



AGENDA
CHARLEVOIX DOWNTOWN DEVELOPMENT AUTHORITY AND MAIN STREET SPECIAL MEETING
Sunday, October 28, 2018- 5:30 PM
Second Floor Conference Room - 210 State Street - Charlevoix, MI 49720

- 1. Call to Order**
- 2. Pledge of Allegiance**
- 3. Roll Call**
- 4. Inquiry Regarding Conflicts of Interest**
- 5. Consent Agenda**

All items listed under Consent Agenda are considered routine and will be enacted by one motion. There will be no separate discussion of these items. If discussion of an item is required, it will be removed from the Consent Agenda and considered separately.

- 6. Reports**
- 7. Old Business**
- 8. New Business**
 - A. Redevelopment Liquor License - Hotel Earl
Lindsey Dotson, Main Street DDA Director
- 9. Public Comment**
- 10. Request for Future Agenda Items**
- 11. Board Comments**
- 12. Adjourn**

The City of Charlevoix will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed materials being considered at the meeting, to individuals with disabilities at the meeting upon one week's notice to the City of Charlevoix. Individuals with disabilities requiring auxiliary aids or services should contact the City of Charlevoix Clerk's Office in writing or calling the following: City Clerk, 210 State Street, Charlevoix, MI 49720 (231) 547-3250.

CHARLEVOIX MAIN STREET MISSION

The mission of the Charlevoix Main Street program is to strengthen the year-round economic vitality of our vibrant historic business district through community efforts, events, and public/private

partnerships while fostering a sense of community pride and ownership.

DDA/Main Street Board
210 STATE STREET CHARLEVOIX , MICHIGAN 1 49720
Charlevoix Main Street DDA
(231) 547-3257 lindseyd@cityofcharlevoix.org

New Business

TITLE: Redevelopment Liquor License - Hotel Earl

DATE: October 28, 2018

PRESENTED BY: Lindsey Dotson, Main Street DDA Director

BACKGROUND:

This meeting is to make a recommendation by the DDA board regarding whether the application meets the standards of the City Code for the issuance of the Redevelopment Liquor License (listed below) and the reasons for DDA's recommendation:

- 1.If the applicant is not the owner, the owner of the real property with which the license will be used must approve in writing the submission of the application.
2. The applicant must have a real property interest in the real property with which the license will be used.
3. The business with which the license will be used shall be engaged in dining, entertainment or recreation.
4. The business with which the license will be used shall have a seating capacity of at least twenty-five (25) people.
5. At least \$75,000 shall have been expended for the rehabilitation or restoration of the building that will house the licensed premises, or which makes a commitment for a capital investment of at least \$75,000 or if a commitment has been made to expend at least \$75,000 prior to the issuance of the license, the applicant must agree that the fulfillment of this commitment shall be a condition of approval.
6. The applicant shall have attempted to purchase a readily available escrowed or quota on-premise license within the City of Charlevoix and shall establish that a license was not reasonably available.
7. The extent to which the business with which the license will be used will contribute a new or unique choice to the mix of businesses in the DDA district.
8. The extent to which the business with which the license will be used will promote economic growth in a manner consistent with adopted goals, plans or policies applicable to the DDA district, including but not limited to the DDA's Development Plan and all other master plans applicable to the DDA district.
9. Those factors related to a request for issuance of a new liquor license contained in Section 7.303.B. of the City Code.

RECOMMENDATION:

Motion to recommend that the Hotel Earl application meets the standards of the City Code for the issuance of the Redevelopment Liquor License for the following reasons....

ATTACHMENTS:

- ▢ Hotel Earl Application

CITY OF CHARLEVOIX

Liquor License Application

You **MUST** answer all questions and include all attachments or this application will be returned to you. Bring or mail this application to the City Clerk, City of Charlevoix, 210 State Street, Charlevoix, Michigan 49720.

This form is designed to conform to the Michigan Liquor Control Code of 1998 being Public Act 1998 No. 58 (MCL 436.1101, et seq), and the City of Charlevoix Liquor License Ordinance.

Approval of a new liquor license or the transfer of an existing license is not a determination that the applicant has complied with other ordinances or regulations.

I. APPLICANT INFORMATION (if more than one applicant, please attach separate sheet):

Name of individual or business entity: Hotel Earl-Charlevoix, Inc. d/b/a Hotel Earl
(a Michigan corporation)

- A. If the business entity is a partnership or a limited liability company provide the name of person or persons entitled to share in the profits of the partnership or limited liability company (attach separate sheets if needed):

N/A

- B. If the business entity is a corporation, provide the names and addresses of the officers and directors of the corporation (attach separate sheets if needed):

John Paul Silva

123 Lake Shore Road

Grosse Pointe Farms, MI 48236

If a majority interest in the stock of such corporation is held by one person or one person's nominee, please provide the name and address of such person:

John Paul Silva

123 Lake Shore Road

Grosse Pointe Farms, MI 48236

✓ II. **CITIZENSHIP**

Provide proof of the citizenship of the applicant and all persons listed in Paragraph I, above. Attach copy of current passport OR attach copies of two forms of identification, such as Driver's License, State ID, or Social Security card.

If the applicant or any of the parties listed in Paragraph I above is/are a naturalized citizen of the United States, please provide the date(s) and place(s) of where citizenship was received.

Naturalized 1986, Boston, Massachusetts

III. **ATTACHMENTS**

All of the following attachments **MUST** be included. Label each attachment as shown.

- ✓ A. Character of the proposed business including a description of services to be provided to patrons and the manner in which intoxicating liquor will be sold.
- ✓ B. The length of time the applicant has been in the business of selling intoxicating liquor, either in a retail business or in a tavern or restaurant establishment.
- ✓ C. A statement including a map showing a location of the premises or place of business which is to be operated under the liquor license, including:
 - ✓ (i) Street address and, if applicable, post office box number,
 - ✓ (ii) A legal description of the premises or place of business including the applicant's ownership interest in the premises and business, and the zoning district in which the premises or place of business is located;
 - ✓ (iii) A statement as to whether the applicant will offer entertainment at the licensed premise or place of business, and a description of the kind(s) of entertainment to be offered. This statement must address whether any entertainment will include public nudity. If the applicant is a corporation, attach the corporation's Articles of Incorporation, state in which incorporated, and proof of the date such a corporation was approved by the incorporating state.
- ✓ D. A copy of the building and site plan showing the entire structure and premises, specifically the areas within the building or structure where the license is to be utilized. Such site plan should demonstrate adequate off-street parking, lighting, refuse disposal facilities and plans, if any, for screening and noise control. A copy of a development plan which has previously been approved by the City is acceptable.
- ✓ E. All copies of financial information and documents provided to the Michigan Liquor Control Commission regarding financial responsibility.
- ✓ F. Please state whether the applicant has made an application for a similar liquor license on any premises other than the one described in this application and the disposition of that application.

IV. CONVICTION AND DISQUALIFICATION

Applicant certifies that the applicant or the individuals named in Paragraph I of this application with applicant being a duly authorized disclosed agent of any corporation or partnership listed in this application certifies applicant and all listed individuals listed on this application have never been convicted of a felony and that applicant and other individuals listed in this application are not disqualified and have never been disqualified to receive a license by reason of any matter or thing contained in this ordinance or in the laws of the State of Michigan.

V. STATEMENT OF GOOD FAITH

Applicant certifies that applicant or the individuals named in Paragraph I of this application with applicant being a duly authorized disclosed agent of the corporation and/or partnership listed in this application states that applicant and all named individuals listed in Paragraph I will not violate any of the laws of the State of Michigan or the United States or any ordinances of the City of Charlevoix in the conduct of the business.

VI. AFFIDAVIT AND PERMISSION FOR CITY, COUNTY AND STATE OFFICIALS TO ENTER THE PROPERTY FOR INSPECTIONS:

I agree the statements made above are true, and if found not to be true, this application and any approval will be void. Further, I agree to comply with the conditions and regulations in the Michigan Liquor Control Code of 1998 and the Charlevoix City Code. Further, I agree to give permission for officials of the City of Charlevoix, Charlevoix County, and the State of Michigan to enter the property and any structures thereon where the licensed premises is located for purposes of inspection during normal business hours. Further, I understand that this is only a liquor license application and that such license conveys certain rights under the Charlevoix City Code and the Michigan Liquor Control Code, being Public Act 1998 No. 58, MCL 436.1101 et seq, and does not include any representation or conveyance of rights in any other statute, zoning under the City of Charlevoix's Code, or other property rights.

Finally, even if this liquor license is approved, I understand the City of Charlevoix Code and state statutes change from time to time. Therefore, I hereby acknowledge that any approval of this liquor license is subject to any change in the Charlevoix City Code or state statute as authorized by law.

Applicant's Signature:  Date: 9/29/18
John Paul Silva

For office use only

Reviewer's action: Total fee: \$ 100 - Check # 1646 Date received: 10-5-18

This matter was: Approved / Denied by action of the City Council on _____

Signature: _____

Title: _____

**CITY OF CHARLEVOIX
LIQUOR LICENSE APPLICATION**

III. ATTACHMENTS

The following Attachments are enclosed and labeled where applicable:

- A. Character of the proposed business including a description of services to be provided to patrons and the manner in which intoxicating liquor will be sold.**

The Applicant, Hotel Earl, is hereby making application for a "B Hotel" on premise DDA development liquor license. Hotel Earl will be a fifty (50) plus room luxury hotel and conference center. The Applicant's principal business at this location will be a full service hotel business with the liquor license to be utilized in conjunction therewith.

There will be one bar located on the main floor from which patrons may order and consume alcoholic beverages. In addition, guests may order alcoholic beverages via room service.

- B. The length of time the Applicant has been in the business of selling intoxicating liquor, either in a retail business or in a tavern or restaurant establishment.**

This is the first time the Applicant will have an interest in a licensed liquor establishment.

- C. A statement including a map showing a location of the premises or place of business which is to be operated under the liquor license, including:**

- (i) Street address and, if applicable, post office box number**

(see attached map at "Attachment C(i)");

120 Michigan Avenue
Charlevoix, Michigan 49720

- (ii) A legal description of the premises or place of business including the Applicant's ownership interest in the premises and business, and the zoning district in which the premises or place of business is located;**

(see attached Warranty Deed at "Attachment C(ii)")

The property is owned by Hotel Earl LLC, a Michigan limited liability company.
The sole members of which are:

John Paul Silva
Jennifer Silva, spouse

Hotel Earl, LLC is the leasing the entire property to Hotel Earl-Charlevoix, Inc dba Hotel Earl, the sole shareholder of that entity is John Paul Silva.
Hotel Earl-Charlevoix Inc. is the Applicant.

- (iii) A statement as to whether the Applicant will offer entertainment at the licensed premise or place of business, and a description of the kind(s) of entertainment to be offered. This statement must address whether any entertainment will include public nudity. If the applicant is a corporation, attach the corporation's Articles of Incorporation, state in which incorporated, and proof of the date such a corporation was approved by the incorporating state.

(see "Attachment C(iii)")

No entertainment will be offered nor will there be any type of public nudity whatsoever.

- D. A copy of the building and site plan showing the entire structure and premises, especially the areas which the building or structure where the license is to be utilized. Such site plan should demonstrate adequate off-street parking, lighting, refuse disposal facilities and plans, if any, for screening and noise control. A copy of a development plan which has previously been approved by the City is acceptable.

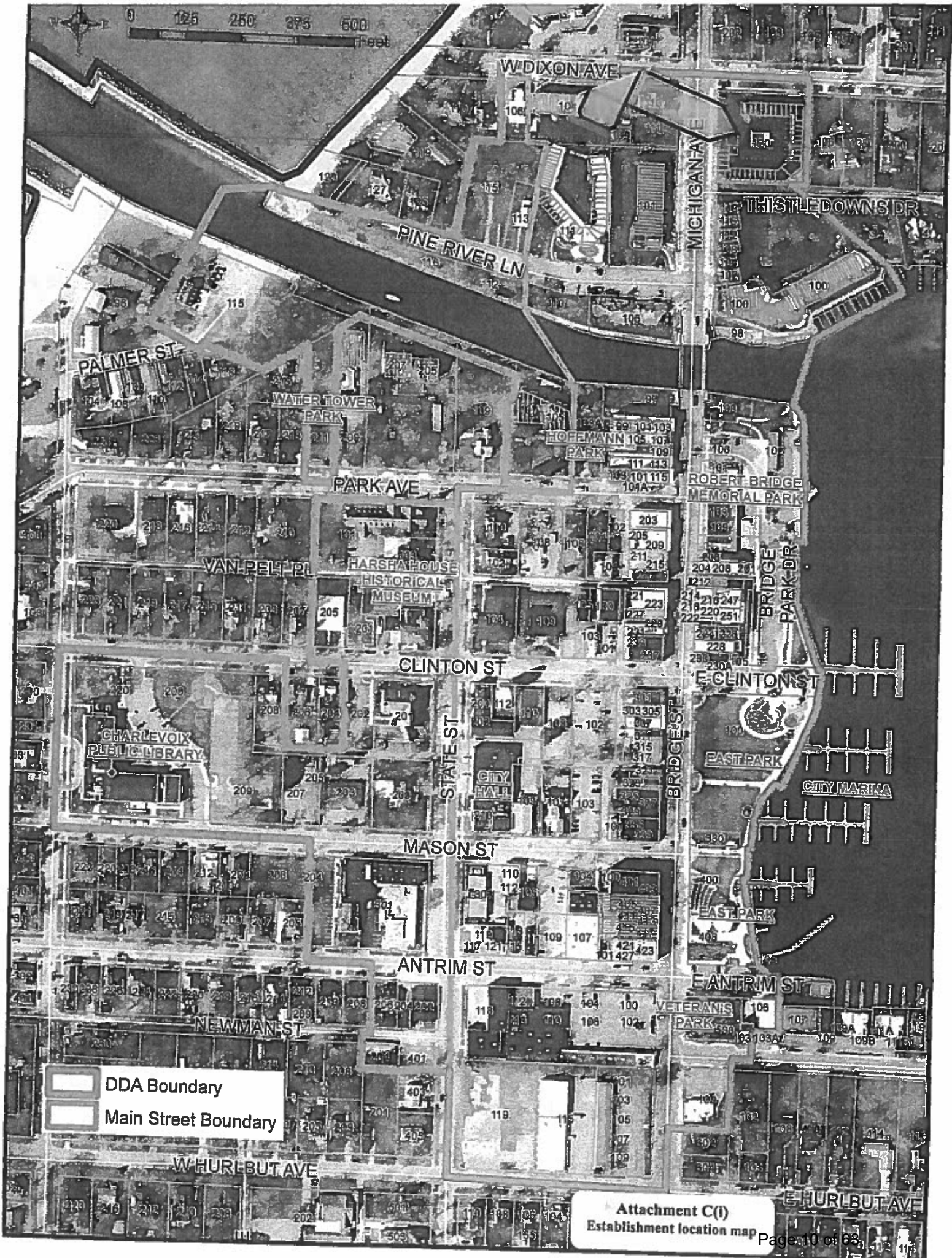
(see "Attachment D" / which is an approved building plan. Approved site plan is on file with the City of Charlevoix)

- E. All copies of financial information and documents provided to the Michigan Liquor Control commission regarding financial responsibility.

(see "Attachment E" (email from City Clerk, Joyce Golding) see copies of financial documents being submitted to MLCC herewith)

- F. Please state whether the Applicant has made an application for a similar liquor license on any premises other than the one described in this application and the disposition of that application.

This is the first time the Applicant has made application and there has been no other application made for a similar licensed liquor establishment.



-  DDA Boundary
-  Main Street Boundary

Warranty Deed
(3/97)

Jelinek & Snabes, PLLC

The Grantor

Lodge Development Company, L.L.C., a Michigan
limited liability company,

whose address is

120 Michigan Avenue, Units 1-41, Charlevoix, MI 49720,

conveys and warrants to

Hotel Earl, LLC, a Michigan limited liability company,

whose address is

1005 N. Stephenson Highway, Attn: Leasing Office,
Royal Oak, MI 48067,

the following described premises situated in the City of Charlevoix, County of
Charlevoix, State of Michigan to wit:

Units 1-41, THE LODGE OF CHARLEVOIX CONDOMINIUM, according to the
Master Deed recorded in Liber 281, pages 960 through 990 and designated as
Charlevoix County Condominium Plan No. 28, Charlevoix County Records, together
with rights in general common elements and limited common elements as set forth in
the above Master Deed and as described in Act 59 of Public Acts of 1978 as amended.

Together with all and singular the tenements, hereditaments and appurtenances thereunto
belonging or in anyway appertaining thereto.

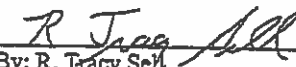
SUBJECT TO all easements, reservations, rights-of-way and restrictions of record, if any.

This deed is given for the sum set forth in the Real Estate Transfer Valuation Affidavit filed
herewith.

Dated:

Signed:

Lodge Development Company, L.L.C., a Michigan
limited liability company


By: R. Tracy Sell
Its: Manager/Member

State of Michigan
County of Charlevoix } ss.

This foregoing instrument was acknowledged before me 26 day of June, 2018
by R. Tracy Sell, Manager/Member of Lodge Development Company, L.L.C., a Michigan
limited liability company.

Notary Public [Signature]
County, Michigan

My commission expires: 3-9-2022

Prepared by and Return to:
Maura A. Snabes, Esq.
Jelinek & Snabes, PLLC
440 E. Front Street
Traverse City, MI 49686

File No: MI-312857

MCKENZIE E SAYWARD
Notary Public, State of Michigan
County of Charlevoix
My Commission Expires 03-09-2022
Acting in the County of Charlevoix

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the ARTICLES OF ORGANIZATION

for

HOTEL EARL, LLC

ID Number: 802196750

received by electronic transmission on May 15, 2018 **, is hereby endorsed.**

Filed on May 15, 2018 **, by the Administrator.**

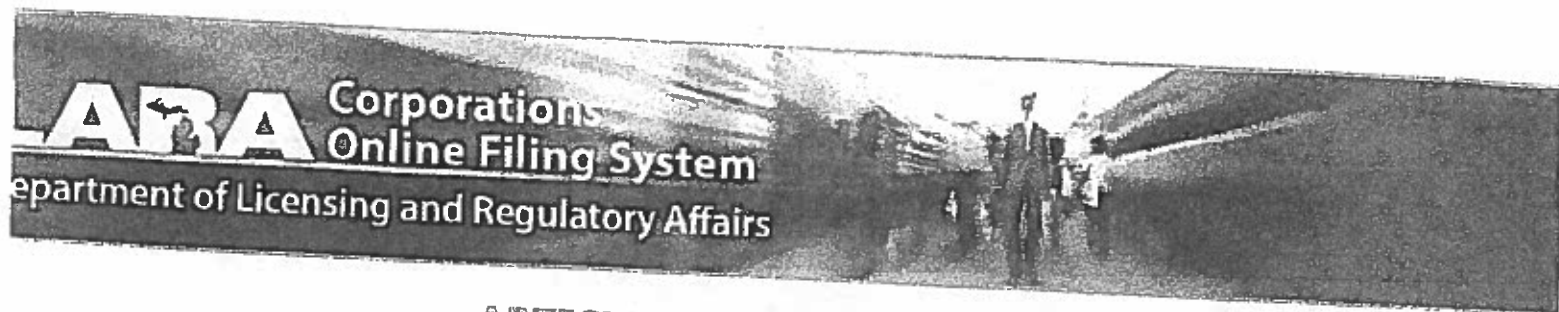
The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 15th day of May, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau



ARTICLES OF ORGANIZATION
For use by DOMESTIC LIMITED LIABILITY COMPANY

Form Revision Date 02/2017

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Articles:

Article I

The name of the limited liability company is:

LOTEL EARL, LLC

Article II

Unless the articles of organization otherwise provide, all limited liability companies formed pursuant to 1993 PA 23 have the purpose of engaging in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan. You may provide a more specific purpose:

Article III

The duration of the limited liability company if other than perpetual is:

Article IV

The street address of the registered office of the limited liability company and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):

Agent Name: JOHN P. SILVA
Street Address: 1005 N. STEPHENSON HIGHWAY
Apt/Suite/Other: ATTN: LEASING OFFICE
City: ROYAL OAK
State: MI

Zip Code: 48067

Registered Office Mailing Address:

P.O. Box or Street Address: 1005 N. STEPHENSON HIGHWAY
Apt/Suite/Other: ATTN: LEASING OFFICE
City: ROYAL OAK
State: MI

Zip Code: 48067

Witnessed this 15th Day of May, 2018 by the organizer(s):

Signature	Title	Title if "Other" was selected
John P. Silva	Organizer	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept



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

(Authorized by MCL 436.1529(1), R 436.1051, and R 436.1110)

Part 1 - Licensee Information

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

Licensee name(s): Hotel Earl, LLC

Address: 120 Michigan Ave

City: Charlevoix

Zip Code: 49720

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:

N/A

No. of Shares Issued: _____ Date Issued/Acquired: _____

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

N/A

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:

John Paul Silva, 1005 N. Stephenson Highway, Royal Oak, Michigan 48067

Percent % Issued: _____ Date Issued/Acquired: _____

50%

May 15, 2018

Jennifer M. Silva, 1005 N. Stephenson Highway, Royal Oak, Michigan 48067

50%

May 15, 2018

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

N/A



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
(Authorized by MCL 436.1529(1), R 436.1051, and R 436.1110)

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:

N/A

Percent % Issued: _____ Date Issued/Acquired: _____

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

N/A

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: John Paul Silva, 123 Lakeshore Road, Grosse Pointe Farms, Michigan 48236

Name & Title: Jennifer M. Silva, 123 Lakeshore Road, Grosse Pointe Farms, Michigan 48236

Name & Title: _____

Name & Title: _____

Name & Title: _____

Part 4 - Signature of Applicant or Licensee

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.

John Paul Silva, Managing Member

Print Name of Applicant or Licensee & Title

Signature of Applicant or Licensee

10/04/2018

Date

Please return this completed form 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

**BUSINESS REGISTRATION (DBA) CERTIFICATE
PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME OR PARTNERSHIP**

County of Charlevoix, Office of the Clerk

DBA File No. 11139
Certificate Exp 10.4.2023
Certificate Filed 10.5.2018
Dissolved: _____

THE UNDERSIGNED hereby certifies, under the provisions of PA 101 of Michigan for 1907, as amended, that the following person(s) now owns, carries on, conducts, or transacts, or intends to own, carry on, conduct or transact a business, or maintain an office or place of business in the County of Charlevoix, State of Michigan under the name, designation or style set forth below:

1. Name of Business HOTEL EARL
2. Physical Address 120 Michigan Avenue Charlevoix MI 49720
Street City State Zip
☒ City
☐ Township: Charlevoix Phone No: () Type of business: real estate/lodging

3. ☒ **INDIVIDUAL**

NAME(S) OF PERSON(S) owning, conducting, transacting, or composing the above business, and the home or post office address of each.

NAME OF PERSON(S)	RESIDENCE ADDRESS (Street, City, State) (P.O. Box if applicable)
(Print) <u>HOTEL EARL - CHARLEVOIX, INC.</u>	<u>309 Petoskey Avenue</u>
By: <u>John P. Silva</u>	<u>Charlevoix, MI 49720</u>
Its: <u>President</u>	
(Print) _____	

4. ☐ **GENERAL PARTNERSHIP CERTIFICATE.** The undersigned hereby certifies under the provisions of PA 164 of Michigan for the year 1913, as amended, that:

(a) The business mentioned herein ☐ IS ☒ IS NOT a partnership.
(If the business IS a partnership, fill in the blank line under (b) below.)

(b) Length of time general partnership is to continue. (Insert either the term agreed on by the partners, or the statement "NOT LIMITED")

5. **SIGNATURES OF ALL
PERSONS LISTED ABOVE**
Acknowledged before a
Notary Public

(Signature) _____
John P. Silva

(Signature) _____

STATE OF MICHIGAN)
COUNTY OF CHARLEVOIX) ss

SUBSCRIBED AND SWORN to before me this 1st day of October 2018

by all persons listed above.

(Signature) Joan L. Miller

(Print) Joan L. Miller

Notary Public for Charlevoix County, Michigan

My Commission Expires: 7/22/2023

STATE OF MICHIGAN)
COUNTY OF CHARLEVOIX) ss

I, Cheryl Potter Browe, Clerk of the County of Charlevoix, and of the Circuit Court thereof, do hereby state that I have compared the foregoing copy of Business Registration Certificate with the original record in my Office and that the same is a correct transcript therefrom, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of the Circuit Court in the City of Charlevoix, this 5th day of October 2018.

Cheryl Potter Browe, Charlevoix County Clerk

By: Julia D. Deputy
County Clerk/Deputy County Clerk

There is a \$10.00 Fee for the filing of this document.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the ARTICLES OF INCORPORATION

for

HOTEL EARL - CHARLEVOIX, INC.

ID Number: 802239227

received by electronic transmission on September 24, 2018, *is hereby endorsed.*

Filed on September 25, 2018, *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 25th day of September, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

ATTACHMENT C(iii)
filed Articles of
Incorporation and

dba of Applicant
Hotel Earl-Charlevoix,
Inc dba Hotel Earl

LARA Corporations
Online Filing System
Department of Licensing and Regulatory Affairs

ARTICLES OF INCORPORATION
For use by DOMESTIC PROFIT CORPORATION

Form Revision Date 07/2016

Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned executes the following Articles:

ARTICLE I

The name of the corporation is:

HOTEL EARL - CHARLEVOIX, INC.

ARTICLE II

Unless the articles of incorporation otherwise provide, all corporations formed pursuant to 1972 PA 284 have the purpose of engaging in any activity within the purposes for which corporations may be formed under the Business Corporation Act. You may provide a more specific purpose:

ARTICLE III

1. State the total authorized shares of each class of stock that the corporation is authorized to issue. All corporations must authorize stock.* If there is more than one class or series of shares, state the relative rights, preferences and limitations of the shares of each class in Article III(2).

Class of Stock

COMMON

Total authorized
number of shares

60,000

ARTICLE IV

The street address of the registered office of the corporation and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):

1. Agent Name: JOHN P. SILVA
2. Street Address: 309 PETOSKEY AVENUE
Apt/Suite/Other:
City: CHARLEVOIX
State: MI

Zip Code: 49720

3. Registered Office Mailing Address:
P.O. Box or Street Address: 309 PETOSKEY AVENUE
Apt/Suite/Other:
City: CHARLEVOIX
State: MI

Zip Code: 49720

ARTICLE V

The name(s) and address(es) of the incorporator(s) is (are) as follows:

Name	Residence or Business Address
------	-------------------------------

JOHN P. SILVA

309 PETOSKEY AVENUE, CHARLEVOIX, MI 49720 USA

Use the space below for additional Articles or for continuation of previous Articles. Please identify any Article being continued or added.

ARTICLE VI

THE CORPORATION SHALL HAVE NO BOARD OF DIRECTORS. THE USUAL POWERS, AUTHORITIES AND OBLIGATIONS ORDINARILY DELEGATED TO THE BOARD OF DIRECTORS SHALL BE DELEGATED BY THE SHAREHOLDER OF THE CORPORATION.

Signed this 24th Day of September, 2018 by the incorporator(s).

Signature

Title

Title if "Other" was selected

John P Silva

Incorporator

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline ☒ Accept



Report of Stockholders, Members, or Partners

(For MLCC Use Only)

(Authorized by MCL 436.1529(1), R 436.1051, and R 436.1110)

Part 1 - Licensee Information

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

Licensee name(s): Hotel Earl- Charlevoix, Inc., d/b/a Hotel Earl	
Address: 120 Michigan Ave.	
City: Charlevoix	Zip Code: 49720

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:
John Paul Silva, 123 Lake Shore Road, Grosse Pointe Farms, MI, 48236	1,000.	9/25/2018

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

No Board of Directors. The usual powers, authorities and obligations ordinarily delegated to the BOD are delegated to the shareholders.

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:

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



Report of Stockholders, Members, or Partners
(Authorized by MCL 436.1529(1), R 436.1051, and R 436.1110)

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:	John Paul Silva, -- President, Treasurer and Secretary (Sole Shareholder)
Name & Title:	David L Campbell --Asst Secretary.
Name & Title:	
Name & Title:	
Name & Title:	

Part 4 - Signature of Applicant or Licensee

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.

John Paul Silva, President

Print Name of Applicant or Licensee & Title

Signature of Applicant or Licensee

Date

9/29/18

Please return this completed form 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

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SECOND LEVEL FLOOR PLAN

GROSS AREA = 2241 S.F.
 USABLE AREA = 2141 S.F.



shoeline Architecture 1000 15th Street, NW Atlanta, GA 30309 404.525.1100 www.shoeline.com		Project No. 04-001 Date: 04/01/04 Drawn by: J. Smith Checked by: M. Jones Title: SECOND LEVEL FLOOR PLAN
Scale: 1/8" = 1'-0" Drawing No. 04-001-02	Revision: 1 Description: 1. Added new room to the south end of the building.	Revision: 2 Description: 2. Corrected room numbers and dimensions.

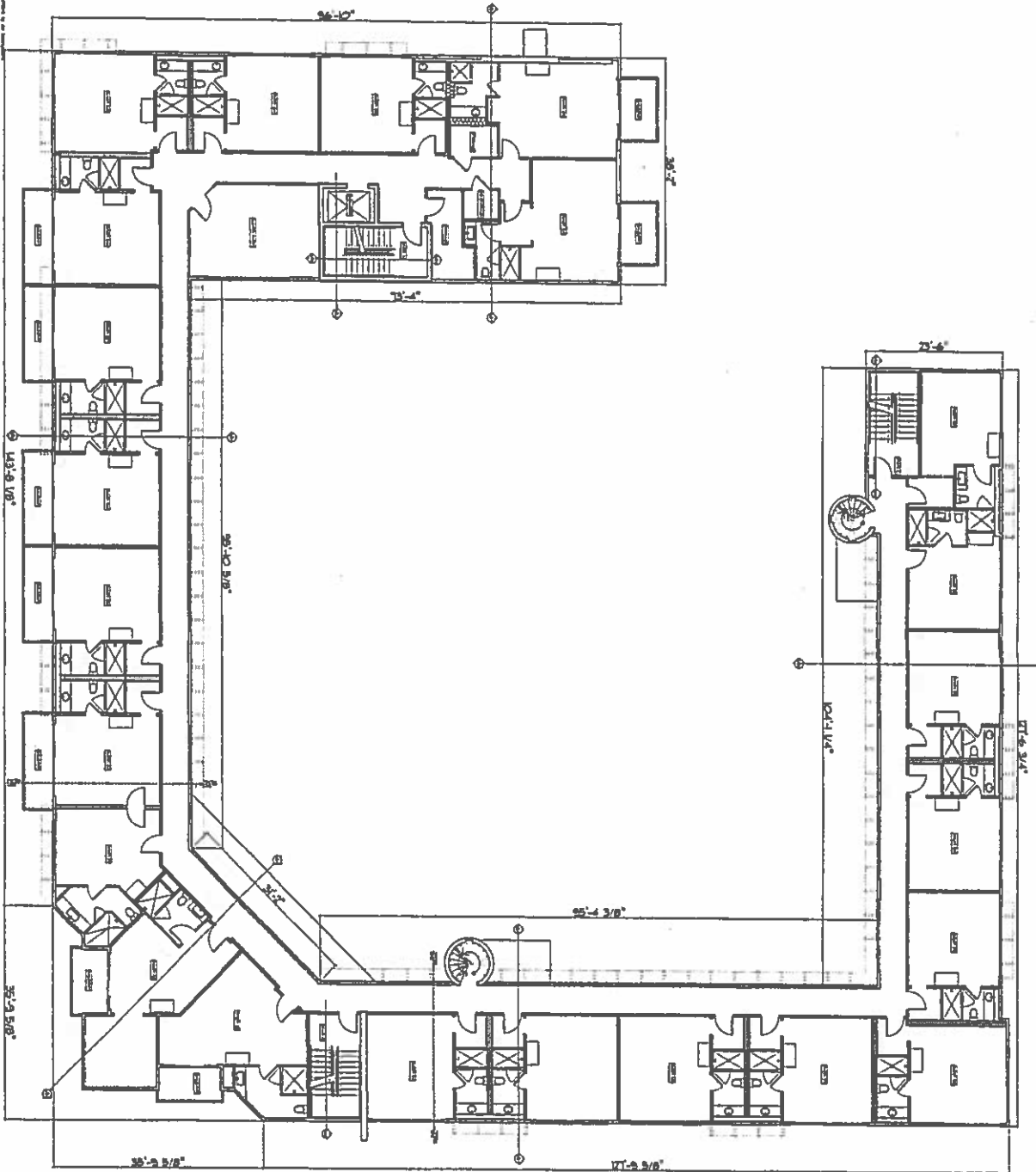


Figure 3-206 is a plan view of the building showing the layout of the building and the location of the various rooms and areas. The building is a three-story structure with a total area of 10,000 sq. ft. The plan view shows the layout of the building and the location of the various rooms and areas. The building is a three-story structure with a total area of 10,000 sq. ft.

THIRD LEVEL FLOOR PLAN

THIRD AREA - 10,000 sq. ft.
USEABLE AREA - 10,000 sq. ft.



STANDARD 10000 sq. ft. 10000 sq. ft. 10000 sq. ft.		10000 sq. ft. 10000 sq. ft. 10000 sq. ft.	10000 sq. ft. 10000 sq. ft. 10000 sq. ft.
10000 sq. ft. 10000 sq. ft. 10000 sq. ft.		10000 sq. ft. 10000 sq. ft. 10000 sq. ft.	10000 sq. ft. 10000 sq. ft. 10000 sq. ft.

CITY OF CHARLEVOIX
Liquor License Application
Addendum for Redevelopment Liquor Licenses

Please note: this application must be submitted WITH the "Liquor License Application". You MUST answer all questions and include all attachments or the application will be returned to you. Bring or mail the applications to the City Clerk, City of Charlevoix, 210 State Street, Charlevoix, Michigan 49720.

This form is designed to conform to Public Act No. 501 of the Public Acts of 2006, being Section 521a(1) of the Michigan Liquor Control Code of 1998, being MCL 436.1521a(1), and the City of Charlevoix Redevelopment Liquor License Ordinance.

Approval of a new liquor license or the transfer of an existing license is not a determination that the applicant has complied with other ordinances or regulations.

1. Name, address, and contact information of applicant:

Hotel Earl-Charlevoix, Inc., d/b/a Hotel Earl

c/o John Paul Silva, 123 Lake Shore Road, Grosse Pointe Farms, MI 48236

2. Address of the real property at which the license will be used:

120 Michigan Avenue

Charlevoix, MI 49720

3. Is the establishment located within the Downtown Development Authority limits? ☒ Yes ☐ No

4. Will the establishment offer: ☐ Dining ☒ Recreation ☐ Entertainment

5. How many days per week and hours per day will the establishment be open to the public?

seven (7)

6. What is the seating capacity of this establishment?

25

Attach the following, per Ordinance 758 of 2012, 7.305.B.3-6, and 7.305.B.8:

- ✓ A. see attached Documentation whether the applicant has a real property interest in the real property with which the license will be used.
- ✓ B. see attached Documentation showing that at least \$75,000 has been expended for the rehabilitation or restoration of the building that will house the licensed premises, or which makes a commitment for a capital investment of at least \$75,000 which will be expended prior to the issuance of the license.
- ✓ C. see attached Documentation of attempts to purchase a readily available escrowed or quota on-premise license within the City of Charlevoix, and why such license was not reasonably available.
- ✓ D. see attached Documentation regarding the type of business with which the license will be used.
- E. see attached Additional information or documentation that will show whether the application complies with the standards contained in Section 7.303.A. and Section 7.305.D. of the City Code.

As owner of the premises, (if not the applicant), I approve of the submission of this application:

Owner's Signature: _____ Date: 9/29/18

Owner's Name & Contact #: (print) John Paul Silva, President
Hotel Earl-Charlevoix, Inc.

I, the applicant, do state that all statements made on this application at attachments are true and complete.

Applicant's Signature: _____ Date: 9/29/18

**CITY OF CHARLEVOIX
LIQUOR LICENSE APPLICATION
ADDENDUM FOR REDEVELOPMENT LIQUOR LICENSES
SUPPLEMENTAL INFORMATION / PAGE 2**

- A.** Documentation whether the applicant has a real property interest in the real property with which the license will be used.

RESPONSE: The real property of the proposed licensed premises is owned by Hotel Earl, LLC, a Michigan limited liability company, which consists of two owners/members:

John Paul Silva, and his wife,
Jennifer Marie Silva

- B.** Documentation showing that at least \$75,000 has been expended for the rehabilitation or restoration of the building that will house the licensed premises, or which makes a commitment for a capital investment of at least \$75,000 which will be expended prior to the issuance of the license.

RESPONSE: See attached Sworn Affidavit.

- C.** Documentation of attempts to purchase a readily available escrowed or quota on-premise license within the City of Charlevoix, and why such license was not reasonably available.

RESPONSE: See attached Sworn Affidavit.

- D.** Documentation regarding the type of business with which the license will be used.

RESPONSE: A full service fifty (50) plus room hotel.

- E.** Additional information or documentation that will show whether the application complies with the standards contained in Section 7.303.A. and Section 7.305.D. of the City Code.

RESPONSE: See attached copies of a portion of the MLCC Application which will be submitted by Applicant.

AFFIDAVIT OF JOHN PAUL SILVA

STATE OF MICHIGAN)
)ss
COUNTY OF CHARLEVOIX)

The undersigned, John Paul Silva, being first duly sworn, hereby deposes and says:

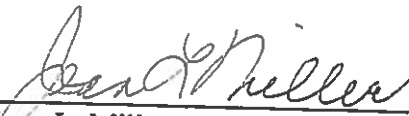
1. That I am, John Paul Silva, and of the lawful age of majority.
2. That I am the managing member of Hotel Earl, LLC, the owner of real estate located at 120 Michigan Avenue, Charlevoix, Michigan 49720.
3. That I am the sole shareholder of Hotel Earl-Charlevoix, Inc., the applicant for new B-Hotel liquor license under MCLA § 436.1521a (1)(b).
4. That one of the statutory requirements for issuance of this type of license is that the applicant expend at least \$75,000 for the rehabilitation or restoration of the building that will house the licensed premises.
5. That I, the affiant John Paul Silva, has in fact expended far in excess of the statutory requirement of \$75,000 on the real estate located at 120 Michigan, Charlevoix, Michigan 49720.
6. That the source of funds for said expenditures come from a combination of personal funds of John Paul Silva and bank loans.

Further, Affiant sayeth not.



John Paul Silva

Subscribed and sworn to before me, a Notary Public, this 1st day of October, 2018, by John Paul Silva.



Joan L. Miller, Notary Public
Charlevoix County, Michigan
My commission expires: 7/22/2023



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

Retailer License & Permit Application

For more information on retail licenses and permits, please visit the Liquor Control Commission's frequently asked questions website [by clicking this link](#).

Before you begin filling out the attached application, please review this checklist for the applicable forms and documents you will need to submit with your completed application form.

The attached LCC-100 form will automatically calculate fees when opened using Adobe Acrobat Reader. The form's functionality may not work with third-party PDF readers. You may download a free copy of Adobe Acrobat Reader on the Adobe website: <https://get.adobe.com/reader/>

- ☒ Completed Retail License & Permit Application (Form LCC-100, attached)
- ☒ Livescan Fingerprint Form* (attached)
- ☒ Inspection, License, and Permit Fees
- ☒ Local Government Authorization (Form LCC-106) - **For a new on-premises license only**
- ☐ Purchase agreement - **For the transfer of ownership of a license**
- ☐ Property document (lease, deed, land contract, etc.)
- ☐ New Specially Designated Merchant license documents - **For a new Specially Designated Merchant license only** (see page 3)
- ☒ New On-Premises Resort License Questionnaire (LCC-109a) or New On-Premises Redevelopment or Development District License Questionnaire (LCC-109b) - **For a new on-premises Resort, Redevelopment, or Development District license only**

Are you transferring stock or membership interest? If yes, use the License Interest Transfer Application (LCC-101).

If applicant is a corporation also include (pursuant to R 436.1109):

- ☒ Report of Stockholders/Member/Partners (Form LCC-301)
- ☒ Copy of Articles of Incorporation filed with the Corporations Division of the Department of Licensing & Regulatory Affairs
- ☐ Current Certificate of Good Standing from the state where incorporated and Certificate of Authority to Do Business in Michigan, if incorporated outside of Michigan.
- ☒ Certified copy of the minutes of a meeting of its board of directors or a statement signed by an officer of the corporation naming the persons authorized by corporate resolution to sign the application and other documents required by the Commission or Part 3 of Form LCC-301.

If applicant is a limited liability company also include (pursuant to R 436.1110):

- ☐ Report of Stockholders/Member/Partners (Form LCC-301)
- ☐ Copy of Articles of Organization filed with the Corporations Division of the Department of Licensing & Regulatory Affairs
- ☐ Copy of the operating agreement or bylaws of the applicant company
- ☐ Current Certificate of Authority to Do Business in Michigan, if the LLC is a non-Michigan LLC.
- ☐ Statement signed by a manager of the limited liability company or by at least 1 member if management is reserved to the members naming the person authorized to sign the application and other documents required by the Commission or Part 3 of Form LCC-301.

If applicant is a limited partnership also include (pursuant to R 436.1111):

- ☐ Report of Stockholders/Member/Partners (Form LCC-301)
- ☐ Copy of the partnership agreement of the applicant limited partnership
- ☐ Each general partner of a partnership shall sign the application, bond, and other papers filed in connection with securing a new license or transferring an existing license. This requirement may be waived by the Commission upon showing of good cause, which must be submitted in writing.

*Fingerprints are required for applicants that have not been fingerprinted for MLCC licensure in the past and will hold 10% or more interest in a license or applicant entity.



Retailer License & Permit Application

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

Part 1 - Applicant Information

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

Applicant name(s): Hotel Earl-Charlevoix, Inc. d/b/a Hotel Earl	
Address to be licensed: 120 Michigan Ave.	
City: Charlevoix	Zip Code: 49720
City/township/village where license will be issued: Charlevoix	County: Charlevoix
Federal Employer Identification Number (FEIN): <i>Applied for</i>	

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

Leave Blank - MLCC Use Only

Part 2 - License Transfer Information (If Applicable)

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

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

Part 3 - Licenses, Permits, and Permissions

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

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

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

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

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

Inspection Fees: \$140

License & Permit Fees:

TOTAL FEES:

Page 32 of 63

Schedule A - Licenses, Permits, & Permissions

Applicant name: _____

Off Premises License Type:

New Transfer

Base Fee:

Fee Code
MLCC Use
Only

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

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

Off Premises Permits:

Base Fee:

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

On/Off Premises Permission Type:

Base Fee:

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

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

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

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

Inspection, License, Permit, & Permission Fee Calculation

Number of Licenses: 2 x \$70.00 Inspection Fee

Total Inspection Fee(s): \$140.

Total License Fee(s): _____

Total Permit Fee(s): _____

TOTAL FEES DUE: \$140.00

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

Make checks payable to State of Michigan

On Premises License Type:

New Transfer

Base Fee:

Fee Code
MLCC Use
Only

- ☒ ☐ B-Hotel License \$600.00
Number of guest rooms: _____
- ☐ ☐ A-Hotel License \$250.00
Number of guest rooms: _____
- ☐ ☐ Class C License \$600.00
- ☐ ☐ Tavern License \$250.00
- ☐ ☐ Resort License Upon Licensure
- ☒ ☐ DDA/Redevelopment License Upon Licensure
- ☐ ☐ Brewpub License \$100.00
- ☐ ☐ G-1 License \$1,000.00
- ☐ ☐ G-2 License \$500.00
- ☐ ☐ Aircraft License \$600.00
- ☐ ☐ Watercraft License \$100.00
- ☐ ☐ Train License \$100.00
- ☐ ☐ Continuing Care Retirement Center License \$600.00
- ☐ MCL 436.1545(1)(b)(i) ☐ MCL 436.1545(1)(b)(ii)

B-Hotel or Class C Licenses Only:

- ☐ ☐ Additional Bar(s)

Number of Additional Bars: _____

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

On Premises Permits:

Base Fee:

- ☒ Sunday Sales Permit (AM)* \$160.00
- ☒ Sunday Sales Permit (PM)** 15%**
- ☐ Catering Permit \$100.00
- ☐ Banquet Facility Permit - Complete Form LCC-200

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

- ☒ Outdoor Service No charge
- ☐ Dance Permit No charge
- ☐ Entertainment Permit No charge
- ☐ Extended Hours Permit: No charge
- ☐ Dance ☐ Entertainment Days/Hours: _____
- ☐ Specific Purpose Permit: No charge

Activity requested: _____

Days/Hours requested: _____

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

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

Applicant name:

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

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

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

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

Section 2 - Quota Requirements for New SDM License Applicants

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

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

Documents Required To Be Submitted with New SDM License Application

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

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

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

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

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

Name: John Paul Silva			
Home address: 123 Lake Shore Road			
City: Grosse Pointe Farms		State: Michign	Zip Code: 48236
Business Phone:	Cell Phone:	Email: paul@spmliving.com	
Have you ever been licensed by the Michigan Liquor Control Commission (MLCC) or do you currently hold an interest in any other licenses issued by the MLCC? If Yes, please list business ID numbers below. If you hold interest in 2 or more locations under the same name, please also write "chain" below. Pursuant to MCL 436.1603, a retailer licensee <u>may not</u> hold interest in a manufacturer or wholesaler licensee. ☐ Yes ☒ No			
Do you hold 10% or more interest in the applicant entity? ☒ Yes ☐ No			
If you answered "no" to the first question and "yes" to the second question, you must submit fingerprints and undergo an investigation by the MLCC. Please see the attached instructions for submitting fingerprints to the MLCC. You must submit a copy of the completed and endorsed " <u>Livescan Fingerprint Background Request</u> " with your application.			

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

Date of Birth:	Social Security Number:	Driver's License Number:	
Are you a citizen of the United States of America? ☒ Yes ☐ No			
Have you ever legally changed your name? ☐ Yes ☒ No			
If you answered "yes", please list your prior name(s) (including maiden):			
Spouse's full name (if currently married): Jenifer Marie Silva			
Spouse's date of birth:	Is your spouse a citizen of the United States of America? ☒ Yes ☐ No		
Do you or your spouse hold any position, either by appointment or election, which involves the duty to enforce any penal law of the United States of America, or the penal laws of the State of Michigan, or any penal ordinance or resolution of any municipal subdivisions of the State of Michigan? ☐ Yes ☒ No			
Does your spouse hold a retail, manufacturer, or wholesaler license issued by the MLCC? ☐ Yes ☒ No			
Have you ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If Yes, list below (attach additional pages if necessary): ☐ Yes ☒ No			
Date	City/State	Charge	Disposition
Has your spouse ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If Yes, list below (attach additional pages if necessary): ☐ Yes ☒ No			
Date	City/State	Charge	Disposition

Part 5c - Signature

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing false or fraudulent information is a violation of the Liquor Control Code pursuant to MCL 436.2003. (This form must be signed by the person whose information it contains).

John Paul Silva

Print Name

Signature

Date
9/29/18

Part 6 - Contact Information

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

What is your preferred method of contact?			☐ Phone	☐ Mail	☒ Email	☐ Fax
What is your preferred method for receiving a Commission Order?			☐ Mail	☒ Email	☐ Fax	
Contact name: John Paul Silva			Relationship: self			
Mailing address: 1005 N. Stephenson Highway, Attention: Leasing Office, Royal Oak, Michigan, 48067						
Phone:		Fax number:		Email: paul@spmliving.com		

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

Attorney name: David L Campbell			Member Number: P- 11539		
Attorney address: 309 Petoskey Ave., Charlevoix, Michigan 49720					
Phone: 231-590-3758		Fax number:		Email: charlevoixattorney@gmail.com	
Would you prefer that we contact your attorney for all licensing matters related to this application?					☒ Yes ☐ No
Would you prefer any notices or closing packages be sent directly to your attorney?					☒ Yes ☐ No

Part 8 - Signature of Applicant

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

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

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

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing **false** or **fraudulent** information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

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

John Paul Silva

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

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

Fax to: 517-284-8557



Participating Agreement / Participation Permit Application
(Authorized under R 436.1041)

For information on licenses and permits, please visit the Liquor Control Commission's frequently asked questions website [by clicking this link](#).

Part 1 - Applicant/Licensee 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/Licensee name(s): Hotel Earl - Charlevoix, Inc.		
Address: 309 Petoskey Avenue		
City: Charlevoix	Zip Code: 49720	
Contact name: Paul Silva	Phone:	Email: paul@spmliving.com

Part 2 - Non-Licensed Participant Information

If participant is a corporation or limited liability company, state name exactly as it was filed with the Michigan Corporations Division, and submit a copy of the Articles of Incorporation, Articles of Organization, or Certificate of Authority to Conduct Business in Michigan filed with the Corporations Division.

Non-licensed participant name: Hotel Investment Services, Inc.	
Mailing address: 3150 Livernois, Suite 260	
City: Troy	Zip Code: 48083

Part 3 - Required Fee and Documents

☐ \$70.00 Inspection Fee - Not required if part of a request for a new license or transfer of an existing license. (MLCC Fee Code 4036)	
☐ Good cause statement, pursuant to administrative rule R 436.1041.	
☒ Copy of participating agreement.	
1. What percentage of the gross sales or net profits of the licensed business will the non-licensed participant receive under the agreement?	3 %
2. What is the commencement date of the agreement?	C of O estimated May of 2019
3. What is the duration of the agreement?	5 Years

Part 4 - Signature of Applicant or Licensee

Licensees shall be held responsible for all actions and conduct of the operation of the licensed establishment and the actions of the non-licensed participant in the conduct of the licensed business. The licensee shall not transfer these responsibilities to any individual or organization. Failure to uphold this responsibility may result in a violation, suspension, or revocation of the license.

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.

Ron Wilson

Signature of Applicant or Licensee

September 26, 2018

Name of Applicant or Licensee/Title

Date

Part 5a - Specific Information on Non-Licensed Participant

Each individual that will be a non-licensed participant must complete Part 5a, 5b, and 5c. If the participant is a corporation or limited liability company, complete Part 5a and 5c for the participant AND a separate copy of Part 5a, 5b and 5c for each stockholder/member of the participant entity.

Name: Hotel Investment Services, Inc.			
☐ Individual	☒ Corporation	☐ Limited Liability Company	☐ Stockholder ☐ Member
Address: 3150 Livernois, Suite 260			
City: Troy		State: MI	Zip Code: 48083
Contact name: Ron Wilson	Phone:	Email: ron@hishotels.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? ☒ Yes ☐ No			

Part 5b - Personal Information (Individuals)

Date of Birth:	Social Security Number	Driver's License Number:	
Are you a citizen of the United States of America?		☒ Yes ☐ No	
Have you ever legally changed your name?		☐ Yes ☒ No	
If you answered "yes", please list your prior name(s) (including maiden):			
Spouse's full name (if currently married): Roxanne V. Wilson			
Spouse's date of birth:	Is your spouse a citizen of the United States of America? ☒ Yes ☐ No		
Do you or your spouse hold any position, either by appointment or election, which involves the duty to enforce any penal law of the United States of America, or the penal laws of the State of Michigan, or any penal ordinance or resolution of any municipal subdivisions of the State of Michigan?		☐ Yes ☒ No	
Does your spouse hold a retail, manufacturer, or wholesaler license issued by the MLCC?		☒ Yes ☐ No	
Have you ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If Yes, list below (attach additional pages if necessary):		☐ Yes ☒ No	
Date	City/State	Charge	Disposition
Has your spouse ever been found guilty, pled guilty, or pled no contest to a criminal charge or any local ordinance violations? If Yes, list below (attach additional pages if necessary):		☐ Yes ☒ No	
Date	City/State	Charge	Disposition

Part 5c - Signature of Participant

I authorize the MLCC to run an Internet Criminal History Access Tool (ICHAT) and Secretary of State (SOS) check prior to docketing your request for Commission review.

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.

Ron Wilson / CEO


Signature of Participant

September 26, 2018

Date

Please return this completed form along with corresponding fee and 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: 517-373-4202



New On-Premises Redevelopment or Development District License Questionnaire

Complete and submit this questionnaire along with a fully completed Retailer License & Permit Application (LCC-100) with the documents required to be submitted with that form and any other documents required as listed below.

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): Hotel Earl- Charlevoix, Inc. d/b/a Hotel Earl		
Address to be licensed: 120 Michigan Ave		
City: Charlevoix	Zip Code: 49720	
City/township/village where license will be issued: City of Charlevoix		County: Charlevoix
Contact Name: David L Campbell	Phone: 231 590-3758	Email: charlevoixattorney@gmail.com
Mailing address (if different from above): 309 Petoskey Ave		
City: Charlevoix	Zip Code: 49720	

I am applying for the following on-premises redevelopment or development district license:

☐ **MCL 436.1521a(1)(a) - Redevelopment (RDA) License - Complete Parts 2a, 3, 4, & 5**

Select one: ☐ Class C ☐ B-Hotel ☐ Tavern ☐ A-Hotel

- ☒ The proposed licensed premises must be located in a redevelopment project area defined by the local governmental unit and the investment in the redevelopment project area must meet one (1) of following requirements:
 - Investment of not less than \$50 million in cities, townships, or villages having a population of 50,000 or more
 - Investment of not less than \$1 million per 1,000 people in cities, townships, or villages having a population of less than 50,000
- ☒ The licensed business must be engaged in activities related to dining, entertainment, or recreation and provide that activity not less than five (5) days per week
- ☒ The licensed business must be open to the public not less than ten (10) hours per day, five (5) days per week
- ☒ The initial enhanced license fee for a license issued under this section is \$20,000.00

☒ **MCL 436.1521a(1)(b) - Development District (DDA) License - Complete Parts 2b, 3, 4, & 5**

Select one: ☐ Class C ☒ B-Hotel ☐ Tavern ☐ A-Hotel

- ☒ The proposed licensed premises must be located in one of the development districts or areas listed in MCL 436.1521a(1)(b):
 - Tax Increment Finance Authority Act (TIFA) District under Public Act 450 of 1980
 - Corridor Improvement Authority Act Development Area under Public Act 280 of 2005
 - Downtown Development Authority (DDA) District under Public Act 197 of 1975
 - Principal Shopping District under Public Act 120 of 1961
- ☒ The total investment in real and personal property within the development district or area shall not be less than \$200,000.00 over a period of the preceding five (5) years
- ☒ The building shall be a restoration or rehabilitation of an existing building and **cannot be a brand new building**
- ☒ The building that will house the proposed licensed premises must have at least \$75,000.00 expended for the rehabilitation or restoration of the building over the preceding five (5) years or a commitment for a capital investment of at least \$75,000.00 in the building that must be expended before the license is issued
- ☒ The licensed business must be engaged in activities related to dining, entertainment, or recreation
- ☒ The licensed business must be open to the general public and have a seating capacity of not less than 25 persons
- ☒ The initial enhanced license fee for a license issued under this section is \$20,000.00

Please Note: Pursuant to MCL 436.1521a(8) a license issued under MCL 436.1521a cannot be transferred to another location and if the licensee goes out of business the license issued under MCL 436.1521a shall be surrendered by the licensee to the Commission and the Commission will terminate the license.

Part 2a - MCL 436.1521a(1)(a) - Redevelopment (RDA) License Required Documents

- ☐ Resolution from local governmental unit establishing the redevelopment project area
- ☐ Affidavit from the assessor, certified by the city, township, or village clerk, which states the following:
 - The amount of investment money expended for manufacturing, industrial, residential, and commercial development within the redevelopment project area during the preceding three (3) years (must specifically state start and end dates for the investment, i.e. January 1, 2013, to December 31, 2015).
 - Statement that the amount of commercial investment in the redevelopment project area constitutes not less than 25% of the total investment in real and personal property in the area.
- ☐ Legible map of the redevelopment project area which clearly labels all street names

Part 2b - MCL 436.1521a(1)(b) - Development District (DDA) License Required Documents

- ☒ Resolution from local governmental unit establishing the development district or area which specifically references the statute under which the area was established:
 - Public Act 450 of 1980 for Tax Increment Finance Authorities
 - Public Act 280 of 2005 for Corridor Improvement Authorities
 - Public Act 197 of 1975 for Downtown Development Authorities
 - Public Act 120 of 1961 for Principal Shopping Districts
- ☒ Affidavit from the assessor, certified by the city, township, or village clerk, which states the following:
 - The total amount of public and private investment in real and personal property within the development district or area over a period of the preceding five (5) years (must specifically state start and end dates for the investment, i.e. January 1, 2011, to December 31, 2015).
- ☒ Legible map of the development district or area which clearly labels all street names

Part 3 - Available License Search

MCL 436.1521a(9) requires any person signing an application for an on-premises Redevelopment or Development District license to verify that he or she attempted to purchase any of the on-premises licenses that are in escrow that do not have a pending transfer on file with the MLCC within the county in which the applicant for the on-premises Redevelopment or Development District license proposes to operate.

You should not apply for an on-premises Redevelopment or Development District license if there is an available quota license in the local governmental unit in which the proposed licensed business will be located. You may verify the availability of quota licenses on the Commission's website using the [Local Government Quota search page](#).

- ☒ I verify that I have attempted to purchase any readily available on-premises escrowed licenses that do not have pending transfers on file with the MLCC in the county where the proposed licensed business will be located.
 - Applicant should provide a notarized affidavit outlining all attempts and responses (or lack thereof) to secure a readily available on-premises license.
 - Applicant should send certified letters of inquiry as to the availability of the license to each licensee at the address listed on the licensee listing report provided by the MLCC.
 - Applicant should submit copies of the letters sent, certified tags, signed certified return receipts, copies of any envelopes returned by the USPS, and copies of any correspondence received from the licensees.
 - Applicant should provide dates, the name of the person contacted, and a synopsis of the conversation if escrowed licensees are contacted by telephone.
 - Applicant should provide documentation regarding the fair market value of the license based on where the applicant will be located, if determinable, the size and scope of the proposed operation, and/or the existence of mandatory contractual restrictions or inclusion attached to the sale of the license when indicating to the MLCC that purchase of a license is not economically feasible or the license is not readily available.
- ☒ There are no readily available on-premises licenses in escrow in the county where the proposed licensed business will be located.
- ☒ There are no unissued, on-premises quota licenses readily available in the local governmental unit where the proposed licensed business will be located.

Part 4 - Local Governmental Approval

An applicant for a new on-premises Redevelopment or Development District license requires approval by the legislative body of the local governmental unit in which the licensed premises will be located. Applicants for a license in a city that has a population of 600,000 or more do not require local governmental approval. Please use the Local Governmental Unit Approval Form (LCC-106) or obtain a resolution from the local governmental unit that contains the same information required on the form. The form or a resolution from the city, village, or township must specifically state the applicant's legal name, if an individual person, or the corporate name of the business, the proposed licensed address, and contain a recommendation for the issuance of a license under one of the two following options:

- New Class C* license issued under the provisions of MCL 436.1521a(1)(a)
- New Class C* license issued under the provisions of MCL 436.1521a(1)(b)

**May substitute other license types such as Tavern, A-Hotel, or B-Hotel licenses*

Part 5 - Signature of Applicant

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.

I certify that I understand that pursuant to MCL 436.1521a(8) a license issued under MCL 436.1521a cannot be transferred to another location and that if the licensee goes out of business the license issued under MCL 436.1521a shall be surrendered by the licensee to the Commission and the Commission will terminate the license.

John Paul Silva, President

Print Name of Applicant & Title

Signature of Applicant

Date

9-29-18

Please return this completed form along with corresponding documents:

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

AFFIDAVIT OF JOHN PAUL SILVA

STATE OF MICHIGAN)
)ss
COUNTY OF CHARLEVOIX)

The undersigned, John Paul Silva, being first duly sworn, hereby deposes and says:

1. That I am, John Paul Silva, and of the lawful age of majority.
2. That I am the managing member of Hotel Earl, LLC, the owner of real estate located at 120 Michigan Avenue, Charlevoix, Michigan 49720.
3. That I am the sole shareholder of Hotel Earl-Charlevoix, Inc., the applicant for new B-Hotel liquor license under MCLA § 436.1521a (1)(b).
4. That one of the statutory requirements for issuance of this type of license is that the applicant expend at least \$75,000 for the rehabilitation or restoration of the building that will house the licensed premises.
5. That I, the affiant John Paul Silva, has in fact expended far in excess of the statutory requirement of \$75,000 on the real estate located at 120 Michigan, Charlevoix, Michigan 49720.
6. That the source of funds for said expenditures come from a combination of personal funds of John Paul Silva and bank loans.

Further, Affiant sayeth not.



John Paul Silva

Subscribed and sworn to before me, a Notary Public, this 1st day of October, 2018, by John Paul Silva.



Joan L. Miller, Notary Public
Charlevoix County, Michigan
My commission expires: 7/22/2023



A.
U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT
SETTLEMENT STATEMENT

B. TYPE OF LOAN:
1. ☐ FHA 2. ☐ FmHA 3. ☒ CONV. UNINS. 4. ☐ VA 5. ☐ CONV. INS.
6. FILE NUMBER:
2018050213 7. LOAN NUMBER:
8. MORTGAGE INS CASE NUMBER:

C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "(POC)" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.

D. NAME AND ADDRESS OF BORROWER:

Hotel Earl, LLC
123 Lakeshore Drive
Grosse Pointe Farms, MI 48236

E. NAME AND ADDRESS OF SELLER:

F. NAME AND ADDRESS OF LENDER:

MBank

This Is A True Copy
Settlement Agent

G. PROPERTY LOCATION:
120 Michigan Ave.
Charlevoix, MI 49720
Charlevoix County, Michigan

H. SETTLEMENT AGENT: 45-3121938
Barron Title Agency

I. SETTLEMENT DATE:

June 26, 2018

PLACE OF SETTLEMENT

309 Petoskey Ave., PO Box 399
Charlevoix, MI 49720

J. SUMMARY OF BORROWER'S TRANSACTION

100. GROSS AMOUNT DUE FROM BORROWER:	
101. Contract Sales Price	
102. Personal Property	
103. Settlement Charges to Borrower (Line 1400)	32,701.78
104. Project/Consultant Fee to Woodward/Birmingham Fina	47,000.00
105. Undisbursed Funds to Mbank	4,700,000.00

Adjustments For Items Paid By Seller In advance	
106. City/Town Taxes to	
107. County Taxes to	
108. Assessments to	

109.	
110.	
111.	
112.	

120. GROSS AMOUNT DUE FROM BORROWER	4,779,701.78
-------------------------------------	--------------

200. AMOUNTS PAID BY OR IN BEHALF OF BORROWER:	
201. Deposit or earnest money	
202. Principal Amount of New Loan(s)	4,700,000.00
203. Existing loan(s) taken subject to	
204. Origination Fee Deposit	10,000.00
205.	
206.	
207.	
208.	
209.	

Adjustments For Items Unpaid By Seller	
210. City/Town Taxes to	
211. County Taxes to	
212. Assessments to	
213.	
214.	
215.	
216.	
217.	
218.	
219.	

220. TOTAL PAID BY/FOR BORROWER	4,710,000.00
---------------------------------	--------------

300. CASH AT SETTLEMENT FROM/TO BORROWER:	
301. Gross Amount Due From Borrower (Line 120)	4,779,701.78
302. Less Amount Paid By/For Borrower (Line 220)	(4,710,000.00)
303. CASH (X FROM) (TO) BORROWER	69,701.78

301.	
302.	
303.	

K. SUMMARY OF SELLER'S TRANSACTION

400. GROSS AMOUNT DUE TO SELLER:	
401. Contract Sales Price	
402. Personal Property	
403.	
404.	
405.	

Adjustments For Items Paid By Seller In advance	
406. City/Town Taxes to	
407. County Taxes to	
408. Assessments to	
409.	
410.	
411.	
412.	

410.	
411.	
412.	

420. GROSS AMOUNT DUE TO SELLER	
---------------------------------	--

500. REDUCTIONS IN AMOUNT DUE TO SELLER:	
501. Excess Deposit (See Instructions)	
502. Settlement Charges to Seller (Line 1400)	
503. Existing loan(s) taken subject to	
504.	
505.	
506.	
507.	
508.	
509.	

Adjustments For Items Unpaid By Seller	
510. City/Town Taxes to	
511. County Taxes to	
512. Assessments to	
513.	
514.	
515.	
516.	
517.	
518.	
519.	

510. City/Town Taxes	
511. County Taxes	
512. Assessments	
513.	
514.	
515.	
516.	
517.	
518.	
519.	

520. TOTAL REDUCTION AMOUNT DUE SELLER	
--	--

600. CASH AT SETTLEMENT TO/FROM SELLER:	
601. Gross Amount Due To Seller (Line 420)	
602. Less Reductions Due Seller (Line 520)	
603. CASH (TO) (FROM) SELLER	

601.	
602.	
603.	

The undersigned hereby acknowledge receipt of a completed copy of pages 1&2 of this statement & any attachments referred to herein.

Borrower Hotel Earl, LLC

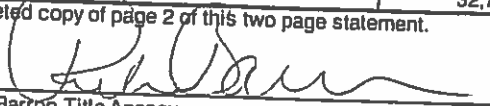
BY: _____

L. SETTLEMENT CHARGES

700. TOTAL COMMISSION Based on Price		\$	@	%	Paid From BORROWER'S FUNDS AT SETTLEMENT	Paid From SELLER'S FUNDS AT SETTLEMENT
Division of Commission (line 700) as Follows:						
701. \$	to					
702. \$	to					
703. Commission Paid at Settlement						
704.	to					
800. ITEMS PAYABLE IN CONNECTION WITH LOAN						
801. Loan Origination Fee	0.00 %	to	MBank			
802. Loan Discount	%	to			25,000.00	
803. Appraisal Fee		to	MBank			
804. Credit Report		to	MBank	POC:B7400.00		
805.		to			34.78	
806.		to				
807.		to				
808. Flood Certification		to	MBank			
809.					11.00	
810.						
811.						
900. ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE						
901. Interest From	to	@	\$	/day (days %)		
902. Mortgage Insurance Premium for	months to					
903. Hazard Insurance Premium for	years to					
904.						
905.						
1000. RESERVES DEPOSITED WITH LENDER						
1001. Hazard Insurance		@	\$	per		
1002. Mortgage Insurance		@	\$	per		
1003. City/Town Taxes		@	\$	per		
1004. County Taxes		@	\$	per		
1005. Assessments		@	\$	per		
1006.		@	\$	per		
1007.		@	\$	per		
1008.		@	\$	per		
1100. TITLE CHARGES		@	\$	per		
1101. Settlement or Closing Fee	to	Barron Title Agency				
1102. Abstract or Title Search	to				250.00	
1103. Title Examination	to					
1104. Title Insurance Binder	to					
1105. Document Preparation	to					
1106. Notary Fees	to					
1107. Attorney's Fees	to	Pezzetti, Vermetten & Popovits, P.C.				
(includes above item numbers:					1,591.00	
1108. Title Insurance	to	Fidelity National Title-Michigan				
(includes above item numbers:					5,700.00	
1109. Lender's Coverage	\$	4,700,000.00				
1110. Owner's Coverage	\$			5,700.00		
1111.						
1112.						
1113. Certificate of Good Standing	to	Mbank				
1200. GOVERNMENT RECORDING AND TRANSFER CHARGES					10.00	
1201. Recording Fees: Deed \$		Mortgage \$	30.00;	Releases \$		
1202. City/County Tax/Stamps: Deed	\$		Mortgage	\$	30.00	
1203. State Tax/Stamps: Revenue Stamps	\$		Mortgage	\$		
1204. Record NOC and AOR	to	Charlevoix County Register of Deeds				
1205. UCC Filing Fee	to	State of Michigan			60.00	
1300. ADDITIONAL SETTLEMENT CHARGES					15.00	
1301. Survey	to					
1302. Pest Inspection	to					
1303.						
1304.						
1305.						
1400. TOTAL SETTLEMENT CHARGES (Enter on Lines 103, Section J and 502, Section K)					32,701.78	

By signing page 1 of this statement, the signatories acknowledge receipt of a completed copy of page 2 of this two page statement.

Certified to be a true copy.


Barron Title Agency
Settlement Agent

Real Estate Transfer Tax Valuation Affidavit

Issued under authority of Public Act 134 of 1966 and 330 of 1993 as amended.

This form must be filed when you choose not to enter the amount paid for real estate on the deed. It is not necessary when the amount paid is entered on the deed. This form must be completed and signed by either the seller or his/her authorized agent.

1. County of Property Charlevoix		2. City or Township of Property City of Charlevoix	
3. Names of all Sellers Lodge Development Company, LLC, a Michigan limited liability company			
Seller's Mailing Address(es) 120 Michigan Avenue, Units 1-41		City Charlevoix	State Michigan
		ZIP Code 49720	
4. Names of all Purchasers Hotel Earl, LLC, a Michigan limited liability company			
Purchaser's Mailing Address(es) 1005 N. Stephenson Highway, Attn: Leasing Office		City Royal Oak	State Michigan
		ZIP Code 48067	
5. Type of Data of Document ☐ Land Contract Date of Contract: ☒ Deed Date: <u>6/26/18</u>			
6. Cash Payment and/or Debt Relieved (Enter Data)		7. Amount of Mortgage/Land Contract	8. Total Consideration (Add Lines 6 & 7) \$1,255,000.00
9. Amount of County Tax \$1,380.50		10. Amount of State Tax \$9,412.50	11. Total Revenue Stamps (Add Lines 9 & 10)
12. If consideration is less than market value, state market value.			
13. Legal Description of Real Estate Transferred Units 1-41, THE LODGE OF CHARLEVOIX CONDOMINIUM, according to the Master Deed recorded in Liber 281, pages 960 through 990 and designated as Charlevoix County Condominium Plan No. 28, Charlevoix County Records, together with rights in general common elements and limited common elements as set forth in the above Master Deed and as described in Act 59 of Public Acts of 1978 as amended.			
Certification			
I certify that the information above is true and complete to the best of my knowledge.			
Seller's Signature <u>R. Tragg All</u>		If signer is other than the seller, print name and title	
Seller's Signature		If signer is other than the seller, print name and title	
Seller's Signature		If signer is other than the seller, print name and title	
Seller's Signature		If signer is other than the seller, print name and title	
Notarization			
Subscribed and sworn to me <u>Mackenzie E Sayward</u>		Notary Public State of Michigan; County of <u>Charlevoix</u>	on this date <u>6/26/18</u> My commission expires on <u>3-9-2022</u>

MCKENZIE E SAYWARD
Notary Public, State of Michigan
County of Charlevoix
My Commission Expires 03-09-2022
Acting in the County of Charlevoix

RE-C

DAVID L. CAMPBELL, P.C.
Attorney

309 Petoskey Ave.
Charlevoix, Michigan 49720

Direct: 231-590-3758
CharlevoixAttorney@gmail.com

September 19, 2018
VIA CERTIFIED MAIL

Angela Marshall
Walloon Junction, LLC
4472 N. M-75
Walloon Lake, MI 49796

Angela Marshall
Walloon Junction, LLC
7292 Sharon Hollow Road
Manchester, MI 48158

Dear Ms. Marshall:

The purpose of this letter is to inquire as to the availability of your Class C escrowed MLCC liquor license bearing #L000253262.

I represent a client who is desirous of obtaining a Class C on premise liquor license to be located in Charlevoix County.

This is a serious inquiry and if you have any interest in selling your liquor license please contact me at your earliest convenience.

Thank you.

Respectfully submitted,

David L. Campbell
David L. Campbell

David L. Campbell, P.C.
309 Petoskey Avenue
Charlevoix, MI 49720
(231) 590-3758

222 962 1000 097 5007

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.47
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.67
Sent To	Angela Marshall
Street, or POE	Walloon Junction, LLC
City, St	4472 N. M-75
	Walloon Lake, MI 49796

PS Form 3800, June 2010

572 962 1000 097 5007

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.47
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.67
Sent To	Angela Marshall
Street, or POE	Walloon Junction, LLC
City, St	7292 Sharon Hollow Road
	Manchester, MI 48158

PS Form 3800, June 2010

David L. Campbell PC
309 Petoskey Ave.
Charlevoix, MI 49720

CERTIFIED MAIL™



7005 1160 0001 3796 7322

ERSE CITY MI 4985

SEP 2018 PM 11



02 1P \$006.670
0061943700 SEP 19 2018
MAILED FROM ZIP CODE 49720

Wade Ross
Angela Marshall
Walloon Junction, LLC
4472 N. M-75
Walloon Lake, MI 49796

NIXIE

482 FE 1

0009/24/18

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

-- 9331020111000003

UTF

BC: 49720022828 *2961-14412-19-40



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Angela Marshall
Walloon Junction, LLC
4472 N.M-75
Walloon Lake, MI 49796



9590 9402 2860 7069 7221 46

2. Article Number (Transfer from service label)

7005 1160 0001 3796 7322

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

MICHIGAN MI USA

DRIVER LICENSE



DOB [REDACTED]

JOHN PAUL SILVA

**123 LAKE SHORE RD
GROSSE POINTE FARMS, MI 48236-3760**

Sex M

Hgt 508

Eyes BRO

Lic Type 0

End NONE

Restrictions NONE



ISS 04-25-2017

EXP [REDACTED] 042868

DDI [REDACTED]

DONOR 
Rev 01-21-2011

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

23

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Typo Cause / Cause / Causa Duration / Dura / Durat Age / Age / Aged No. / No. / Nos. No. / No. / Nos.

P

USA

Surname / Name / Apellidos

SILVA

Three Names / Polynomials / Numbers

JOHN PAUL

Nationality / Nationalité / Nationalität

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

Sex / Sens / Serv

PORTUGAL

M

Date of issue / Date de délivrance / Fecha de expedición

Authority / Autorité / Autoridad

18 Feb 2015

United States

Date of expiration / Date d'expiration / Fecha de caducidad

Department of State

17 Feb 2025

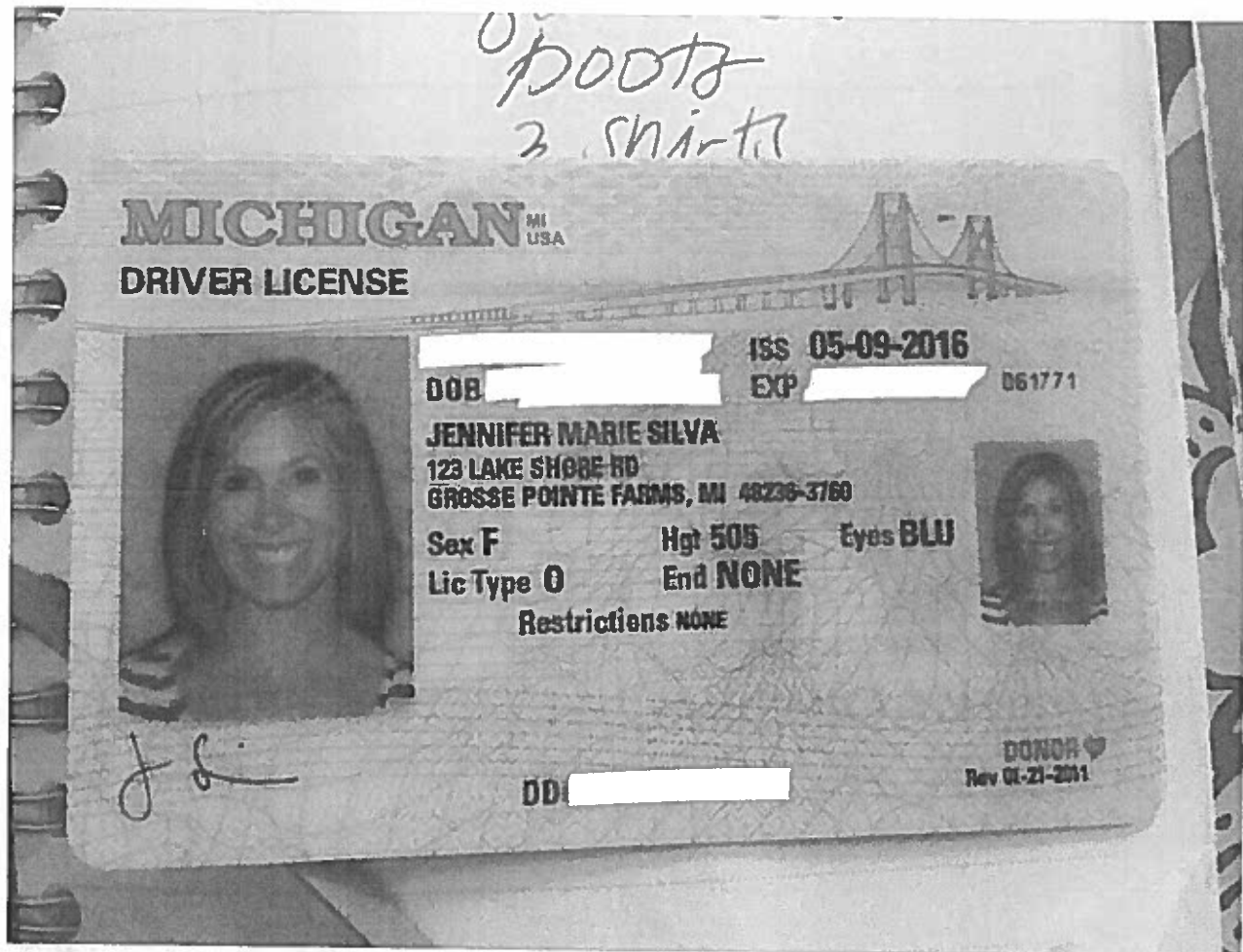
USA

Endorsements / Mentions Spéciales / Apollonies

SEE PAGE 27

[illegible]

Subj: License
Date: 9/21/2016 12:53:18 P.M. Eastern Daylight Time
From: jenniemsilva@aol.com
To: kmurray@snethkampcid.com



Jennie Silva

Sent from my iPhone

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do convene and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR



UNITED STATES OF AMERICA

Type	Type	Type
------	------	------

Code / Code 2
USA

Surname /

SILVA
Given Name(s) / Prénoms / Nom(s)

JENNIFER MARIE
Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance

Place of birth / Lloc de naixement
MICHIGAN, U.S.A.

Date of issue / Date de démission: 2012

Date of expiration: / /

16 Jan 2022
Endorsements / Mentions Spéciales / Annotations

SEE PAGE 27

Sex / Sexe / Sero
E

Priority / Author

Authority / Autorité / Autoridad

United States
Department of State

Depar 0100

USA

[illegible]

Zimbra

joyceg@charlevoixmi.gov

Re: Hotel Earl Redev Liquor License

From : City of Charlevoix Planner
<planner@charlevoixmi.gov>

Wed, Oct 24, 2018 12:08 PM

Subject : Re: Hotel Earl Redev Liquor License

To : Joyce Golding <joyceg@charlevoixmi.gov>

4. A person on whose premises there exists a violation of the applicable building, electrical, mechanical, plumbing or fire codes, applicable zoning regulations, applicable public health regulations, or any other applicable city ordinance. *****There are no zoning violations. I checked with the county building department and there are no outstanding building violations

5. A person whose application proposes a use which would be in violation of any city zoning or police power ordinance, or state or federal law. ***** No violation. This zoning district allows alcohol sales

7. A person where it is determined by a majority of the city council that the premises for which the license has been requested do not or will not within six (6) months after commencement of operations, have adequate off-street parking, lighting, refuse disposal facilities, screening, noise, or nuisance control or where a nuisance does or will exist. ***** This project received site plan approval which covers all a fore mentioned items, from the City of Charlevoix Planning Commission and the City Council.

