

Application for Renewal of Alcoholic Beverages License

Board of Liquor License Commissioners for Baltimore City - Renewal 2015

Establishment Information

Corporate/ Partnership /Entity Name: RESTCO LLC		
Trade Name: Charleston	Class Type: LB	Bus Phone: 410-332-7373
Location address: 1000 Lancaster St Baltimore MD 21202		
Mailing Address: 4900 Roland Ave Suite 301	City / State: Baltimore MD	ZIP Code: 21210
Are the operations open? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If NO, when did it close?	Last 8 Digits Sales Tax ID# 8682949
Is the property owned or leased? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO LEASED	If leased, expiration date: 02/28/2025	
On what floors does your business operate? 1st Floor	Where is your alcohol stored? bar, cellar, lockers	
Provide capacity as per Fire Dept.? 160	For Class "B" only over 150, list dining capacity? 90	
If applicable: General Manager Name: Kolada Nemilboka		
Manager Phone: 410-332-7373	Email: KNemilboka@foremanwolf.com	Cell or Fax: 410-262-3510

Licensee 1 Information

Name: Cynthia Wolf		
Current Home address: 302 Club Rd	How long? 3 yrs	
Phone: 313	E-mail: cindy@foremanwolf.com	Cell: ---
City: Baltimore	State: MD	ZIP Code: 21210
Date of Birth: _____	Are you a City Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO City resident, how long? 3yr	
If not a City resident please list property owned on which taxes are paid:		

Licensee 2 Information

Name: _____		
Current Home address: _____	How long? _____	
Phone: _____	E-mail: _____	Cell: _____
City: _____	State: _____	ZIP Code: _____
Date of Birth: _____	Are you a City Resident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO City resident, how long? _____	
If not a City resident please list property owned on which taxes are paid:		

Licensee 3 Information

Name: _____		
Current Home address: _____	How long? _____	
Phone: _____	E-mail: _____	Cell: _____
City: _____	State: _____	ZIP Code: _____
Date of Birth: _____	Are you a City Resident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO City resident, how long? _____	
If not a City resident please list property owned on which taxes are paid:		

Below are a series of questions regarding your operations and all questions must be answered so that your application can be deemed complete. Note that all information must be provided under state law for license renewal. (Mark X below)

	Yes	No
Do you owe any taxes on merchandise, fixtures of stock to the City or the State for FY 2014-2015 or previous years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is your corporation in "Good Standing" with the Maryland Department of Assessment and Taxation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you affirm that all taxes due to state and local agencies are current and up to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you been convicted and/or found guilty for violating any local, State or Federal criminal offense?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe: _____ When: _____ Where: _____		
Do you provide live entertainment? (If not applicable answer NO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you provide outdoor table service? (If not applicable answer NO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you provide off premises catering of food and alcohol? (If not applicable answer NO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have an up to date Alcohol Awareness Certificate? Expiration date: 03/26/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any majority stockholder or corporate officer changes from last year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes, describe and provide information on stockholders: (significant change may require a new application):

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COMMUNICATIONS SECTION

Questions Continued	YES	NO
Do you provide delivery services of alcohol and/or food?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have Workers Compensation insurance? If yes enter policy #: <u>7257271</u> Expiration Date <u>08/01/2015</u> Insurance Carrier: <u>Elective Insurance</u> If No, please note, number of employee: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you directly or indirectly own or have any interest of any kind as owner, stockholder, financially or otherwise, in any establishment to or for which a license has been issued anywhere in the State of Maryland; or are you a creditor or have made any loans to license holder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe: <u>Petit Louis BISTRO, also known as BISTRO, LLC</u>		

Signatures

I/We hereby certify that I/We are the licensed operator/s of the establishment applied for in this renewal for "Alcoholic Beverages License" for 2015-2016. I/We hereby authorize the Maryland State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners for Baltimore City, its duly authorized agents and employees, and any Maryland State Police Officer/Trooper, and any peace officer of the City of Baltimore, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

Signature of licensee: <u>Cathy Wolf</u>	Date: <u>3-17-15</u>
Signature of licensee:	Date:
Signature of licensee:	Date:

AFFIDAVIT

STATE OF MARYLAND, City of Baltimore, ss:

I hereby certify that on the 17th day of MARCH, 2015, before me, the subscriber, a notary public of the State of Maryland, in and for BALTIMORE COUNTY, personally appeared CATHY WOLF the applicant(s) named in this renewal application made oath in due form of law that the matter and facts contained in said application are true and correct.

As witness, my hand and notarial seal.

M. Cody Berry
Name :

Matthew Cody Berry
Notary Public
Baltimore County
Maryland
My Commission Expires 04-20-2015

[Notary Seal]
My Commission expires 4/20/15

READ CAREFULLY

If any of the facts, other than age and home address have changed it will be necessary to apply for new license on the form required for a transfer and/or modification.

If this application is not filed on or before March 31, 2015 to the office of Board, 231 E. Baltimore Street, Suite 600, a late fee of \$50.00 per day may be imposed by the board up to a maximum of \$1,500.00 and the license will not renewed as of May 1, 2015.

Application Fee \$50.00

Extract from Section 16-501 of Article 2B of the State of Maryland – Alcoholic Beverage Laws: If any signed statement, affidavit or oath required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties by law for that crime.

For BLLC Staff Only: Please ADD Staff Initials and notes

Received Date:	Contact Date(s)
Status : Complete Date:	Incomplete: