

ATTACHMENT G



GOVERNMENT OF THE DISTRICT OF COLUMBIA ABRA APPLICATION

OFFICIAL USE ONLY

License Number: <u>082005</u>	Date Accepted:	Accepted by: <u>D. Jackson</u>	Hearing Date:
Fees Paid: \$ <u>300.00</u>	From	To	Issue Date:
Date Approved by Board <u>5/20/09</u>	Initial: →	<u>MB</u>	<u>BT</u>
Date Denied by Board <u>1/1</u>	Initial: →		
Ward/ANC:	☐ New	☐ Transfer (new location)	☒ Transfer With Sale
			☐ Transfer without Sale
			☐ Stock Transfer
			☐ Storage
			☐ Premise

TO BE COMPLETED BY APPLICANT

1. CATEGORY	2. CLASS	3. TYPE	4. ENTERTAINMENT ENDORSEMENT	5. ENDORSEMENT	6. OTHER TYPES
☐ Manufacturer ☐ Wholesaler ☒ Retailer	☐ A ☐ B ☒ C ☐ D	☐ Restaurant ☐ Tavern ☒ Nightclub ☐ Hotel	☐ Entertainment ☐ Dancing ☐ Cover Charge	☐ Sidewalk Cafe ☐ Summer Garden ☐ Tasting ☐ Brew Pub	☒ Safekeeping ☐ 404.2 ☒ 405.1 ☒ No Substantial Change
7. Number of Seating: <u>399</u>			8. Number of Hotel Rooms:		
9. Applicant (Last Name, First Name, Middle Initial) or Entity The Stadium Group, LLC			10. Trade Name Stadium		
11. Business Address 2127 Queens Chapel Road, NE			12. Mailing Address if different from business c/o Mallios & O'Brien 2600 Virginia Avenue, NW, Suite 1112, Washington, DC 20037		
13. Business Telephone: () TBD			14. Fax Number: ()		
15. Email Address:					
16. Type of Applicant ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☒ LLC ☐ Other (LLP or LP)					
17. List the name of Sole Proprietors and All Partners below.					

18. List all Corporate Officers, LLC Managing Members, General Partners by name and title who have an ownership interest:	Number of Shares	Percent of Interest
James Truit Redding, Managing Member		100%
19. List the total number of stocks and shares distributed by the Corporation: Authorized <u>n/a</u> Issued		
20. Has there been any administrative action taken against the applicant or any person listed above regarding ABC violations in the District of Columbia or any state? ☐ Yes ☒ No If yes, please explain what administrative actions were taken, location of action, and the disposition.		
21. If applicant is a Sole Proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the below certification. Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above applicant is the true and actual owner of the business.		

Printed name: James Truit Redding	Subscribed and sworn to before me on this <u>20</u> day of <u>MAR</u> , 20 <u>09</u>	Notary Public	My commission expires on <u>11/30/12</u>
Signature: <u>[Signature]</u>			
Printed name:	Subscribed and sworn to before me on this ___ day of ___, 20__	Notary Public	My commission expires on
Signature:			
Printed name:	Subscribed and sworn to before me on this ___ day of ___, 20__	Notary Public	My commission expires on
Signature:			

22. In what language do you need vital documents translated?

SPECIAL NOTICE

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



BUSINESS INFORMATION

1. Business Address: 2127 Queens Chapel Road, NE			
2. Trade Name Stadium	3. Floor(s) for area of storage 1st	4. Floor(s) of licensed business 1st	
5. Will you be the true and actual owner of the business? ☒ Yes ☐ No If no, please explain in an affidavit.			
6. Will any other business be conducted on the premises? ☐ Yes ☒ No If yes, please explain fully.			
7. Do you have or have you previously held a license for the sale of alcoholic beverages? ☐ Yes ☒ No If yes, please explain.			
8. Will any portion of the premises be used for a dwelling or a lodging house? ☐ Yes ☒ No If yes, is there interior access to the living quarters from the licensed area? ☐ Yes ☐ No			
9. Does any manufacturer, brewery, distiller, wholesaler or solicitor of alcoholic beverages, or any employee thereof, or any other individual or corporations have any financial interest directly or indirectly in this business or any other business holding an ABC License? ☐ Yes ☒ No If yes, please explain fully.			
10. List the hours below:			
Days	a. Hours of Operation	b. Hours of Alcoholic Beverage Sales/Service/Consumption	c. Hours of Live Entertainment occurring or continuing after 6:00 PM
Sunday	From <u>11 am</u> To <u>2am</u>	From <u>11 am</u> To <u>2am</u>	From <u>11 am</u> To <u>2am</u>
Monday	From <u>11 am</u> To <u>2 am</u>	From <u>11 am</u> To <u>2 am</u>	From <u>11 am</u> To <u>2 am</u>
Tuesday	From <u>11 am</u> To <u>2 am</u>	From <u>11 am</u> To <u>2 am</u>	From <u>11 am</u> To <u>2 am</u>
Wednesday	From <u>11 am</u> To <u>2 am</u>	From <u>11 am</u> To <u>2 am</u>	From <u>11 am</u> To <u>2 am</u>
Thursday	From <u>11 am</u> To <u>2 am</u>	From <u>11 am</u> To <u>2 am</u>	From <u>11 am</u> To <u>2 am</u>
Friday	From <u>11 am</u> To <u>3 am</u>	From <u>11 am</u> To <u>3 am</u>	From <u>11 am</u> To <u>3 am</u>
Saturday	From <u>11 am</u> To <u>3 am</u>	From <u>11 am</u> To <u>3 am</u>	From <u>11 am</u> To <u>3 am</u>
List the hours for Summer Garden/Sidewalk Café below:			
Days	d. Hours of Operation	e. Hours of Alcoholic Beverage Sales/Service/Consumption	f. Hours of Live Entertainment occurring or continuing after 6:00 PM
Sunday	From _____ To _____	From _____ To _____	From _____ To _____
Monday	From _____ To _____	From _____ To _____	From _____ To _____
Tuesday	From _____ To _____	From _____ To _____	From _____ To _____
Wednesday	From _____ To _____	From _____ To _____	From _____ To _____
Thursday	From _____ To _____	From _____ To _____	From _____ To _____
Friday	From _____ To _____	From _____ To _____	From _____ To _____
Saturday	From _____ To _____	From _____ To _____	From _____ To _____

CN License

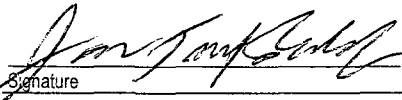
11. If you checked the box for tasting in question 5 in the ABRA Application, initial below that you understand that your tasting hours may not exceed your approved alcoholic beverage hours.			
12. Provide below the name, address and distance (in feet) of the following:			
	Name	Address	Distance
School	Washington Math Science Charter School	1920 Bladensburg Rd NE	1,200 ft
Public Library	Woodridge Branch Library	1801 Hamlin Street NE	3,200 ft
Day Care Center	none determined within		600 ft
Recreation Center	Arboretum Recreation Center	2412 Rand Place NE	1,950 ft
13. How were the above distances measured?			
Answer the following if you are an off-premise consumption establishment			
14. Is there another ABC licensed establishment of the same class within 400 feet of your establishment? ☐ Yes			
☐ No If yes, state name, address and distance. n/a Retail CN applicant			
15. Answer the following if you are applying for a Hotel, Tavern, Restaurant, Night Club, Club, Multi-purpose Facility, Boat or train license.			
Describe the nature of operation, including the type of food served, type of entertainment, including nude performance(s), and any goods & services to be provided. If dancing is provided please indicate the dimension of the dance floor(s) and the location(s).			
nightclub offering light fare and entertainment including nude performances			
16. Answer the following if you are applying for a Restaurant, Hotel, or Tavern License.			
If you checked "Cover Charge" in Section 4 of the ABRA application instructions AND have a Certificate of Occupancy over four hundred (400) persons, please provide the following:			
1) Copy of Public Hall Certificate of Occupancy from the Zoning Administrator; AND			
2) Copy of Entertainment Endorsement for a Public Hall from the Department of Consumer and Regulatory Affairs.			
17. Answer the following if you are a Hotel or Restaurant License. n/a Retail Class CN applicant			
a. What are your projected gross annual receipts from food sales for the next twelve months (\$). How did you arrive at this amount?			
b. What are your projected gross annual receipts from alcoholic beverage sales for the next twelve months? (\$) How did you arrive at this amount?			
18. Answer the following if you are applying for a new application or transferring ownership with a substantial change or transferring to a new location. n/a			
a. Give a detailed explanation as to what effect your establishment will have on real property values on the relevant locality, section, or portion of the District of Columbia.			
b. Give a detailed explanation as to what effect your establishment will have on peace, order, and quiet including noise and litter, on the relevant locality, section or portion of the District of Columbia.			

c. Give a detailed explanation as to what effect your establishment will have upon residential parking needs and vehicular traffic and pedestrian safety.

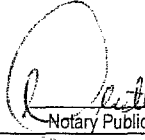
If applicant is a Sole Proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the below certification.

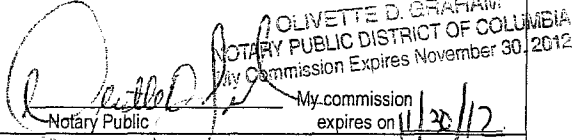
19. Certification: I hereby certify under the penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business.

Printed name: James Truit Redding


Signature

Subscribed and sworn to before me
on this 20 day of 3, 2009


Notary Public


OLIVETTE D. GRAHAM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires November 30, 2012
My commission expires on 11/30/12

Printed name: _____

Signature _____ Subscribed and sworn to before me
on this _____ day of _____, 20____

Notary Public

My commission
expires on _____

Printed name: _____

Signature _____ Subscribed and sworn to before me
on this _____ day of _____, 20____

Notary Public

My commission
expires on _____

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