8. A person whose licensing activity will expand or intensify a non-conforming use under the city zoning ordinance. ***** No non-conforming issues.

Jonathan D. Scheel
Zoning Administrator

210 State Street
Charlevoix, MI 49720
(231) 547-3265
CharlevoixMi.gov

**Affidavit of Public & Private Investment
Development District Area**

I, Joe Lavender, am the Assessor for the City of Charlevoix. I have examined the assessment records for the City of Charlevoix and made the following determination as to the public and private investment in the City of Charlevoix qualified development district (Downtown Development Authority). Based on the review of these records, I have determined that the total amount of public and private investment in real property within the qualified development district over the proceeding five (5) year period, January 1st 2014 – December 31st 2018 is \$379,566 an amount that exceeds the \$200,000 minimum required by Public Act 501 of 2006, Sec 521a(1)b. I have made this determination to the best of my ability with the records available on this day October 5th 2018, Charlevoix County, Michigan.

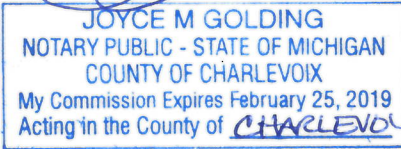


Joe Lavender, Assessor

October 5, 2018

STATE OF MICHIGAN)
)ss
COUNT OF CHARLEVOIX)

On this 5th day of October, 2018, before me, a Notary Public in and for said county and state, personally appeared the above-named, on behalf of the City of Charlevoix, and made oath that she had read the foregoing Affidavit, by her subscribed, and know that the contents thereof, and that the same is true of her own knowledge, except as to those matters which are stated to be upon information and belief, and as to those matters, she believes to be true.



JOYCE M GOLDING
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF CHARLEVOIX
My Commission Expires February 25, 2019
Acting in the County of CHARLEVOIX

Parcel Number	2014 Additions	2015 Additions	2016 Additions	2017 Additions	2018 Additions	Total Additions 50%
052-100-000-00	0	0	0	0	0	0
052-100-001-00	0	0	0	0	0	0
052-100-002-00	0	0	0	0	0	0
052-100-003-00	0	0	0	0	0	0
052-100-004-00	0	0	0	0	0	0
052-100-005-00	0	0	0	0	0	0
052-100-006-00	0	0	0	0	0	0
052-100-007-00	0	0	0	0	0	0
052-115-000-00	0	0	0	0	0	0
052-115-001-00	0	0	0	0	0	0
052-115-002-00	0	0	0	0	0	0
052-115-003-00	0	0	0	0	0	0
052-115-004-00	0	0	0	0	0	0
052-126-095-00	0	0	0	0	0	0
052-127-002-00	0	0	0	0	0	0
052-205-001-00	0	0	0	0	0	0
052-205-002-00	0	0	0	0	0	0
052-205-003-00	0	0	0	0	0	0
052-205-004-00	700	0	0	0	0	700
052-205-005-00	0	0	0	0	0	0
052-210-000-00	0	0	0	0	0	0
052-210-001-00	0	0	0	0	0	0
052-210-002-00	0	0	0	0	0	0
052-210-003-00	0	0	0	0	0	0
052-210-004-00	0	0	0	0	0	0
052-210-005-00	0	0	0	0	0	0
052-210-007-00	0	0	0	0	0	0
052-210-008-00	0	0	0	0	0	0
052-210-009-00	0	0	0	0	0	0
052-210-010-00	0	0	0	0	0	0
052-210-011-00	0	0	0	0	0	0
052-210-012-00	0	0	0	0	0	0
052-220-000-00	0	0	0	0	0	0
052-220-104-00	0	0	0	0	0	0
052-220-105-00	0	0	0	0	0	0
052-220-106-00	0	0	0	0	0	0
052-220-108-10	0	0	0	0	0	0
052-220-109-00	0	0	0	0	0	0
052-220-210-00	0	0	0	0	0	0
052-220-211-00	0	0	0	0	0	0
052-220-212-10	0	0	0	0	0	0
052-220-314-00	0	0	0	0	0	0
052-227-042-00	0	0	0	0	0	0
052-240-001-00	0	0	0	0	0	0

052-240-002-00	0	0	0	0	0	0	0
052-240-003-00	0	0	0	0	0	0	0
052-240-004-00	0	0	0	0	0	0	0
052-240-005-00	0	0	0	0	0	0	0
052-240-006-00	0	0	0	0	0	0	0
052-242-002-10	0	0	0	0	0	0	0
052-242-002-15	0	0	0	0	0	0	0
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052-242-003-10	0	0	0	0	0	0	0
052-242-004-00	0	0	0	0	0	0	0
052-242-005-00	0	0	0	0	0	0	0
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052-242-007-00	0	0	0	0	0	0	0
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052-246-010-00	0	0	0	0	0	0	0
052-249-002-00	0	0	0	0	0	0	0
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052-249-023-00	0	0	0	0	0	0	0
052-250-001-10	0	0	0	0	0	0	0
052-250-003-00	0	0	0	0	0	0	0
052-250-021-00	0	0	0	0	0	0	0
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052-265-004-50	3200	0	0	0	0	0	3200
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052-265-008-50	0	0	0	0	0	0	0
052-265-009-00	0	0	0	0	0	0	0

052-265-011-00	0	0	0	0	0		0
052-270-001-00	0	0	0	0	0		0
052-270-001-50	0	0	0	0	0		0
052-270-002-00	0	0	0	0	0		0
052-270-078-00	0	0	0	0	0		0
052-270-079-50	0	0	0	0	0		0
052-340-001-00	0	0	0	0	0		0
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052-340-003-00	0	0	0	0	0		0
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052-340-014-00	0	0	0	0	0		0
052-340-015-00	0	0	0	0	0		0
052-345-011-00	0	0	0	0	0		0
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052-347-010-10	0	0	0	0	0		0
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052-125-022-00	0	0	0	0	0	0	0
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052-125-060-00	0	0	0	0	0		0
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052-125-072-00	0	0	0	0	0		0
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052-125-074-00	0	0	0	0	0		0
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052-125-083-00	0	0	0	0	0		0
052-125-084-00	0	0	0	0	0		0
052-125-085-00	0	0	0	0	0		0
052-125-086-00	0	0	0	0	0		0
052-125-087-00	0	0	0	0	0		0
052-125-088-00	0	0	0	0	0		0
052-125-089-00	0	0	0	0	0		0
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052-125-091-00	0	0	0	0	0		0
052-125-092-00	0	0	0	0	0		0
052-126-091-10	0	0	0	0	0		0
052-126-094-00	0	0	0	0	0		0
052-126-098-00	0	0	0	0	0		0
052-151-004-00	0	0	0	0	0		0
052-151-005-00	0	0	0	0	0		0
052-151-005-25	0	0	0	0	0		0
052-151-005-50	0	0	0	0	0		0
052-195-000-00	0	0	0	0	0		0
052-195-001-00	0	0	0	0	0		0
052-195-002-00	0	0	0	0	0		0
052-195-003-00	0	0	0	0	0		0
052-195-004-00	0	0	0	0	0		0
052-195-005-00	0	0	0	0	0		0

052-195-006-00	0	0	0	0	0	0
052-195-007-00	0	0	0	0	0	0
052-195-008-00	0	0	0	0	0	0
052-195-009-00	0	0	0	0	0	0
052-195-010-00	0	0	0	0	0	0
052-195-011-00	0	0	0	0	0	0
052-195-012-00	0	0	0	0	0	0
052-195-013-00	0	0	0	0	0	0
052-195-014-00	0	0	0	0	0	0
052-195-015-00	0	0	0	0	0	0
052-195-016-00	0	0	0	0	0	0
052-195-017-00	0	0	0	0	0	0
052-195-018-00	0	0	0	0	0	0
052-195-019-00	0	0	0	0	0	0
052-195-020-00	0	0	0	0	0	0
052-195-021-00	0	0	0	0	0	0
052-195-022-00	0	0	0	0	0	0
052-195-023-00	0	0	0	0	0	0
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052-195-025-00	0	0	0	0	0	0
052-195-026-00	0	0	0	0	0	0
052-195-027-00	0	0	0	0	0	0
052-195-028-00	0	0	0	0	0	0
052-195-029-00	0	0	0	0	0	0
052-195-030-00	0	0	0	0	0	0
052-195-031-00	0	0	0	0	0	0
052-195-032-00	0	0	0	0	0	0
052-195-033-00	0	0	0	0	0	0
052-195-034-00	0	0	0	0	0	0
052-195-035-00	0	0	0	0	0	0
052-195-036-00	0	0	0	0	0	0
052-195-037-00	0	0	0	0	0	0
052-195-038-00	0	0	0	0	0	0
052-195-039-00	0	0	0	0	0	0
052-197-000-00	0	0	0	0	0	0
052-197-001-00	0	0	0	0	0	0
052-197-002-00	0	0	0	0	0	0
052-197-003-00	0	0	0	0	0	0
052-197-004-00	0	0	0	0	0	0
052-197-005-00	0	0	0	0	0	0
052-197-006-00	0	0	0	0	0	0
052-197-007-00	0	0	0	0	0	0
052-197-008-00	0	0	0	0	0	0
052-197-009-00	0	0	0	0	0	0
052-197-010-00	0	0	0	0	0	0
052-197-011-00	0	0	0	0	0	0
052-197-012-00	0	0	0	0	0	0

052-197-013-00	0	0	0	0	0		0
052-197-014-00	0	0	0	0	0		0
052-197-015-00	0	0	0	0	0		0
052-197-016-00	0	0	0	0	0		0
052-197-017-00	0	0	0	0	0		0
052-197-018-00	0	0	0	0	0		0
052-197-019-00	0	0	0	0	0		0
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052-197-032-00	0	0	0	0	0		0
052-197-033-00	0	0	0	0	0		0
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052-199-007-00	0	0	0	0	0		0
052-199-008-00	0	0	0	0	0		0
052-199-009-00	0	0	0	0	0		0
052-199-010-00	0	0	0	0	0		0
052-199-011-00	0	0	0	0	0		0
052-199-012-00	0	0	0	0	0		0
052-199-013-00	0	0	0	0	0		0
052-199-014-00	0	0	0	0	0		0
052-199-015-00	0	0	0	0	0		0
052-199-016-00	0	0	0	0	0		0
052-199-017-00	0	0	0	0	0		0
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052-199-023-00	0	0	0	0	0		0
052-199-024-00	0	0	0	0	0		0
052-199-025-00	0	0	0	0	0		0

052-199-026-00	0	0	0	0	0		0
052-199-027-00	0	0	0	0	0		0
052-199-028-00	0	0	0	0	0		0
052-199-029-00	0	0	0	0	0		0
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052-199-033-00	0	0	0	0	0		0
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052-199-037-00	0	0	0	0	0		0
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052-199-039-00	0	0	0	0	0		0
052-199-040-00	0	0	0	0	0		0
052-199-041-00	0	0	0	0	0		0
052-205-000-00	0	0	0	0	0		0
052-899-003-00	0	0	110900	0	0		110900
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