



Date: August 6, 2014

Expires On: August 6, 2018

Board of Liquor License
Commissioners for Baltimore City
231 East Baltimore Street, 6th Floor
Baltimore, Maryland 21202

Re: Matthew Freel
"Charleston"
1000 Lancaster Street
Baltimore, MD 21202

Dear Sir/Madame:

Be advised that the above referenced individual(s) successfully completed the **Alcohol Awareness Course per House Bill #400, Article 2B, Section 130A Of the Annotated Code of Maryland.**

The appropriate certificate(s) and a copy of this letter were presented to the aforementioned this date.

Thank you for your attention to this matter.

Respectfully,

John S. Murray, Certified Trainer
Alcohol Awareness Course for Alcoholic Beverage Licensees (Maryland State Certified)
8612 Sweet Autumn Drive
Baltimore, Maryland 21244-1264
(410) 553-8927 (410) 597-8055 Fax
Jmurrayaa@aol.com

C: Trainee(s)
File

Board of Liquor License Commissioners for Baltimore City

CERTIFICATION OF WORKER'S COMPENSATION INSURANCE

LICENSEE Charleston

ADDRESS OF LICENSED PREMISES: 1000 Lancaster St

POLICY OR BINDER NO. WC 7257271 DATE 8/1/13 EXPIRES 8/1/14

INSURANCE CARRIER Selective Way Insurance Co

DO YOU HAVE EMPLOYEES?

YES NO
(If yes, complete above)

[Signature]
Signature

This form must be filed with your Application for Renewal or presented at time you pay for License otherwise your License cannot be renewed.

RESTCO LLC CHARLESTON
Summary of Members & Ownership Percentages

<u>Name</u>	<u>Restco</u>	<u>Address</u>
Cynthia Wolf	50.00000%	302 Club Road, Baltimore MD 21210
Douglas L. Becker	10.00000%	Sterling Partners, Attn: Jim Chiappetta - 1033 Skokie Blvd, Suite 300, Northbrook IL 60062
R. Christopher Hoehn-Saric	10.00000%	Sterling Partners, 650 S. Exeter St, Suite 1000 (10th Fl), Baltimore MD 21202
Eric Becker	6.66667%	Sterling Partners, 650 S. Exeter St, Suite 1000 (10th Fl), Baltimore MD 21202
Michael Antonaccio	4.66667%	119 Pinewood Circle, New Hope PA 18938
Kathy Taslitz	3.83333%	1033 Skokie Blvd, Suite 600, Northbrook IL 60062
Bruce Goldman	3.83333%	1033 Skokie Blvd, Suite 600, Northbrook IL 60062
JM Shapiro	3.33333%	JM Ventures, 1427 Clarkview Road, Suite 500, Baltimore MD 21209
Ann Graubart	1.66667%	121 North Post Oak Lane, No. 2101, Houston, TX 77024
Robert Curtis	1.33333%	32 Hook Drive, Mashpee MA 02649
Stacy Graubart	1.33333%	4906 Bellview St, Bellaire TX 77401
A.C. Hubbard	2.00000%	1408 Walnut Hill Lane, Baltimore MD 21204
Ellen Macks	0.66667%	Boulder Ventures, 4750 Owings Mills Blvd, Owings Mills, MD 21117
Chris Feiss	0.66667%	7318 Brightside Road, Baltimore MD 21212

100.00000%



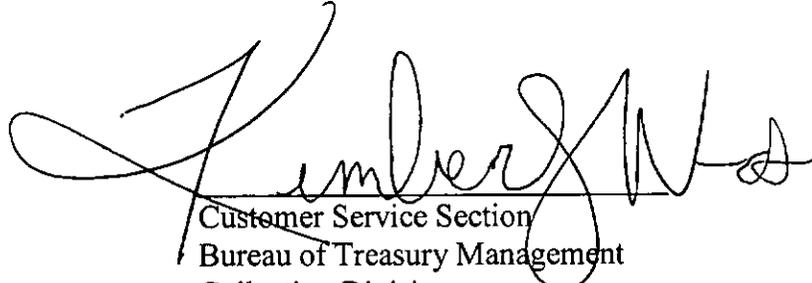
City of Baltimore
STEPHANIE RAWLINGS-BLAKE
MAYOR
Department of Finance
Bureau of Revenue Collections
Collection Division
200 Holliday St
Baltimore, MD 21202

CLEARANCE

Date: 03/24/14

Account Number: W04774535

This is to certify that the Personal Property tax bills in the name
Mestco LLC are paid to and
including 2013-2014


Customer Service Section
Bureau of Treasury Management
Collection Division
200 Holliday St.
Baltimore, Maryland
410-396-3979

1000 Lancaster St.

STEPHAN W. FOGLEMAN

CHAIRMAN

COMMISSIONERS

ELIZABETH C. SMITH

HARVEY E. JONES



SAMUEL T. DANIELS, JR.

