



Special Meeting Agenda
Lakeland Beer Board
Thursday, August 12, 2021, 5:15 PM
City Hall, Lakeland, Tennessee 38002

- I. CALL TO ORDER BY MAYOR:
- II. INVOCATION:
- III. PLEDGE:
- IV. ROLL CALL BY RECORDER:
- V. PUBLIC COMMENTS:
- VI. REGULAR AGENDA:
 - 1. **Resolution** - to approve an Application for Certificate of Compliance to engage in the business of retail sales of alcoholic beverages in Lakeland, Tennessee.
- VII. ANNOUNCEMENTS:
- VIII. ADJOURNMENT:

RESOLUTION R-66-2021

**A RESOLUTION OF THE BEER BOARD OF THE CITY OF LAKELAND,
TENNESSEE TO APPROVE A CERTIFICATE OF COMPLIANCE FOR LAKE
DISTRICT WINE AND LIQUOR**

WHEREAS, the City of Lakeland received an application for Certificate of Compliance to engage in the business of retail sales of alcoholic beverages from Michael and Charles Kardoush of Lake District Wine and Liquor; and

WHEREAS, Tennessee Code Annotated § 57-3-208 as a condition to the issuance or renewal of a state alcoholic beverage license, such certificate shall be signed by the Mayor; and

WHEREAS, all requirement of Ordinance 16-242 have been met including a satisfactory background check of the applicants.

NOW, THEREFORE, BE IT RESOLVED by the Beer Board of the City of Lakeland, Tennessee, that the Mayor is hereby authorized to execute a Certificate of Compliance for Lake District Wine and Liquor on behalf of the City of Lakeland, Tennessee.

PASSED AND ADOPTED by the Beer Board of the City of Lakeland, Tennessee on this 12th day of August 2021, public welfare requiring it.

Mike Cunningham, Mayor

ATTEST:

Debra Murrell
City Recorder



APPLICATION FOR CERTIFICATE OF COMPLIANCE
TO ENGAGE IN THE BUSINESS OF RETAIL SALES
OF ALCOHOLIC BEVERAGES IN LAKELAND, TENNESSEE

Please Print or Type
Answer ALL Questions – If Not Applicable, indicate with "N/A"

1. Full Name Michael I. Kardoush
2. Home Address [REDACTED]
City Germentown ST TN Zip Code 38139
3. Contact phone # 901-568-2751 Date of Birth [REDACTED]
4. Place of birth Memphis, TN
5. How many years have you resided in the State of Tennessee? 53 years
6. Are you a United States Citizen? ☒ Yes ☐ No
If Naturalized, when and where _____
7. Give addresses where you have resided during the preceding ten years:
[REDACTED] Germentown, TN 38139
8. Will business be conducted by you individually, as a partnership, or as a corporation?
Partnership, LLC
9. If business is to be conducted by an individual, state whether there is a need to borrow funds for engaging in said business, from whom the loan is made, and the amount of the borrowing.
Morgan Stanley 800,000.00

10. If a partnership or corporation, give names of partners or shareholders, and addresses and percent ownership of each partner or shareholder.

Name	Address	Percent Ownership
Michael Kardoush	[REDACTED]	50 %
Charles Kardoush	[REDACTED]	50 %
		%
		%

(Attach additional sheet, if needed)

**NOTE: APPLICANT (direct or indirect) CANNOT BE A
FEDERAL, STATE, COUNTY OR CITY EMPLOYEE.**

11. State the name of your business and the street address of where business is to be conducted:

Lake District Wine and Liquor
9845 Lake District Dr. N Ste 123

12. Give name and address of every person who shall have management or control of the licensed premises:

Michael Kardoush
Charles Kardoush

13. Will you personally devote your entire time to the conduct of the business:

☒ Yes ☐ No

If NO, who will, and what interest has such person in the business:

14. Has applicant or applicants who are to be in actual charge of said business been convicted of a felony involving moral turpitude, within ten (10) years prior to the date of this application; and if a corporation, have the executive officers or those in control been convicted of a felony within ten (10) years preceding the date of this application? This includes felony convictions under the laws of the State of Tennessee or any other state. If so, state the nature of offense(s) or judgment of court, dates of conviction, and County of conviction:

No

15. Has applicant or applicants who are to be in actual charge of said business been convicted of any offense under the laws of State of Tennessee or any other State, or the United States of America, prohibiting or regulating the sale, possession, transportation, storing, manufacturing, or otherwise handling, intoxicating liquors; or has applicant during such period been engaged in business alone or with others in violation of any such laws or rules and regulations promulgated pursuant thereto, as they existed on March 2, 1939, or as they existed or may exist thereafter?

