess of how lo y criminal history. <u>Fai</u> Criminal history inclu r applicant's spouse wa	lure to rep des feloni	ort criminal his es, misdemeand	tory charges an ors, and local or	d/or loc linance	al or	dinance
Have you e	ver been found guilty,	pled guilty, or pled r	no contest to a crimin dditional pages if nec	al charge			C Yes	. @	No
Dat		ity/State	Char			Disp	osition		
Has your sp	oouse ever been found violations? If <b>Yes</b> , list	d guilty, pled guilty, o below (attach additio	or pled no contest to a	a criminal y):	charge or any	ocal	○ Ye	5 @	No
Da	te C	lity/State	Char	ge		Disp	osition		
of the Mich	the information contain	le and Administrative	and accurate to the bes Rules. I also understan must be signed by the p	d that prov	iding <b>talse</b> or t	raudulent inform	mply wit	th all	requirer
	Annual Control of the		, ,		)	11/2	5/2022		
Jerome J.	Domeneck		0 0 8			11/2	3/2022		

#### 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.

Business Phone: 248-684-1148  Cell Phone: 586-337-4810  Have you ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you cissued by the MLCC? If Yes, please list business ID numbers below. If you hold interest in 2 or also write "chain" below. Pursuant to MCL 436.1603, a retailer licensee may not hold interest in a media may not hold 10% or more interest in the applicant entity?  If you answered "no" to the first question and "yes" to the second question, you must submit attached instructions for submitting fingerprints to the MLCC. You must submit a copy of the MLCC-1051 with your application.  Part 5b - Personal Information (Individuals) - Must be at least 21 years of age Date of Birth:  REDACTED  Are you a citizen of the United States of America?  Have you ever legally changed your name?  If you answered "yes", please list your prior name(s) (including maiden):  Spouse's full name (if currently married): Andrea Marie Arnott  Spouse's date of birth:  BEDACTED  Do you or your spouse hold any position, either by appointment or election, which it aw of the United States of America, or the penal laws of the State of Michigan, or an	Teen of the United States of America?  (e) Yes  (f) Yes	No e see t Requ
Business Phone: 248-684-1148  Cell Phone: 586-337-4810  Have you ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you control by the MLCC? If Yes, please list business ID numbers below. If you hold interest in 2 or also write "chain" below. Pursuant to MCL 436.1603, a retailer licensee may not hold interest in a median may be a may not hold interest in a median may be a may not hold interest in a median may be a may not hold interest in a median may be a may not hold interest in a median may be a may not hold interest in a median may be a may not hold interest in a median may be a may not hold interest in a median may be a may not hold interest in a median may not hold interest in a med	Email: arnotttodd@hotmail.com  currently hold an interest in any other licenses or more locations under the same name, please nanufacturer or wholesaler licensee.  (a) Yes (b) I the same name of the same name of the MLCC. Please the completed and endorsed Livescan Fingerprint Background ge, pursuant to administrative rule R 436.1105(1)(a).  Driver's License Number REDACTED  (a) Yes (b) No  (b) Yes (c) No  (c) Yes (c) No  (c) Yes (c) No  (d) Yes (c) No  (e) Yes (c) No  (f) Yes (c) No  (f) Yes (f) No  (g) Y	No e see t Requ
Business Phone: 248-684-1148  Cell Phone: 586-337-4810  Have you ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you consumed by the MLCC? If Yes, please list business ID numbers below. If you hold interest in 2 or also write "chain" below. Pursuant to MCL 436.1603, a retailer licensee may not hold interest in a media with the interest in the applicant entity?  If you answered "no" to the first question and "yes" to the second question, you must submit attached instructions for submitting fingerprints to the MLCC. You must submit a copy of the LCC-105) with your application.  Part 5b - Personal Information (Individuals) - Must be at least 21 years of agree you a citizen of the United States of America?  Have you a citizen of the United States of America?  Have you ever legally changed your name?  If you answered "yes", please list your prior name(s) (including maiden):  Spouse's full name (if currently married): Andrea Marie Arnott  Spouse's date of birth: REDICTED 1983  Is your spouse a citize to you or your spouse hold any position, either by appointment or election, which if aw of the United States of America, or the penal laws of the State of Michigan, or an	Email: arnotttodd@hotmail.com  currently hold an interest in any other licenses or more locations under the same name, please nanufacturer or wholesaler licensee.  (a) Yes (b) I the same name of the same name of the MLCC. Please the completed and endorsed Livescan Fingerprint Background ge, pursuant to administrative rule R 436.1105(1)(a).  Driver's License Number REDACTED  (a) Yes (b) No  (b) Yes (c) No  (c) Yes (c) No  (c) Yes (c) No  (d) Yes (c) No  (e) Yes (c) No  (f) Yes (c) No  (f) Yes (f) No  (g) Y	No e see t Requ
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Social Security Number: REDACTED  Are you a citizen of the United States of America?  Alave you ever legally changed your name?  If you answered "yes", please list your prior name(s) (including maiden):  Spouse's full name (if currently married): Andrea Marie Arnott  Spouse's date of birth: REDACTED 1983  Is your spouse a citize of your or your spouse hold any position, either by appointment or election, which if your of the United States of America, or the penal laws of the State of Michigan, or an	Driver's License Number REDACTED  © Yes © No  C Yes © No  zen of the United States of America? © Yes C No  Involves the duty to enforce any penal	0
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Fyou answered "yes", please list your prior name(s) (including maiden):  Spouse's full name (if currently married): Andrea Marie Arnott  Spouse's date of birth: REDACTED   983 Is your spouse a citize to you or your spouse hold any position, either by appointment or election, which is sw of the United States of America, or the penal laws of the State of Michigan, or an	zen of the United States of America? • Yes No	
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o you or your spouse hold any position, either by appointment or election, which in the United States of America, or the penal laws of the State of Michigan, or an	involves the duty to enforce any penal	
aw of the United States of America, or the penal laws of the State of Michigan, or an	involves the duty to enforce any penal	,
The state of the s	ny penal ordinance or resolution of any Yes ( No	)
oes your spouse hold a retailer, manufacturer, or wholesaler license issued b	by the MLCC? C Yes © No	)
Full disclosure of criminal history must be reported, regardless of how long criminal background records will be checked to verify criminal history. Failur violations may result in the denial of the application. Criminal history includes Michigan or any other state for which the applicant or applicant's spouse was flave you ever been found guilty, pled guilty, or pled no contest to a criminal contest.	re to report criminal history charges and/or local ordiness felonies, misclemeanors, and local ordinance violation found guilty, pled guilty, or pled no contest.  Charge or any	ance ons in
ocal ordinance violations? If <b>Yes</b> , list below (attach additional pages if necess  Date City/State Charge	sary):	,
Date City/State Charge November 3 2001 E. Lansing, MI QUIL	Disposition Guilty	
las your spouse ever been found guilty, pled guilty, or pled no contest to a cr rdinance violations? If <b>Yes</b> , list below (attach additional pages if necessary):	riminal charge or any local	
Date City/State Charge		
Cart 5c - Signature  certify that the information contained in this form is true and accurate to the best of the Michigan Liquor Control Code and Administrative Rules. I also understand the iquor Control Code pursuant to MCL 436.2003. (This form must be signed by the personal Code Arnott	hat providing false or fraudulent information is a violation	uirem ion o

#### 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?								
What is your proferred method for resolutions Countries and Countries an						ax		
what is your preferred method for receiving a Commission Order?  (Mail © Email (Fax						ах		
Contact name: Steven Grobbel			Relationship:	Attorney				
Mailing address: 2055 Orchard Lake Ro	oad			***************************************				
City: Sylvan Lake	_	State: MI			Zip Code: 483	20		
Phone: (248) 816-5000 x2	Fax number:	(248) 816-5115		Email: s	grobbel@cebhla	aw.com		
Part 7 - Attorney Information (If You	Have An Atto	rney Represen	ting You For T	his Appli	cation)			
Attorney name: Steven Grobbel				Member N	lumber: P- 4281	18	Marie Constitution of the	
Attorney address: 2055 Orchard Lak	e Road, Sylvan	Lake, MI 48320						
Phone: (248) 816-5000 x2		(248) 816-5115		1	grobbel@cebhla	aw.com		
Would you prefer that we contact your	attorney for al	l licensing matte	ers related to t	his applica	ation?	(•	Yes	( No
Would you prefer any notices or closing packages be sent disable to						( 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.

Jerome J. Domeneck / Member

Print Name of Applicant & Title

11/25/2022

Signature of Applicant

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

Fax 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)

#### Report of Stockholders, Members, or Partners (LCC-301)

Licensee name(s): Arneck B Wood Golf Group	), LLC			
Address: 2450 Havenwood Dr.			distance of the second	
City: White Lake	State: MI	Zip Code: 48383-39	00	
Part 2a - Corporations - Please complete this	section and attach more copies of this page if n	nore room is needed.		
Name and address of all stockholders:		No. of Shares Issue	d: Date Issued/A	cquired
Name and address of Corporate Officers and	Directors, pursuant to administrative rule	R 436.1109:		
Name and address of Corporate Officers and	Directors, pursuant to administrative rule	R 436.1109:		
			m is needed	
<b>Part 2b - Limited Liability Companies</b> - Ple		ies of this page if more roo		cquirec
Part 2b - Limited Liability Companies - Plea Name and address of all members:	ase complete this section and attach more cop	ies of this page if more roo	m is needed. d: Date Issued/F 11/1/2022	cquirec
<b>Part 2b - Limited Liability Companies</b> - Ple	ase complete this section and attach more cop on, MI 48362	ies of this page if more roo Percent % Issue	d: Date Issued/A	cquirec
	ase complete this section and attach more cop on, MI 48362	ies of this page if more roo Percent % Issue 50%	d: Date Issued//	cquirec
<b>Part 2b - Limited Liability Companies</b> - Plea Name and address of all members: Todd Arnott 600 Birmingham St., Lake Oric	ase complete this section and attach more cop on, MI 48362 Oxford, MI 48371	ies of this page if more roo Percent % Issue 50% 50%	d: Date Issued//	cquirec
Part 2b - Limited Liability Companies - Plea Name and address of all members: Todd Arnott 600 Birmingham St., Lake Oric Jerome J. Domeneck 946 Crestmoor Drive,	ase complete this section and attach more cop on, MI 48362 Oxford, MI 48371	ies of this page if more roo Percent % Issue 50% 50%	d: Date Issued//	cquirec



#### Michigan Department of Licensing and Regulatory Affairs Liquor Control Commission (MLCC)

Toll-Free: 866-813-0011 - www.michigan.gov/lcc

#### Report of Stockholders, Members, or Partners (LCC-301) - Continued

Name and address of all partners:  Percent % Issued: Date Issued/Acqueen Percent % Issued: Date Issu		ited Partnerships - Please complete this section and attach more copies of this page if	more room is needed	d.	
Part 3 - Authorized Signers (Authorized in compliance with R 436.1109(1)(c) for a corporation or R 436.1110(1)(g) for a limited liability comp.  Name & Title:  Name & Title:  Name & Title:  Steve Grobbel, Michael Brown, Jim Bellanca III, Teresa Whitehead and Rick Perkins, all of Carlin Edwards Brown PLL.  Name & Title:  as authorized agents  ertify that the authorized signers under Part 3 of this form have been authorized in compliance with R 436.1109(1)(c) for a corporation of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing false or frauctormation is a violation of the Liquor Control Code pursuant to MCL 436.2003.  e person signing this form has demonstrated that they have authorization to do so and have attached appropriate documentation.	Name and ac	dress of all partners:	Percent % Issued:	Date Issued/	Acquired
Part 3 - Authorized Signers (Authorized in compliance with R 436.1109(1)(c) for a corporation or R 436.1110(1)(g) for a limited liability components.  Name & Title:  Vame & Title:  Vame & Title:  Vame & Title:  Steve Grobbel, Michael Brown, Jim Bellanca III, Teresa Whitehead and Rick Perkins, all of Carlin Edwards Brown PLL  Name & Title:  as authorized agents  Partify that the authorized signers under Part 3 of this form have been authorized in compliance with R 436.1109(1)(c) for a corporation of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing false or frauctormation is a violation of the Liquor Control Code pursuant to MCL 436.2003.  Paperson signing this form has demonstrated that they have authorization to do so and have attached appropriate documentation.					
Part 3 - Authorized Signers (Authorized in compliance with R 436.1109(1)(c) for a corporation or R 436.1110(1)(g) for a limited liability comp.  Name & Title:  Jerome J. Domeneck, Member  Name & Title:  Steve Grobbel, Michael Brown, Jim Bellanca III, Teresa Whitehead and Rick Perkins, all of Carlin Edwards Brown PLL.  Name & Title:  as authorized agents  ertify that the authorized signers under Part 3 of this form have been authorized in compliance with R 436.1109(1)(c) for a corporation of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing false or frauctormation is a violation of the Liquor Control Code pursuant to MCL 436.2003.  e person signing this form has demonstrated that they have authorization to do so and have attached appropriate documentation.					
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Name & Title:  Name & Title:  Name & Title:  Steve Grobbel, Michael Brown, Jim Bellanca III, Teresa Whitehead and Rick Perkins, all of Carlin Edwards Brown PLL:  Name & Title:  Steve Grobbel, Michael Brown, Jim Bellanca III, Teresa Whitehead and Rick Perkins, all of Carlin Edwards Brown PLL:  as authorized agents  ertify that the authorized signers under Part 3 of this form have been authorized in compliance with R 436.1109(1)(c) for a corporation for a limited liability company.  ertify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply to requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing false or fraue formation 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.  11/25/2022					
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Name & Title: Steve Grobbel, Michael Brown, Jim Bellanca III, Teresa Whitehead and Rick Perkins, all of Carlin Edwards Brown PLL as authorized agents  ertify that the authorized signers under Part 3 of this form have been authorized in compliance with R 436.1109(1)(c) for a corporate R 436.1110(1)(g) for a limited liability company.  ertify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply aguirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing false or fraud formation 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 documentations.  11/25/2022	Name & Title:	Jerome J. Domeneck, Member			
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Please return this completed form to: Michigan Liquor Control Commission Mailing address: P.O. Box 30005, Lansing, MI 48909 Hand deliveries: Constitution Hall - 525 W. Allegan, Lansing, MI 48933 Overnight packages: 2407 N. Grand River, Lansing, MI 48906

Fax to: 517-763-0059

#### MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

#### FILING ENDORSEMENT

This is to Certify that the ARTICLES OF ORGANIZATION

for

ARNECK B GOLF GROUP, LLC

**ID Number:** 802936760

received by electronic transmission on October 28, 2022 , is hereby endorsed.

Filed on November 01, 2022, by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 1st day of November, 2022.

Linda Clegg, Director

Linda Clargy

Corporations, Securities & Commercial Licensing Bureau