

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 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>Arneck B Wood Golf Group, LLC</i>		
Address to be licensed: <i>2450 Havenwood Dr.</i>		
City: <i>White Lake</i>	State: <i>MI</i>	Zip Code: <i>48383-3900</i>
Business Phone: <i>248-684-2662</i>	Zoning Classification of Business Address:	

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

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> New License | <input checked="" type="checkbox"/> Transfer Ownership | <input type="checkbox"/> Transfer Location |
| <input type="checkbox"/> Resort | <input checked="" type="checkbox"/> Class C | <input type="checkbox"/> Tavern |
| <input type="checkbox"/> DD | <input checked="" type="checkbox"/> 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.)

Golf Club and Banquet Center

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: <u>Jerome J. Domeneck</u>		
Home address: <u>946 Crestmoor Dr.</u>		
City: <u>Oxford</u>	State: <u>MI</u>	Zip Code: <u>48371</u>
Business Phone: <u>248-684-2662</u>	Cell Phone: <u>586-945-4242</u>	Email: <u>jerrydomeneck@gmail.com</u>

Name of Partner: <u>Todd C. Arnott</u>		
Home address: <u>600 Birmingham Ave.</u>		
City: <u>Lake Orion</u>	State: <u>MI</u>	Zip Code: <u>48362</u>
Business Phone: <u>248-684-1148</u>	Cell Phone: <u>586-337-4810</u>	Email: <u>arnotttodd@hotmail.com</u>

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

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:

Name of President:		
Address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:
Name of Vice President:		
Address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:
Name of Secretary:		
Address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:
Name of Treasurer:		
Address:		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:
Name of Resident Agent:		
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: <i>Jerome J. Domeneck</i>		
Home address: <i>946 Crestmoor Dr.</i>		
City: <i>Oxford</i>	State: <i>MI</i>	Zip Code: <i>48371</i>
Business Phone: <i>248-684-2662</i>	Cell Phone: <i>586-945-4242</i>	Email: <i>jerry.domeneck@gmail.com</i>

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

Date of Birth: <i>REDACTED</i> <i>1976</i>	Social Security Number: <i>REDACTED</i>	Driver's License Number: <i>REDACTED</i>
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): <i>Margaret Elizabeth Domeneck</i>		
Spouse's date of birth: <i>REDACTED</i> <i>1981</i>	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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):		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date	City/State	Charge
Disposition		

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

FROM (date) TO (date)	OCCUPATION	NAME/ADDRESS/EMPLOYER
<i>Oct. 2015 - Present</i>	<i>Management</i>	<i>Brentwood Golf Club</i> <i>2450 Havenwood Dr.</i>

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: TODD ARNOTT		
Home address: 600 BIRMINGHAM ST		
City: LAKE ORION	State: MI	Zip Code: 48362
Business Phone: -	Cell Phone: 586.337.4810	Email: arnotttodd@hotmail.com

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

Date of Birth: REDACTED D 1979	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): ANDREA ARNOTT		
Spouse's date of birth: REDACTED D 1983	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
Nov 1 2001	E. LANSING	DUI
		Disposition
		GUILTY
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date	City/State	Charge
		Disposition

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

FROM (date) TO (date)	OCCUPATION	NAME/ADDRESS/EMPLOYER
2005 - CURRENT	GOLF COURSE SUPERINTENDENT	BEACON Hill GOLF CLUB
		6011 MAESTIC OAKS DRIVE
		COMMERCE TWP. MI. 48382

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

NAME OF LICENSE	ADDRESS	PHONE

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
Huntington National Bank		\$ 936,000. -
Borrower Injection		761,000. -
Seller Financing Attorney or Representative		\$162,000. - + 761,000. -
Steven Grobbel	2055 Orchard Lake Rd.	248-816-5000 x. 2
Name	Address Sylvan Lake, MI 48320	Phone Number

Realtor/Broker

Name	Address	Phone Number

Real Estate is owned by

Name	Address	Phone Number

16. Business Purchase Price

Business/Fixture/Equipment	\$ 150,000.00
Goodwill (if applicable)	\$ 45,000.00
Covenant no to complete (if applicable)	\$
Alcoholic Beverages	\$
Other inventory (estimate)	\$
TOTAL COST OF BUSINESS	\$
Down Payment	\$
BALANCE OWED	\$
For balance owed, explain	\$

Terms: _____

Collateral: _____

Real Estate Purchase Price

Land	\$	_____
Building	\$	_____
Other	\$	_____
TOTAL REAL ESTATE COSTS	\$	980,000.00
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): <i>Brentwood Golf Club Partners II, LLC</i>		
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Entertainment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Dance & Entertainment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

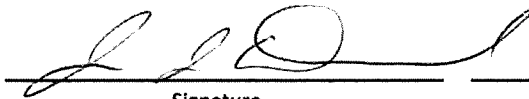
If so, attach a plan outlining the type of activity and a plan for dealing with and for avoiding nuisances and neighborhood problems created by the permit.

