COPIES OF THE DISBURSEMENT LIST ARE NOW AVAILABLE IN THE CONTROLLER'S OFFICE

Att. #2

BLOCK PARTY INFORMATION

Block Party to be held July 26, 2008 (date), from 1200 (time) until 11:00

on Hazlewood Street, between Pinewood Tighe & Collingwood

Contact Person(s): Carlo & Rebecca Badalamenti (name) [redacted] (phone)

***Must include a contact person's cell phone number, which can be used to reach someone during the block party:** [redacted]

SCHEDULED ACTIVITIES: Please list planned activities and times (even if tentative), for example children's games from 1-2 p.m., adult games from 3-4 p.m., picnic/barbecue from 4:30 to 6:30 p.m., live band from 7-9 p.m., clean-up 9-10 p.m. Please indicate times of any amplified music, whether live or recorded.

Live Band throughout day ending at 10:30
Childrens games - 2:00 - 4:00
Adult games - 4:00 - 5:00
Barbecues - 5:00 - 7:00
Childrens blowup water slides throughtoday

Upon approval by City Council, this form will be stamped "APPROVED" and sent back to the requesting party. It is the responsibility of the requesting party and/or contact person(s) to distribute copies of this "approved" information form to neighbors on adjacent street(s).

Signatures represent 10 houses out of a total of 8 homes on the block. + 2 on each

Att. #2

BLOCK PARTY INFORMATION

Block Party to be held SAT. JULY 19, from 5:00 P.M. until 11:00 P.M.
(date) (time)

on BLOSSOM Street, between EVERLY & ROYCROFT

Contact Person(s): NANETTE LUTZ [redacted]
(name) (phone)

***Must include a contact person's cell phone number, which can be used to reach someone during the block party:** NANETTE LUTZ [redacted]

SCHEDULED ACTIVITIES: Please list planned activities and times (even if tentative), for example children's games from 1-2 p.m., adult games from 3-4 p.m., picnic/barbecue from 4:30 to 6:30 p.m., live band from 7-9 p.m., clean-up 9-10 p.m. Please indicate times of any amplified music, whether live or recorded.

INDIVIDUAL RESIDENCES WILL BE HOSTING BARBECUES + ALL COMING TOGETHER FOR LIVE ENTERTAINMENT FROM 7:00 P.M TO 11:00 P.M.

Upon approval by City Council, this form will be stamped "APPROVED" and sent back to the requesting party. It is the responsibility of the requesting party and/or contact person(s) to distribute copies of this "approved" information form to neighbors on adjacent street(s).

Signatures represent 7 houses out of a total of 7 homes on the block.

June 12, 2008

City of Roseville
City Council
29777 Gratiot
Roseville, MI 48066

Paradox Church
18250 Church Street
Roseville, MI 48066

Dear Councilpersons:

One of the main purposes of our church is to reach out to families of Roseville, finding those that have needs, and trying to meet them. One of the ways we have done this the past few years is through our Annual Home Makeover. We have been working the past 2 years with the Roseville Family Network and they have helped us choose the Snyder family for this year.
They have 5 children in the house and 2 of the adult children have cerebral palsy. They have lived the past years living in their house with many obstacles. We have a lot of work to do on the house and a lot of money/donations to be raised. Because these are tight times in our community and state, donations are coming in slower than the past. We believe in abiding by the building code and ensuring that the project is done right.
What we are asking from the council is that you would be kind enough to waive our permit fees, which could be used to further improve this family's house and lives. During these times of hardship and bad news in our fine State, it's always refreshing to be a part of some good news. Would you please consider helping in this area, and making the 50th Anniversary of our city even more special?
If you need a representative of our church to go before the council, please let us know when you would desire this. We appreciate your time and consideration in this matter.

Sincerely,
[redacted]

Martin Perehinchuk
Member of the Paradox Church OMNI Team
(586) 296-0756 or (586) 214-5901

Notified 6-17-08

CITY OF ROSEVILLE

POLICE DEPARTMENT

APPLICATION FOR LICENSE

PD# 3039

TYPE OF LICENSE: Massage Therapist / Massage Business

TAG#

PERIOD OF LICENSE: TO 2-1-09

LICENSE FEE $ 150.00 - Bus. 25.00 Therapist ESCROW $

RECEIPT#

STATE LICENSE # MACHINES

$ 175.00

APPLICANT NAME JENNIFER POHL ADDRESS [redacted]

CITY [redacted] STATE MI ZIPCODE [redacted] PHONE cell: [redacted]

DRIVERS LICENSE# [redacted] SOCIAL SECURITY # [redacted]

HEIGHT [redacted] SEX [redacted] EYES [redacted] HAIR [redacted] DATE OF BIRTH [redacted]

NAME OF BUSINESS ESTABLISHMENT OASIS OF RELAXATION

ADDRESS OF BUSINESS ESTABLISHMENT 25869 KELLY RD. SUITE B

CITY ROSEVILLE STATE MI ZIPCODE 48066 PHONE

TYPE OF GOODS OR SERVICE MASSAGE THERAPY

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO IF YES, GIVE DETAILS: (DATE, OFFENSE, SENTENCE):

* L is renting a suite-room from Natural Health Massage - not her employer - is separate business. *

VEHICLE LICENSE

IF VEHICLE IS TO BE USED IN CONNECTION WITH BUSINESS:

MAKE [redacted] YEAR [redacted] COLOR [redacted] LICENSE NUMBER [redacted]

MAKE YEAR COLOR LICENSE NUMBER

This license is issued subject to conformance by applicant to all ordinances, rules and regulations of the City of Roseville applicable thereto, and may be revoked or suspended by competent authority for just cause.

[redacted]

Signature of Applicant

ROUTING: (Date Routed 6-6-08) AC

Date of Application 6-6-08

OK Assessors [redacted]

OK Building Dept [redacted]

City Manager

OK Fire Dept [redacted]

Traffic Bureau

OK Treasurer [redacted]

OK Other [redacted]

Vehicle Inspection

APPROVAL

CITY OF ROSEVILLE
29777 GRATIOT AVENUE
ROSEVILLE, MI 48066

COPY

APPLICATION FOR ESTABLISHMENT
OF A PLANT REHABILITATION OR INDUSTRIAL DEVELOPMENT DISTRICT
P.A. 198 of 1974 as amended

FILING FEE IS $1,000 (Non-refundable)

City Assessor: 445-5430 City Clerk: 445-5440 City Treasurer: 445-5420

Please file original and 3 copies with City Clerk.

1. Applicant (Company Name): Peninsular Cylinder Company, LLC

   Address of Proposed Project: 27650 Groesbeck Highway
   Roseville, MI 48066

   Address of Present Location: 27650 Groesbeck Highway
   Roseville, MI 48066

2. Legal description of proposed district:

   T1N,R13E SEC 18 COMM AT W 1/4 POST SEC 18; TH S89*48'W 1258.49 FT; TH S30*26'W 1423.82 FT ALG CEN LINE GROESBECK HWY 120 FT WIDE TO PT OF BEG; TH S89*40'E 624.41 FT; TH S0*13'E 110.18 FT; TH N89*38'W 689.08 FT; TH N30*26'E 126.81 FT TO PT OF BEG; EXC FOR HWY PURP THAT PART MEASURED 60 FT PERP TO W LINE THEREOF PARC A. 1.484 A. CITY OF ROSEVILLE

3. Do you own the property? YES XX NO _____

   IF NO: Option: _____ Purchase Agreement: _____
   Other: _____ (Attach copy)

4. Type of District requested: Industrial Development: XX.
   Plant Rehabilitation: _____

5. Description of proposed project including product proposed to be manufactured, size and general description of project:

   Additional business requires the acquisition of new machinery and addition to the building at 27650 Groesbeck Highway of 7,000 to 8,000 square feet. The new equipment and building expansion will allow the company to handle the new business, hire more workers and make the firm more competitive in the production of air and hydraulic cylinders.

6. Give an estimated cost of the following components for the proposed project:

   Land Improvements (except land): $ 66,000
   Building Improvements: $ 400,000
   Machinery & Equipment: $ 515,824
   Furniture & Fixtures: $ 40,000

   If request for district establishment is granted, itemized cost figures will be required when application for Industrial Facilities Exemption Certificate is filed.

7. Time schedule for the start and completion of the construction and equipment installation:

	START DATE	COMPLETION DATE
Building:	2/01/09	1/01/10
Equipment Installation:	1/05/08	1/01/10

8. Will items be owned or leased by the applicant?

	OWNED	LEASED
Building:	XX	
Equipment Installation:	XX	

If either item above will be leased, applicant must be responsible for the taxes in order to apply for Exemption Certificate. A complete copy of the leases will be required when application for Industrial Facilities Exemption Certificate is filed.

9. How many employees do you currently have? 55

How many employees will you have when this project is completed? 65

10. When the project is completed what number of employees will be:

Management/Professional	6
Skilled	28
Semi-skilled	17
Unskilled	0
Office	14
Total Estimated payroll	$ 4,000,000/yr

11. If this request is for a Plant Rehabilitation District, please complete the following:

Current Year S.E.V. of Personal Property _____

Current Year S.E.V. of Real Property _____
(excluding land)

DATE: 03/28/08

NAME OF COMPANY OFFICER Brent Paterson

TITLE President

SIGNATURE [redacted]

Michigan Department of Treasury
1012 (Rev. 3-07)

Application for Industrial Facilities Tax Exemption Certificate

Issued under authority of P.A. 198 of 1974, as amended. Filing is mandatory.

INSTRUCTIONS: File the original and two copies of this form and the required attachments (three complete sets) with the clerk of the local government unit. The State Tax Commission (STC) requires two complete sets (one original and one copy). One copy is retained by the clerk. If you have any questions regarding the completion of this form or would like to request an informational packet, call (517) 373-3272.

To be completed by Clerk of Local Government Unit	
Signature of Clerk	▸ Date received by Local Unit
STC Use Only	
▸ Application Number	▸ Date Received by STC

APPLICANT INFORMATION

All boxes must be completed.

▸ 1a. Company Name (Applicant must be the occupant/operator of the facility) Peninsular Cylinder Company, LLC	▸ 1b. Standard Industrial Classification (SIC) Code - Sec. 2(10) (4 or 6 Digit Code) 3593	
▸ 1c. Facility Address (City, State, ZIP Code) (real and/or personal property location) 27650 Groesbeck, Roseville, MI 48066	▸ 1d. City/Township/Village (indicate which) Roseville (City)	▸ 1e. County Macomb
▸ 2. Type of Approval Requested [X] New (Sec. 2(4)) [ ] Transfer (1 copy only) [ ] Speculative Building (Sec. 3(8)) [ ] Rehabilitation (Sec. 3(1)) [ ] Research and Development (Sec. 2(9))	▸ 3a. School District where facility is located Roseville	▸ 3b. School Code 50030
	4. Amount of years requested for exemption (1-12 Years) 12 Years	

5. Thoroughly describe the project for which exemption is sought: Real Property (Type of Improvements to Land, Building, Size of Addition); Personal Property (Explain New, Used, Transferred from Out-of-State, etc.) and Proposed Use of Facility. (Please attach additional page(s) if more room is needed).

Fluid power manufaturing facility using multiple CNC lathes and machiing centers, automatic saws, overhead cranes, testing equipment and other machines in the production of air and hydraulic cylinders. The building expansion and new machinery & equipment purchase is required to handle increased customer demand and keep the company competive.

6a. Cost of land and building improvements (excluding cost of land) * Attach list of improvements and associated costs. * Also attach a copy of building permit if project has already begun.	▸ $466,000.00 Real Property Costs
6b. Cost of machinery, equipment, furniture and fixtures * Attach itemized listing with month, day and year of beginning of installation plus total costs	▸ $555,824.00 Personal Property Costs
6c. Total Project Costs * Round Costs to Nearest Dollar	▸ $1,021,824.00 Total of Real & Personal Costs

7. Indicate the time schedule for start and finish of construction and equipment installation. Projects must be completed within a two year period of the effective date of the certificate unless otherwise approved by the STC.

	Begin Date (M/D/Y)	End Date (M/D/Y)	
Real Property Improvements ▸	2/1/09	1/1/10	▸ [X] Owned [ ] Leased
Personal Property Improvements ▸	1/5/08	1/1/10	▸ [X] Owned [ ] Leased

▸ 8. Are State Education Taxes reduced or abated by the Michigan Economic Development Corporation (MEDC)? If yes, applicant must attach a signed MEDC Letter of Commitment to receive this exemption. [ ] Yes [X] No

▸ 9. No. of existing jobs at this facility that will be retained as a result of this project. 55 Jobs Retained	▸ 10. No. of new jobs at this facility expected to create within 2 years of completion. 10 Jobs Created

11. Rehabilitation applications only: Complete a, b and c of this section. You must attach the assessor's statement of valuation for the entire plant rehabilitation district and obsolescence statement for property. The SEV data below must be as of December 31 of the year prior to the rehabilitation.

a. SEV of Real Property (excluding land) _____

b. SEV of Personal Property (excluding inventory) _____

c. Total SEV _____

▸ 12a. Check the type of District the facility is located in:

[X] Industrial Development District [ ] Plant Rehabilitation District

▸ 12b. Date district was established by local government unit (contact local unit)	▸ 12c. Is this application for a speculative building (Sec. 3(8))? [ ] Yes [X] No

APPLICANT CERTIFICATION - complete all boxes.

The undersigned, authorized officer of the company making this application certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way and that all are truly descriptive of the industrial property for which this application is being submitted.

It is further certified that the undersigned is familiar with the provisions of P.A. 198 of 1974, as amended, being Sections 207.551 to 207.572, inclusive, of the Michigan Compiled Laws; and to the best of his/her knowledge and belief, (s)he has complied or will be able to comply with all of the requirements thereof which are prerequisite to the approval of the application by the local unit of government and the issuance of an Industrial Facilities Exemption Certificate by the State Tax Commission.

13a. Preparer Name	13b. Telephone Number	13c. Fax Number	13d. E-mail Address
Brent Paterson	(586) 775-7211	(586) 775-4545	[redacted]
14a. Name of Contact Person	**14b. Telephone Number**	**14c. Fax Number**	**14d. E-mail Address**
Brent Paterson	(586) 775-7211	(586) 775-4545	[redacted]
▸ 15a. Name of Company Officer (No Authorized Agents)			
15b. Signature of Company Officer (No Authorized Agents) [redacted]		15c. Fax Number (586) 775-4545	15d. Date June 12, 2008
▸ 15e. Mailing Address (Street, City, State, ZIP Code) 27650 Groesbeck, Roseville, MI 48066		15f. Telephone Number (586) 775-7211	15g. E-mail Address [redacted]

LOCAL GOVERNMENT ACTION & CERTIFICATION - complete all boxes.

This section must be completed by the clerk of the local governing unit before submitting application to the State Tax Commission. Check items on file at the Local Unit and those included with the submittal.

▸ 16. Action taken by local government unit

☐ Abatement Approved for _____ Years (1-12)

After Completion ☐ Yes ☐ No

☐ Denied (Include Resolution Denying)

16a. Documents Required to be on file with the Local Unit

Check or Indicate N/A if Not Applicable

- ☐ 1. Notice to the public prior to hearing establishing a district.
- ☐ 2. Notice to taxing authorities of opportunity for a hearing.
- ☐ 3. List of taxing authorities notified for district and application action.
- ☐ 4. Lease Agreement showing applicants tax liability.

16b. The State Tax Commission Requires the following documents be filed for an administratively complete application:

Check or Indicate N/A if Not Applicable

- ☐ 1. Original Application plus attachments, and one complete copy
- ☐ 2. Resolution establishing district
- ☐ 3. Resolution approving/denying application.
- ☐ 4. Letter of Agreement (Signed by local unit and applicant)
- ☐ 5. Affidavit of Fees (Signed by local unit and applicant)
- ☐ 6. Building Permit for real improvements if project has already begun
- ☐ 7. Equipment List with dates of beginning of installation
- ☐ 8. Form 3222 (if applicable)
- ☐ 9. Speculative building resolution and affidavits (if applicable)

16c. LUCI Code	16d. School Code
17. Name of Local Government Body	▸ 18. Date of Resolution Approving/Denying this Application

Attached hereto is an original and one copy of the application and all documents listed in 16b. I also certify that all documents listed in 16a are on file at the local unit for inspection at any time.

19a. Signature of Clerk	19b. Name of Clerk	19c. E-mail Address
19d. Clerk's Mailing Address (Street, City, State, ZIP Code)		
19e. Telephone Number	19f. Fax Number	

State Tax Commission Rule Number 57: Complete applications approved by the local unit and received by the State Tax Commission by October 31 each year will be acted upon by December 31. Applications received after October 31 may be acted upon in the following year.

Local Unit: Mail one original and one copy of the completed application and all required attachments to:

State Tax Commission
Michigan Department of Treasury
P.O. Box 30471
Lansing, MI 48909-7971

(For guaranteed receipt by the STC, it is recommended that applications are sent by certified mail.)

STC USE ONLY				
▸ LUCI Code	▸ Begin Date Real	▸ Begin Date Personal	▸ End Date Real	▸ End Date Personal