EXHIBIT 11

Appellant's Exhibit 11

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ABRA APPLICATION

OFFICIAL USE ONLY

License Number: 082005	Date Accepted:		Accepted by: D. Jackson	Hearing Date:			
Fees Paid: $ 300.00	From	To	Issue Date:	From	To		
Date Approved by Board 5/20/09	Initial: →						
Date Denied by Board / /	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	☐ A	☐ Restaurant	☐ Club	☐ Entertainment	☐ Sidewalk Cafe	☒ Safekeeping
☐ Wholesaler	☐ B	☐ Tavern	☐ Multi-Purpose Facility	☐ Dancing	☐ Summer Garden	☐ 404.2
☒ Retailer	☒ C	☒ Nightclub	☐ Common Carrier	☐ Cover Charge	☐ Tasting	☒ 405.1
	☐ D	☐ Hotel			☐ Brew Pub	☒ No Substantial Change

7. Number of Seating: 399

8. Number of Hotel Rooms:

9. Applicant (Last Name, First Name, Middle Initial) or Entity	10. Trade Name
The Stadium Group, LLC	**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 **n/a** 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.

OLIVETTE D. GRAHAM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires November 30, 2012

Printed name: **James Truit Redding**

Signature — Subscribed and sworn to before me on this 20 day of MAR 2009 — Notary Public — 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

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

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

BUSINESS INFORMATION

1. Business Address:
2127 Queens Chapel Road, NE

2. Trade Name	3. Floor(s) for area of storage	4. Floor(s) of licensed business
Stadium	**1st**	**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 11 am To 2am	From 11 am To 2am	From 11 am To 2am
Monday	From 11 am To 2 am	From 11 am To 2 am	From 11 am To 2 am
Tuesday	From 11 am To 2 am	From 11 am To 2 am	From 11 am To 2 am
Wednesday	From 11 am To 2 am	From 11 am To 2 am	From 11 am To 2 am
Thursday	From 11 am To 2 am	From 11 am To 2 am	From 11 am To 2 am
Friday	From 11 am To 3 am	From 11 am To 3 am	From 11 am To 3 am
Saturday	From 11 am To 3 am	From 11 am To 3 am	From 11 am To 3 am

CN License

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 _____

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 witin**		**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 23 day of 3, 2009 — Notary Public — My commission expires on 11/30/12

OLIVETTE D. GRAHAM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires November 30, 2012

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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