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.

Jerome J. Domeneck

Print Name



Signature

2/15/2023

Date

MLCC AIMS - Application Status

Date	Activity Code	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



White Lake Township
7525 Highland Rd.
White Lake, MI 48383

Receipt

Date	Receipt No.
03/01/2023	175540

Received of:

JEROME DOMENECK

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

Item	Description	Amount
POLLIQ	STATE LIQUOR LICENSE 207-000-577.000 STATE LIQUOR LI 550.00	550.00
TOTAL		550.00

Check No.	Payment Method	Amount
1431	CHECK	550.00

MICHIGAN
DRIVER LICENSE



REDACTE
D

MICHIGAN ^{MI} _{USA}



REDACTED



On-Premises Retailer License & Permit Application (LCC-100a)

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): Arneck B Wood Golf Group, LLC	
Address to be licensed: 2450 Havenwood Dr.	
City: White LAke	Zip Code: 48383-3900
City/township/village where license will be issued: White Lake Twp.	County: Oakland
Federal Employer Identification Number (FEIN):	

- | | | |
|--|---|------------------------------------|
| 1. Are you requesting a new license? | <input type="radio"/> Yes <input checked="" type="radio"/> No | <i>Leave Blank - MLCC Use Only</i> |
| 2. Are you applying ONLY for a new permit or permission? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| 3. Are you buying an existing license? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| 4. Are you transferring the classification of an existing on premises license? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| 5. Are you modifying the size of the licensed premises? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If Yes, specify: <input type="checkbox"/> Adding Space <input type="checkbox"/> Dropping Space <input type="checkbox"/> Redefining Licensed Premises | | |
| 6. Are you transferring the location of an existing license? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| 7. Is this license being transferred as the result of a default or court action? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| 8. Do you intend to use this license actively? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |

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): Brentwood Golf Club Partners II, LLC	
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 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:	\$1,770.00	TOTAL FEES:	\$1,910.00
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Schedule A - Licenses, Permits, & Permissions

Applicant name: Arneck B Wood Golf Group, LLC

On-Premises License Type:	Base Fee:	Fee Code MLCC Use Only
New Transfer		
<input type="checkbox"/> <input type="checkbox"/> B-Hotel License	\$600.00	
Number of guest rooms: _____		
<input type="checkbox"/> <input type="checkbox"/> A-Hotel License	\$250.00	
Number of guest rooms: _____		
<input type="checkbox"/> <input checked="" type="checkbox"/> Class C License	\$600.00	4034
<input type="checkbox"/> <input type="checkbox"/> Tavern License	\$250.00	
<input type="checkbox"/> <input type="checkbox"/> Resort License	Upon Licensure	
<input type="checkbox"/> <input type="checkbox"/> DDA/Redevelopment License	Upon Licensure	
<input type="checkbox"/> <input type="checkbox"/> Brewpub License	\$100.00	
<input type="checkbox"/> <input type="checkbox"/> G-1 License	\$1,000.00	
<input type="checkbox"/> <input type="checkbox"/> G-2 License	\$500.00	
<input type="checkbox"/> <input type="checkbox"/> Aircraft License	\$600.00	
<input type="checkbox"/> <input type="checkbox"/> Watercraft License	\$100.00	
<input type="checkbox"/> <input type="checkbox"/> Train License	\$100.00	
<input type="checkbox"/> <input type="checkbox"/> Continuing Care Retirement Center License	\$600.00	
<input type="checkbox"/> MCL 436.1545(1)(b)(i) <input type="checkbox"/> MCL 436.1545(1)(b)(ii)		

B-Hotel or Class C Licenses Only:

<input type="checkbox"/> <input checked="" type="checkbox"/> Additional Bar(s)	\$700.00	4034
Number of Additional Bars: <u>2</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.

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: <u>2</u> x \$70.00 Inspection Fee	
Total Inspection Fee(s): Fee Code: 4036	\$140.00
Total License Fee(s):	\$700.00
Total Permit Fee(s):	\$1,070.00
TOTAL FEES DUE:	\$1,910.00

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 Permits:	Base Fee:	Fee Code MLCC Use Only
<input checked="" type="checkbox"/> Sunday Sales Permit (AM)*	\$160.00	4033
<input checked="" type="checkbox"/> Sunday Sales Permit (PM)**	\$195.00	4032
<input type="checkbox"/> Catering Permit	\$100.00	
<input type="checkbox"/> Social District Permit	\$250.00	
<input type="checkbox"/> 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.