EXECUTIVE SECRETARY

JANE M. SCHROEDER

DEPUTY EXECUTIVE SECRETARY

STATE OF MARYLAND

BOARD OF LIQUOR LICENSE COMMISSIONERS

FOR BALTIMORE CITY

231 E. BALTIMORE STREET, 6TH FLOOR

BALTIMORE, MARYLAND 21202-3258

(410) 396-4377

FAX: (410) 396-4382

February 19, 2013

CHARLESTON
RESTCO, LLC
1000 LANCASTER STREET
BALTIMORE, MARYLAND 21202

Dear Licensee(s):

As the holder of a Class "B" Beer, Wine & Liquor license in the 46th Legislative District, you are required to comply with the following requirement in Article 2B §6-201 (d)(1)(viii)(2):

A licensee annually, at the time the license is renewed, shall file with the Board of Liquor License Commissioners for Baltimore City a statement of average daily receipts and an affidavit of a licensed certified public accountant..."

Please complete the enclosed form and return it with your renewal application that will be mailed to you later this month.

Your 2013 renewal license will not be released until your food percentage information has been received.

Very truly yours,

A handwritten signature in cursive script that reads "Jane M. Schroeder".

Jane M. Schroeder
Deputy Executive Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/24/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC. 5605 Glenridge Drive - Suite 300 Atlanta, GA 30342	CONTACT NAME: PHONE (A/C, No, Ext): 404 497-7500 FAX (A/C, No): E-MAIL: ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Craftworks Restaurants & Breweries, Inc. 201 West Main Street, Suite 301 Chattanooga, TN 37408	INSURER A : Liberty Mutual Fire Ins Co.	
	INSURER B : Liberty Insurance Corporation 42404	
	INSURER C : Fireman's Fund Insurance Co	
	INSURER D :	
	INSURER E :	
INSURER F :		

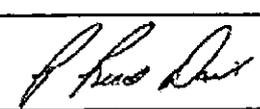
COVERAGES **CERTIFICATE NUMBER:** Q4HMF6WN **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$150,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			EB2-651-290343-032	06/01/2012	06/01/2013	EACH OCCURRENCE	\$ 850,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 850,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 850,000
							GENERAL AGGREGATE	\$ 9,850,000
							PRODUCTS - COMP/OP AGG	\$ 1,850,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			AS2-651-290343-022	06/01/2012	06/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Comp. \$500 Deductible	Coll. \$500 Deductible
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SUO-00024236358	06/01/2012	06/01/2013	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WA7-65D-290343-052 - AOS WC7-651-290343-012 - WI	06/01/2012	06/01/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Liquor Liability			TO2-651-290343-042 Continuous until Canceled	06/01/2012	06/01/2013	Each Occurrence:	\$ 1,000,000
							Aggregate:	\$ 2,000,000
							Deductible:	\$ 150,000
								\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: 1000 Lancaster Street, Baltimore, MD 21202

CERTIFICATE HOLDER **CANCELLATION**

Baltimore City Liquor License Board 231 E. Baltimore Street, 6th Floor Baltimore, MD 21202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



ADDITIONAL REMARKS SCHEDULE

PRODUCER MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC.		INSURED Craftworks Restaurants & Breweries, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 05/24/2012	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

Additional Named Insureds:

CraftWorks Restaurants & Breweries, Inc.
 CraftWorks Restaurants & Breweries, LLC
 CraftWorks Restaurants & Breweries Group, Inc.
 GB Holdings, Inc.
 GB Parent, Inc.

Gordon Biersch Brewery Restaurant Group, Inc.
 (AKA Trolley Barn Brewery, Inc.)
 DBA Big River Grille & Brewery Works
 DBA Rhythm & Brews
 GB Acquisition, Inc.
 DBA Gordon Biersch Brewery Restaurant Group, Inc.
 DBA GBRR Texas, Inc.
 Big River Breweries, Inc.
 DBA Rock Bottom Restaurant & Brewery
 DBA Seven Bridges Grille & Brewery
 DBA Ragtime Tavern and Seafood Grille
 DBA AIA Ale Works
 DBA Chattanooga Blue Water Grille
 Big River Properties, Inc.

Wadsworth Old Chicago, Inc.
 Rock Bottom Arizona, Inc
 Walnut Brewery, Inc.
 Old Chicago of Colorado, Inc.
 Wadsworth Old Chicago, Inc.
 RB Capital, Inc./n/ka CraftWorks Restruants & Breweries Group, Inc.
 Rockies Trademarks, LLC
 Old Chicago Parker Crossing, Inc.
 Boulder Beer, Inc.
 DBA Boulder Beer Company
 Rockies Brewing Company DBA 2880 Wilderness Place
 Craftworks Foundation, Inc.
 Rock Bottom of Minneapolis, Inc.
 Old Chicago of Kansas, Inc.
 Brew Moon of Colorado, Inc.
 Old Chicago Franchising, LLC
 Rock Bottom Restaurants, Inc.
 Old Chicago Westminster, Inc.
 GB Maryland, Inc.
 GBBR Texas, Inc.
 GB Franchise, LLC
 GB Kansas, LLC
 Harbor East Brewery, LLC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/30/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC. 5605 Glenridge Drive - Suite 300 Atlanta, GA 30342	CONTACT NAME: PHONE (A/C, No, Ext): 404 497-7500 FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Craftworks Restaurants & Breweries, Inc. 201 West Main Street, Suite 301 Chattanooga, TN 37408	INSURER B : Liberty Insurance Corporation 42404	
	INSURER c : Fireman's Fund Insurance Co	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** KZBHXLM5 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR: WYVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$150,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		EB2-651-290343-033	06/01/2013	06/01/2014	EACH OCCURRENCE	\$ 750,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 750,000
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ 750,000
						GENERAL AGGREGATE	\$ 9,750,000
						PRODUCTS - COMP/OP AGG	\$ 1,750,000
							\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		AS2-651-290343-023	06/01/2013	06/01/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						Comp. \$500 Deductible	Coll. \$500 Deductible
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		SUO-00015038052	06/01/2013	06/01/2014	EACH OCCURRENCE	\$ 10,000,000
						AGGREGATE	\$ 10,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WA7-65D-290343-053 - AOS WC7-651-290343-013 - WI	06/01/2013	06/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Liquor Liability		TO2-651-290343-043 Continuous until Canceled	06/01/2013	06/01/2014	Each Occurrence:	\$ 1,000,000
						Aggregate:	\$ 2,000,000
						Deductible:	\$ 150,000
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: 1000 Lancaster Street, Baltimore, MD 21202

CERTIFICATE HOLDER

Baltimore City Liquor License Board
231 E. Baltimore Street, 6th Floor
Baltimore, MD 21202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

PRODUCER MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC.		INSURED Craftworks Restaurants & Breweries, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 05/30/2013	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

Additional Named Insureds:

CraftWorks Restaurants & Breweries, Inc.
 CraftWorks Restaurants & Breweries, LLC
 GB Holdings, Inc.
 GB Parent, Inc.

Gordon Biersch Brewery Restaurant Group, Inc.
 (AKA Trolley Barn Brewery, Inc.)
 DBA Big River Grille & Brewery Works
 DBA Rhythm & Brews
 GB Acquisition, Inc.
 DBA Gordon Biersch Brewery Restaurant Group, Inc.
 DBA GBRR Texas, Inc.
 Big River Breweries, Inc.
 DBA Rock Bottom Restaurant & Brewery
 DBA Seven Bridges Grille & Brewery
 DBA Ragtime Tavern and Seafood Grille
 DBA AIA Ale Works
 DBA Chattanooga Blue Water Grille
 Big River Properties, Inc.

Wadsworth Old Chicago, Inc.
 Rock Bottom Arizona, Inc
 Walnut Brewery, Inc.
 Old Chicago of Colorado, Inc.
 RB Capital, Inc. n/k/a CraftWorks Restaurants & Breweries Group, Inc.
 Rockies Trademarks, LLC
 Old Chicago Parker Crossing, Inc.
 Boulder Beer, Inc.
 DBA Boulder Beer Company
 Rockies Brewing Company DBA 2880 Wilderness Place
 Craftworks Foundation, Inc.
 Rock Bottom of Minneapolis, Inc.
 Old Chicago of Kansas, Inc.
 Brew Moon of Colorado, Inc.
 Old Chicago Franchising, LLC
 Rock Bottom Restaurants, Inc.
 Old Chicago Westminster, Inc.
 GB Maryland, Inc.
 GBRR Texas, Inc.
 GB Franchise, LLC
 GB Kansas, LLC
 Harbor East Brewery, LLC



City of Baltimore
STEPHANIE RAWLINGS-BLAKE
MAYOR
Department of Finance
Bureau of Revenue Collections
Collection Division
200 Holliday St
Baltimore, MD 21202

CLEARANCE

Date: 3-25-2013

Account Number: W04774535

This is to certify that the Personal Property tax bills in the name

RESTAO, LLC are paid to and
including 2012 - 2013

pd


Customer Service Section
Bureau of Treasury Management
Collection Division
200 Holliday St.
Baltimore, Maryland
410-396-3979

AFFIDAVIT

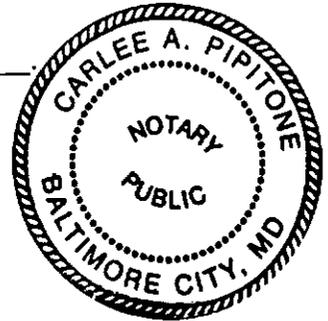
I HEREBY CERTIFY, that on 21 day of March, 2013 before

The subscriber, a Notary in and for the City and State

Aforesaid, personally appeared Cindy Wolf

And made oath in due form of law that the latter of facts contained in said letter are true.

WITNESS my hand and official seal Carlee A. Pipitone



Board of Liquor License Commissioners

For Baltimore City
231 E. Baltimore Street, 6th Floor
Baltimore, Maryland, 21202-3258

Compliance Report

Licensee Information (Corp/Trade Name):	Aestco LLC
Location Address:	1000 LANCASTER ST 21202
License Type / Class:	LB

Questions	YES	NO
Is the Licensed establishment open and operating in a safe and sanitary manner? (If not open, note in comments - CLOSED or NOT OPERATING)	✓	
Is there a copy of the liquor license present and properly on display?	✓	
Is there an up to date Health Certification? Number: <u>4648</u> Expiration Date <u>4/14/15</u>	✓	
Does the licensee have a current Traders license available?	✓	
Violation(s) - Describe:		

Comments and Follow-up Items(s):
 * License Not Displayed / corrected on the spot
 No violations found during compliance.

Inspector Information	Date	Time
<i>[Signature]</i>	4-13-15	
Licensee or Representative Signature	Print Name below	
<i>[Signature]</i>	Kara Webb	

Board of Liquor License Commissioners

For Baltimore City
231 E. Baltimore Street, 6th Floor
Baltimore, Maryland, 21202-3258

Compliance Report

Licensee Information (Corp/Trade Name):	Aestco LLC
Location Address:	1000 LANCASTER ST 21202
License Type / Class:	LB

Questions	YES	NO
Is the Licensed establishment open and operating in a safe and sanitary manner? (If not open, note in comments - CLOSED or NOT OPERATING)	✓	
Is there a copy of the liquor license present and properly on display?	✓	
Is there an up to date Health Certification? Number: <u>4648</u> Expiration Date <u>4/14/15</u>	✓	
Does the licensee have a current Traders license available?	✓	
Violation(s) - Describe:		

Comments and Follow-up Items(s):
 * License Not Displayed / corrected on the spot
 No violations found during compliance.

Inspector Information	Date	Time
	4-13-15	
Licensee or Representative Signature	Print Name below	
	Kara Webb	



CERTIFICATE OF LIABILITY INSURANCE

6/1/2015

DATE (MM/DD/YYYY)
6/2/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Lockton Companies 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Liberty Mutual Fire Insurance Company		23035
INSURER B: Liberty Insurance Corporation		42404
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
1379094 Craftworks Restaurants & Breweries, Inc.
201 West Main Street, Suite 301
Chattanooga, TN 37408

COVERAGES CRARE00 CERTIFICATE NUMBER: 12964530 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	N	N	EB2651290343034	6/1/2014	6/1/2015	EACH OCCURRENCE \$ 750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 750,000 GENERAL AGGREGATE \$ 9,750,000 PRODUCTS - COMP/OP AGG \$ 1,750,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	N	N	AS2651290343024	6/1/2014	6/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	TH7651209343114	6/1/2014	6/1/2015	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXXX
B B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WA765D290343054 AOS WC7651290343014 WI	6/1/2014 6/1/2014	6/1/2015 6/1/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A	Liquor Liability	N	N	TO2651290343044 Continuous until Cancelled	6/1/2014	6/1/2015	\$1,000,000 each Occurrence \$2,000,000 Aggregate \$150,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 1000 Lancaster Street, Baltimore, MD 21202.

CERTIFICATE HOLDER

CANCELLATION See Attachment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

12964530

Baltimore City Liquor License Board
231 E. Baltimore Street, 6th Floor
Baltimore MD 21202

Charles M. McDaniel

Craftworks 2014 Named Insureds Schedule

Craftworks Restaurants & Breweries, Inc.
Craftworks Restaurants & Breweries, LLC
CraftWorks Restaurants & Breweries Group, Inc.
GB Holdings, Inc.
GB Parent, Inc.
Gordon Biersch Brewery Restaurant Group, Inc.
GB Acquisition, Inc.
Big River Breweries, Inc.
Big River Properties, Inc.
GB Maryland, Inc.
GBBR Texas, Inc.
GB Franchise, LLC
GB Kansas, LLC
Harbor East Brewery, LLC
Wadsworth Old Chicago, Inc.
Old Chicago Franchising, LLC
Rock Bottom Arizona, Inc
Walnut Brewery, Inc.
Old Chicago Colorado, Inc.
Rockies Trademark, LLC
Old Chicago Parker Crossing, Inc.
Rock Bottom of Minneapolis, Inc.
Old Chicago of Kansas, Inc.
Brew Moon of Colorado, Inc.
Rock Bottom Restaurants, Inc.
Old Chicago Westminster, Inc.
Boulder Beer, Inc.
Rockies Brewing Company
CraftWorks Foundation, Inc.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Liberty Mutual Fire Insurance Company		23035
INSURER B: Liberty Insurance Corporation		42404
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
1379094
Craftworks Restaurants & Breweries, Inc.
201 West Main Street, Suite 301
Chattanooga, TN 37408

COVERAGES

CERTIFICATE NUMBER: 12964530

REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	N	N	EB2651290343035	6/1/2015	6/1/2016	EACH OCCURRENCE \$ 750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 750,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 750,000 GENERAL AGGREGATE \$ 9,750,000 PRODUCTS - COMP/OP AGG \$ 1,750,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	N	N	AS2651290343025	6/1/2015	6/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	TH7651290343115	6/1/2015	6/1/2016	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXXX
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WA765D290343055 AOS WC7651290343015 WI	6/1/2015 6/1/2015	6/1/2016 6/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A	Liquor Liability	N	N	TO2651290343045 Continuous until Cancelled	6/1/2015	6/1/2016	\$1,000,000 each Occurrence \$2,000,000 Aggregate \$150,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 1000 Lancaster Street, Baltimore, MD 21202.

CERTIFICATE HOLDER

CANCELLATION See Attachment

12964530 Baltimore City Liquor License Board 231 E. Baltimore Street, 6th Floor Baltimore MD 21202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Craftworks 2014 Named Insureds Schedule

Craftworks Restaurants & Breweries, Inc.
Craftworks Restaurants & Breweries, LLC
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GB Franchise, LLC
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Harbor East Brewery, LLC
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Old Chicago of Kansas, Inc.
Brew Moon of Colorado, Inc.
Rock Bottom Restaurants, Inc.
Old Chicago Westminster, Inc.
Boulder Beer, Inc.
Rockies Brewing Company
CraftWorks Foundation, Inc.

HON. THOMAS WARD
CHAIRMAN

HARVEY E. JONES
DANA P. MOORE
COMMISSIONERS



MICHELLE BAILEY-HEDGEPEETH
EXECUTIVE SECRETARY

THOMAS AKRAS, ESO.
DEPUTY EXECUTIVE SECRETARY

STATE OF MARYLAND
BOARD OF LIQUOR LICENSE COMMISSIONERS
FOR BALTIMORE CITY
231 E. BALTIMORE STREET, 6TH FLOOR
BALTIMORE, MARYLAND, 21202-3258
PHONE: (410) 396-4377

February 2015

Trade Name: Gordon Biersch Brewery Restaurant
Location Address: 1000 Lancaster St, Ste B

Food Sales – Class “B” Beer, Wine & Liquor License in 46th Legislative District
March 2014 – February 2015

	Food Sales	Total Sales	Food %
March 2014	199,157	321,930	60
April 2014	224,105	370,084	61
May 2014	205,873	337,125	61
June 2014	207,456	330,238	63
July 2014	205,055	325,663	63
August 2014	190,453	302,153	63
September 2014	260,105	414,941	63
October 2014	219,750	353,252	62
November 2014	144,648	232,596	62
December 2014	189,574	201,957	63
January 2015	127,767	213,570	60
February 2015	122,125	195,035	63
TOTALS	2,294,319	3,707,044	62

I solemnly affirm under the penalties of perjury that the information of this form is true to the best of my knowledge, information and belief.

Date: 7/27/15 Licensee(s): Harbor East Brewery, LLC

Information prepared by:

Certified Public Accountant



City of Baltimore
STEPHANIE RAWLINGS-BLAKE
MAYOR
Department of Finance
Bureau of Revenue Collections
Collection Division
200 Holliday St
Baltimore, MD 21202

CLEARANCE

Date: 09/03/16

Account Number: W04774535

This is to certify that the Personal Property tax bills in the name

Restco, LLC are paid to and
including 2014-2015

Monag Payne
Customer Service Section
Bureau of Treasury Management
Collection Division
200 Holliday St.
Baltimore, Maryland
410-396-3979
mp
09/03/16

LN= LB157

STEPHAN W. FOGLEMAN, ESQUIRE
CHAIRMAN

COMMISSIONERS
ELIZABETH C. SMITH
HARVEY E. JONES



DOUGLAS K. PAIGE
ACTING EXECUTIVE SECRETARY

JANE M. SCHROEDER, ESQUIRE
DEPUTY EXECUTIVE SECRETARY

STATE OF MARYLAND

BOARD OF LIQUOR LICENSE COMMISSIONERS

FOR BALTIMORE CITY

231 E. BALTIMORE STREET, 6TH FLOOR

BALTIMORE, MARYLAND 21202-3258

(410) 396-4377

FAX: (410) 396-4382

CHARLESTON
RESTCO, LLC
1000 LANCASTER STREET
BALTIMORE, MARYLAND 21202

February 2014

Food Sales – Class "B" Beer, Wine & Liquor License in 46th Legislative District March 2013 – February 2014

	Food Sales	Total Sales	Food %
March 2013	198,750.62	301,892.72	65.83
April 2013	202,228.52	304,599.59	66.39
May 2013	228,556.39	345,777.71	66.10
June 2013	217,660.16	330,383.37	65.88
July 2013	201,751.34	296,193.32	68.11
August 2013	215,478.51	318,678.00	67.62
September 2013	193,723.85	291,106.43	66.55
October 2013	205,753.07	310,782.17	66.20
November 2013	243,743.28	360,241.21	67.66
December 2013	260,166.01	372,178.66	69.90
January 2014	138,094.36	205,102.96	67.33
February 2014	197,337.03	289,697.81	68.12
TOTALS	2,503,243.14	3,726,629.95	67.17

I solemnly affirm under the penalties of perjury that the information of this form is true to the best of my knowledge, information and belief.

Date: _____ Licensee(s): _____

Information prepared by:

Mary Felicitang, CPA 3-14-14
Certified Public Accountant
Mary Felicitang & Associates, LLC



Rosenberg
Martin
Greenberg^{LLP}

Benjamin Rosenberg
brosenberg@rosenbergmartin.com

March 19, 2014

Ms. Cindy Wolf
Charleston
1000 Lancaster Street
Baltimore, Maryland 21202

Dear Cindy:

I hereby resign as licensee on the Alcoholic Beverage License for Charleston Restaurant.

Kindest personal regards.

Sincerely,

A handwritten signature in black ink, appearing to be 'BR', written over a horizontal line.

Benjamin Rosenberg

BR:cmb

4811-5257-3465, v. 1