_____ Yes ☒ No

16. Give the names and addresses of three (3) reputable persons who reside in the City of Lakeland who may be referred to as to the character of the applicant:

Name: Jon Freeman Address: [REDACTED] Phone # 901-827-9473

Name: Daniel Dehaan Address: [REDACTED] Phone # 901-233-9439

Name: Tom + Susan Mitchel Address: [REDACTED] Dr. Phone # 901-687-0184

17. Have you used other names, aliases, or changed your name? _____ Yes ☒ No

If yes, please state the previous names, location and court in which it was changed.

18. ☒ Attached is a plat map showing the location of the business, and all properties in a 300 foot radius, indicating the use of all property in the 300 foot radius of the proposed business location.
19. ☒ Attached is a scale drawing (50:1 scale) of the lot and building where the business will be located.
20. ☒ Attached is a letter of credit from a financial institution in the amount of \$100,000 or greater.
21. ☒ Attached is a signed and notarized Authorization for Release of Information for each person whose signature appears below.
22. ☒ Attached is a copy of a valid photo ID, defined as either a Driver's License or Passport, for each person whose signature appears below.

I (We) verify that the above information is correct. I (We) further verify that we have read, understand, and will abide by the provisions of City of Lakeland Ordinance #894. All owners or partners, direct or indirect, must sign below.

 _____ Date _____

Signature
Print Name: Michael Kardoush DOB 11/11 SSN [REDACTED]

 _____ Date _____

Signature
Print Name: Charles Kardoush DOB [REDACTED] SSN [REDACTED]

Date _____

Signature
Print Name: _____ DOB _____ SSN _____

Date _____

Signature
Print Name: _____ DOB _____ SSN _____

Attach additional sheets, if needed

(DOB is Date of Birth; SSN is Social Security Number)



**APPLICATION FOR CERTIFICATE OF COMPLIANCE
TO ENGAGE IN THE BUSINESS OF RETAIL SALES
OF ALCOHOLIC BEVERAGES IN LAKELAND, TENNESSEE**

Please Print or Type

Answer ALL Questions – if Not Applicable, indicate with "N/A"

1. Full Name Charles Kardoush
2. Home Address [REDACTED]
City German town ST TN Zip Code 38139
3. Contact phone # 901-596-4203 Date of Birth [REDACTED]
4. Place of birth Aman Jordan
5. How many years have you resided in the State of Tennessee? 55
6. Are you a United States Citizen? ☒ Yes ☐ No
If Naturalized, when and where _____
7. Give addresses where you have resided during the preceding ten years:
[REDACTED]

8. Will business be conducted by you individually, as a partnership, or as a corporation?
LLC
9. If business is to be conducted by an individual, state whether there is a need to borrow funds for engaging in said business, from whom the loan is made, and the amount of the borrowing.
Morgan Stanley, 800,000

10. If a partnership or corporation, give names of partners or shareholders, and addresses and percent ownership of each partner or shareholder.

Name	Address	Percent Ownership
Charles Kardoush	[REDACTED]	50%
Mike Kardoush	[REDACTED]	50%
		%
		%

(Attach additional sheet, if needed)

**NOTE: APPLICANT (direct or indirect) CANNOT BE A
FEDERAL, STATE, COUNTY OR CITY EMPLOYEE.**

11. State the name of your business and the street address of where business is to be conducted:

Lake District WINE & LIQUOR
9845 Lake District Dr. N Ste 123

12. Give name and address of every person who shall have management or control of the licensed premises:

Charles Kardoush [REDACTED]
Mike Kardoush [REDACTED]

13. Will you personally devote your entire time to the conduct of the business:

X Yes _____ No

If NO, who will, and what interest has such person in the business:

14. Has applicant or applicants who are to be in actual charge of said business been convicted of a felony involving moral turpitude, within ten (10) years prior to the date of this application; and if a corporation, have the executive officers or those in control been convicted of a felony within ten (10) years preceding the date of this application? This includes felony convictions under the laws of the State of Tennessee or any other state. If so, state the nature of offense(s) or judgment of court, dates of conviction, and County of conviction:

NO

15. Has applicant or applicants who are to be in actual charge of said business been convicted of any offense under the laws of State of Tennessee or any other State, or the United States of America, prohibiting or regulating the sale, possession, transportation, storing, manufacturing, or otherwise handling, intoxicating liquors; or has applicant during such period been engaged in business alone or with others in violation of any such laws or rules and regulations promulgated pursuant thereto, as they existed on March 2, 1939, or as they existed or may exist thereafter?

_____ Yes X _____ No

16. Give the names and addresses of three (3) reputable persons who reside in the City of Lakeland who may be referred to as to the character of the applicant:

Name: Jon Freeman Address: [REDACTED] Phone # 901-827-9473

Name: Daniel Dehaan Address: [REDACTED] Phone # 901-233-9439

Name: Tom Mitchel Address: [REDACTED] Phone # 201-687-0184
Susan

17. Have you used other names, aliases, or changed your name? _____ Yes X No

If yes, please state the previous names, location and court in which it was changed.

18. ☒ Attached is a plat map showing the location of the business, and all properties in a 300 foot radius, indicating the use of all property in the 300 foot radius of the proposed business location.
19. ☒ Attached is a scale drawing (50:1 scale) of the lot and building where the business will be located.
20. ☒ Attached is a letter of credit from a financial institution in the amount of \$100,000 or greater.
21. ☒ Attached is a signed and notarized Authorization for Release of Information for each person whose signature appears below.
22. ☒ Attached is a copy of a valid photo ID, defined as either a Driver's License or Passport, for each person whose signature appears below.

I (We) verify that the above information is correct. I (We) further verify that we have read, understand, and will abide by the provisions of City of Lakeland Ordinance #894. All owners or partners, direct or indirect, must sign below.

Chris Kroll Date 6/15/21

Signature

Print Name:

Charles Kardoush

DOB

SSN

[Signature] Date 6/15/21

Signature

Print Name:

Michael Kardoush

DOB

SSN

Date _____

Signature

Print Name:

DOB

SSN

Date _____

Signature

Print Name:

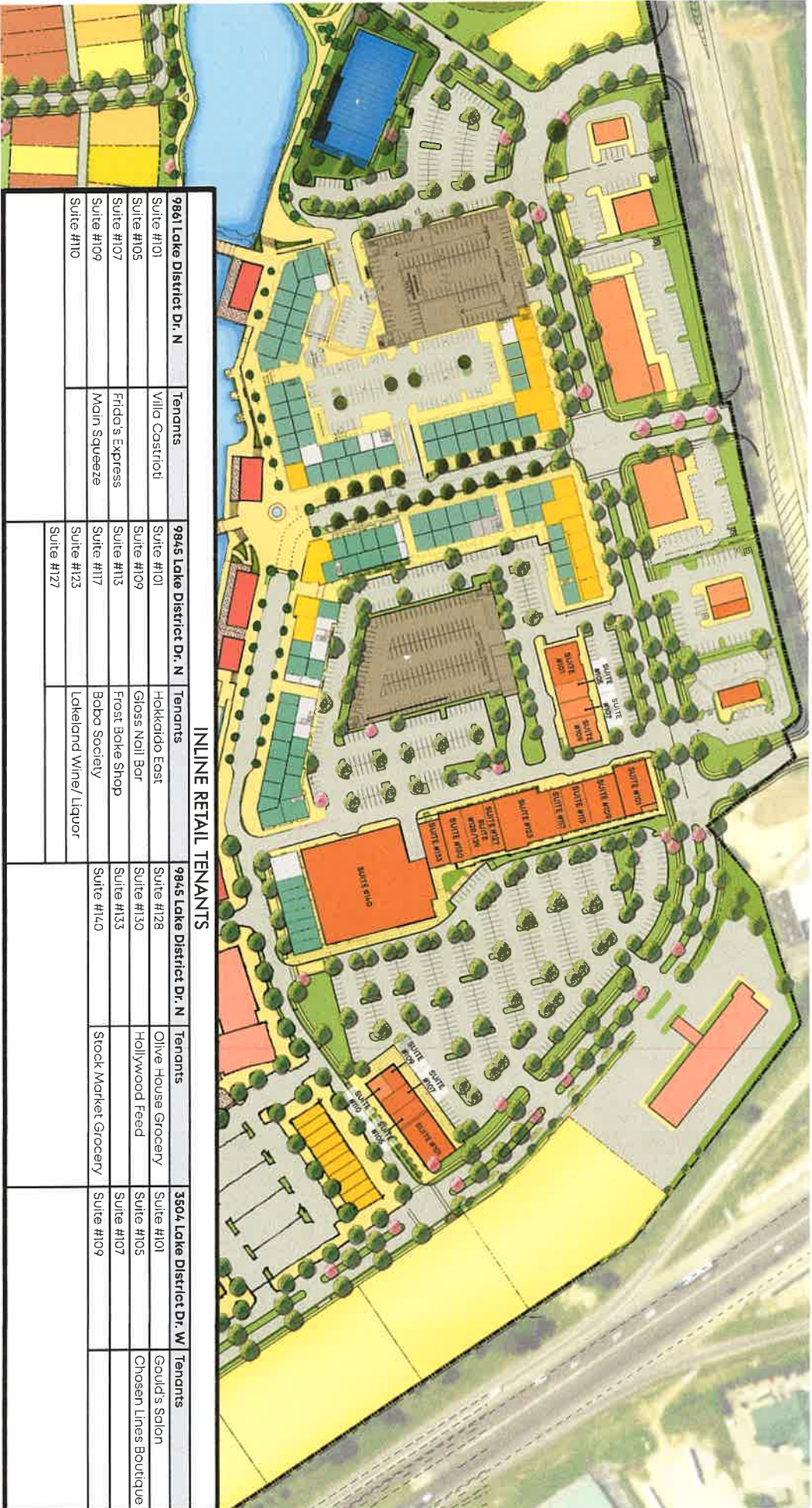
DOB

SSN

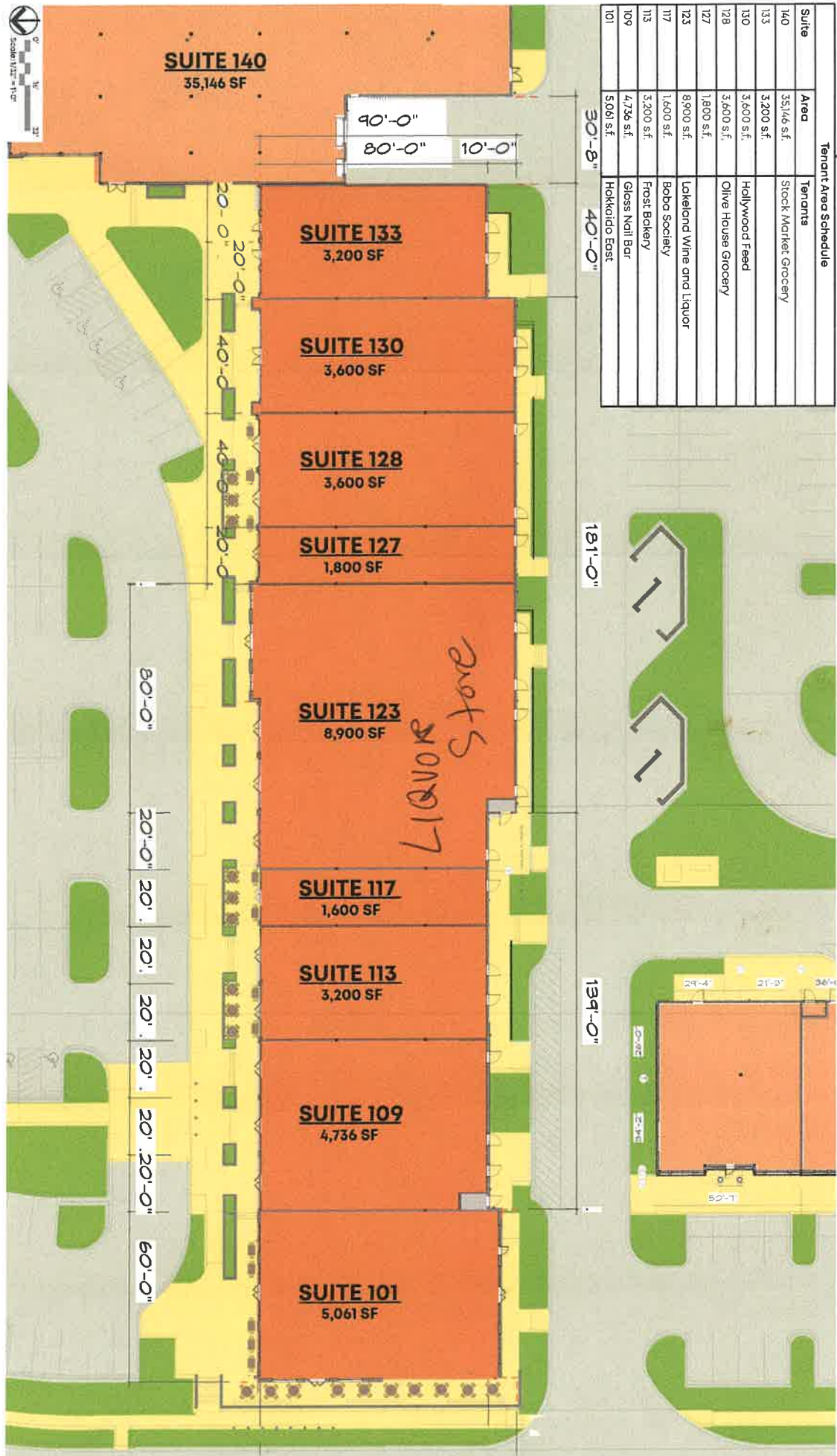
Date _____

Attach additional sheets, if needed

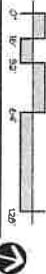
(DOB is Date of Birth; SSN is Social Security Number)



Tenant Area Schedule		
Suite	Area	Tenants
140	35,146 s.f.	Stock Market Grocery
133	3,200 s.f.	Hollywood Feed
130	3,600 s.f.	Olive House Grocery
128	3,600 s.f.	
127	1,800 s.f.	Lakeland Wine and Liquor
123	8,900 s.f.	Bobo Society
117	1,600 s.f.	Frost Bakery
113	3,200 s.f.	Gloss Nail Bar
109	4,736 s.f.	Hokkaido East
101	5,061 s.f.	



1. The purpose of this study was to determine whether the use of a computerized decision support system (DSS) could improve the performance of a group of experts in a complex, multi-person, multi-task environment. The DSS was designed to assist in the diagnosis of a simulated patient with a complex medical condition. The DSS provided a structured framework for the group to discuss the case, and it provided a means for the group to record their decisions and the rationale for those decisions.
2. The study was conducted in a laboratory setting. The participants were a group of 12 medical students who were experienced in the diagnosis of medical conditions. They were divided into three groups of four. Each group was assigned a different case to diagnose. The groups were given 30 minutes to discuss the case and to reach a decision. The DSS was used to record the group's decisions and the rationale for those decisions.
3. The results of the study showed that the use of the DSS significantly improved the performance of the groups. The groups that used the DSS were able to reach a decision more quickly and accurately than the groups that did not use the DSS. The DSS also provided a means for the groups to record their decisions and the rationale for those decisions, which allowed the researchers to analyze the groups' performance in more detail.
4. The study has several limitations. First, the study was conducted in a laboratory setting, which may not reflect the performance of the groups in a real-world setting. Second, the study only involved a group of medical students, which may not be representative of other groups of experts. Third, the study only involved a single case, which may not be representative of all cases.
5. The study has several implications for the use of DSS in clinical practice. First, the study suggests that the use of a DSS can improve the performance of a group of experts in a complex, multi-person, multi-task environment. Second, the study suggests that the DSS can provide a means for the group to record their decisions and the rationale for those decisions, which can be used for training and quality improvement purposes. Third, the study suggests that the DSS can provide a structured framework for the group to discuss the case, which can help to ensure that all relevant information is considered.



Page 13 of 13

Archived on Planning Institute Research
175 Tropic Plaza, Suite 500
Arlington, Texas 76010-3810
Telephone 901 571 1440
Fax 901 575 2760
E-mail info@plire.com

GILAD - THE LAKE DISTRICT

16959 Topanga Canyon Blvd
Woodland Hills, CA 91367

	Date	Inspected / Reinspected
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09/23/16	FOUNDATION PEAT GET
11/10/16	7/8" CD PROCESS PEAT
12/30/16	PEAT GET
11/15/17	IGN CONSTRUCTION
	DOCUMENTS - CIV & SH
11/25/17	ADD PEAT/CD
02/21/20	FOR CONSTRUCTION

1000000

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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USC And Number: 119003 00

Project Name:

**THE LAKE DISTRICT -
Retail Shops**

Drawn By: *Adrian*

A002