<input checked="" type="checkbox"/> Outdoor Service	No charge
<input checked="" type="checkbox"/> Dance Permit	No charge
<input checked="" type="checkbox"/> Entertainment Permit	No charge
<input type="checkbox"/> Extended Hours Permit:	No charge
<input type="checkbox"/> Dance <input type="checkbox"/> Entertainment Days/Hours: _____	
<input checked="" type="checkbox"/> Specific Purpose Permit:	No charge

Activity requested: Golf / Food

Days/Hours requested: Sun - Sat 6:00 am - 7:00 am

<input type="checkbox"/> Living Quarters Permit	No charge
<input type="checkbox"/> Topless Activity Permit	No charge
<input type="checkbox"/> Off-Premises Storage	No charge
<input type="checkbox"/> Direct Connection(s)	No charge
<input type="checkbox"/> On-Premises Public Swimming Pool Permit - Complete Form LCC-209	

Pursuant to MCL 436.1533, on-premises retailers may be issued a Specially Designated Merchant (SDM) license or a Specially Designated Distributor (SDD) license at the same location in conjunction with the on-premises license under certain circumstances.

Off-Premises License Type:	Base Fee:	Fee Code MLCC Use Only
New Transfer		
<input type="checkbox"/> <input checked="" type="checkbox"/> SDM License	\$100.00	4034
<input type="checkbox"/> <input type="checkbox"/> SDD License	\$150.00	

Off Premises Permits:	Base Fee:	Fee Code MLCC Use Only
<input type="checkbox"/> SDD Sunday Sales Permit (PM)** For Spirit Products	\$22.50	
<input checked="" type="checkbox"/> SDM Sunday Sales Permit (PM)** For Mixed Spirit Drink Products	\$15.00	4032
<input type="checkbox"/> Motor Vehicle Fuel Pumps	No charge	

*Sunday Sales Permit (AM) allows the sale of spirits, mixed spirit drink, 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 spirits and mixed spirit drink 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 spirits or mixed spirit drink. Additional bar fees and hotel room fees are also calculated as part of the permit fee. A separate Sunday Sales Permit (PM) is required for each license that will sell spirits or mixed spirit drink on Sunday after 12:00 noon.

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: Jerome J. Domeneck			
Home address: 946 Crestmoor Drive			
City: Oxford		State: MI	Zip Code: 48371
Business Phone: 248-684-2662	Cell Phone: 586-945-4242	Email: jerrydomeneck@gmail.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 hold interest in a manufacturer or wholesaler licensee.</u>			<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you hold 10% or more interest in the applicant entity?			<input checked="" type="radio"/> Yes <input type="radio"/> 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 Livescan Fingerprint Background Request (LCC-105) with your application.			

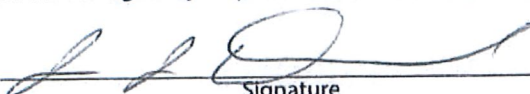
Part 5b - Personal Information (Individuals) - Must be at least 21 years of age, pursuant to administrative rule R 436.1105(1)(a).

Date of Birth: REDACTED 1976	Social Security Number: REDACTED	Driver's License Number: REDACTED
Are you a citizen of the United States of America?		<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you ever legally changed your name?		<input type="radio"/> Yes <input checked="" type="radio"/> No
If you answered "yes", please list your prior name(s) (including maiden):		
Spouse's full name (if currently married): Margaret Elizabeth Domeneck		
Spouse's date of birth: REDACTED 1981	Is your spouse a citizen of the United States of America?	
	<input checked="" type="radio"/> Yes <input type="radio"/> 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?		
		<input type="radio"/> Yes <input checked="" type="radio"/> No
Does your spouse hold a retailer, manufacturer, or wholesaler license issued by the MLCC?		
		<input type="radio"/> Yes <input checked="" type="radio"/> No
Full disclosure of criminal history must be reported, regardless of how long ago the crime occurred. State of Michigan and federal criminal background records will be checked to verify criminal history. Failure to report criminal history charges and/or local ordinance violations may result in the denial of the application. Criminal history includes felonies, misdemeanors, and local ordinance violations in Michigan or any other state for which the applicant or applicant's spouse was found guilty, pled guilty, or pled no contest.		
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 type="radio"/> Yes <input checked="" type="radio"/> 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):		
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).

Jerome J. Domeneck



11/25/2022

Print Name

Signature

Date

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.

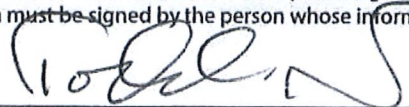
Name: Todd C Arnott		
Home address: 600 Birmingham Ave		
City: Lake Orion	State: MI	Zip Code: 48362
Business Phone: 248-684-1148	Cell Phone: 586-337-4810	Email: arnotttodd@hotmail.com
Have you ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you currently hold an interest in 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. <input type="radio"/> Yes <input checked="" type="radio"/> No		
Do you hold 10% or more interest in the applicant entity? <input checked="" type="radio"/> Yes <input type="radio"/> 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 Livescan Fingerprint Background Request (LCC-105) 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 1979	Social Security Number: REDACTED	Driver's License Number: REDACTED
Are you a citizen of the United States of America?		<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you ever legally changed your name?		<input type="radio"/> Yes <input checked="" type="radio"/> No
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 citizen of the United States of America? <input checked="" type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Does your spouse hold a retailer, manufacturer, or wholesaler license issued by the MLCC? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Full disclosure of criminal history must be reported, regardless of how long ago the crime occurred. State of Michigan and federal criminal background records will be checked to verify criminal history. Failure to report criminal history charges and/or local ordinance violations may result in the denial of the application. Criminal history includes felonies, misdemeanors, and local ordinance violations in Michigan or any other state for which the applicant or applicant's spouse was found guilty, pled guilty, or pled no contest.		
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="radio"/> Yes <input type="radio"/> No
Date	City/State	Charge
November 3 2001	E. Lansing, MI	OUIL
		Disposition
		Guilty
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 type="radio"/> Yes <input checked="" type="radio"/> 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).

Todd Arnott  11/28/2022

Print Name Signature Date

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?				<input type="radio"/> Phone	<input type="radio"/> Mail	<input checked="" type="radio"/> Email	<input type="radio"/> Fax
What is your preferred method for receiving a Commission Order?				<input type="radio"/> Mail	<input checked="" type="radio"/> Email	<input type="radio"/> Fax	
Contact name: Steven Grobbel			Relationship: Attorney				
Mailing address: 2055 Orchard Lake Road							
City: Sylvan Lake			State: MI		Zip Code: 48320		
Phone: (248) 816-5000 x2		Fax number: (248) 816-5115		Email: sgrobbel@cebhlaw.com			

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

Attorney name: Steven Grobbel			Member Number: P-42818				
Attorney address: 2055 Orchard Lake Road, Sylvan Lake, MI 48320							
Phone: (248) 816-5000 x2		Fax number: (248) 816-5115		Email: sgrobbel@cebhlaw.com			
Would you prefer that we contact your attorney for all licensing matters related to this application?							<input checked="" type="radio"/> Yes <input type="radio"/> No
Would you prefer any notices or closing packages be sent directly to your attorney?							<input checked="" type="radio"/> Yes <input type="radio"/> 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		11/25/2022
Print Name of Applicant & Title	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



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

Part 1 - Licensee Information

Please state your name as it is filed with the State of Michigan Corporation Division.

Licensee name(s): Arneck B Wood Golf Group, LLC		
Address: 2450 Havenwood Dr.		
City: White Lake	State: MI	Zip Code: 48383-3900

Part 2a - Corporations - Please complete this section and attach more copies of this page if more room is needed.

Name and address of all stockholders:	No. of Shares Issued:	Date Issued/Acquired:

Name and address of Corporate Officers and Directors, pursuant to administrative rule R 436.1109:

Part 2b - Limited Liability Companies - Please complete this section and attach more copies of this page if more room is needed.

Name and address of all members:	Percent % Issued:	Date Issued/Acquired:
Todd Arnott 600 Birmingham St., Lake Orion, MI 48362	50%	11/1/2022
Jerome J. Domeneck 946 Crestmoor Drive, Oxford, MI 48371	50%	11/1/2022

Name and address of Managers and Assignees, pursuant to administrative rule R 436.1110:

Todd Arnott 600 Birmingham St., Lake Orion, MI 48362
Jerome J. Domeneck 946 Crestmoor Drive, Oxford, MI 48371



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

Part 2c - Limited Partnerships - Please complete this section and attach more copies of this page if more room is needed.

Name and address of all partners:	Percent % Issued:	Date Issued/Acquired:

Name and address of Managers, pursuant to administrative rule R 436.1111:

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 company)

Name & Title:	Todd Arnott, Member
Name & Title:	Jerome J. Domeneck, Member
Name & Title:	
Name & Title:	Steve Grobbel, Michael Brown, Jim Bellanca III, Teresa Whitehead and Rick Perkins, all of Carlin Edwards Brown PLLC
Name & Title:	as authorized agents

I certify that the authorized signers under Part 3 of this form have been authorized in compliance with R 436.1109(1)(c) for a corporation or R 436.1110(1)(g) for a limited liability company.

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 or Licensee & Title



Signature of Applicant or Licensee

11/25/2022

Date

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

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau