

APPLICATION FOR
RETAIL LIQUOR OR RETAIL DISPENSER
LICENSE AND PERMITS

(SEE INSTRUCTIONS PAGE 3)

(ANSWER ALL QUESTIONS)

The undersigned hereby applies for the following type of License:

- HOTEL LIQ. EATING PLACE RET. DISP. AIRPORT RESTAURANT LIQ. CONTINUING CARE RETIREMENT COMMUNITY RESTAURANT LIQ.
- HOTEL RET. DISP. OFF-TRACK WAGERING REST. LIQ. PRIVATELY-OWNED PUBLIC GOLF COURSE REST. LIQ. CONTINUING CARE RETIREMENT COMMUNITY EATING PLACE RET. DISP.
- BREWERY PUB MUNIC. GOLF COURSE LIQ. PRIVATELY-OWNED PUBLIC GOLF COURSE RET. DISP. GAMING RESTAURANT LIQ.
- RESTAURANT LIQ. MUNIC. GOLF COURSE RET. DISP. GAMING EATING PLACE RET. DISP.

1. NAME OF APPLICANT

1231 COMPANY INC.

2. TRADE NAME (IF ANY)

THE MINT

3. ADDRESS OF PREMISES (STREET, RURAL ROUTE, P.O. BOX NO.) (POST OFFICE) (STATE) (ZIP)

1223 W. BROAD ST BETHLEHEM PA 18018

4. NAME OF MUNICIPALITY TYPE OF MUNICIPALITY COUNTY

BETHLEHEM

CITY BORO TWP. INC. TOWN

LEHIGH

5. AMUSEMENT PERMIT

WILL YOU PERMIT DANCING, PROVIDE FLOOR SHOWS, OR ANY OTHER ENTERTAINMENT? YES NO

6. SUNDAY SALES PERMIT (PERMIT IS NOT NECESSARY FOR CONTINUING CARE RETIREMENT COMMUNITY APPLICANTS)

WILL YOU SELL LIQUOR AND/OR MALT OR BREWED BEVERAGES ON SUNDAY? YES NO

7. EXTENDED HOURS FOOD LICENSE

WILL YOU SERVE FOOD UNTIL 7:00 A.M. OF ANY DAY? YES NO

8. IF THE RESTAURANT OR RETAIL DISPENSER EATING PLACE LICENSE WILL BE LOCATED IN PHILADELPHIA, DO YOU INTEND TO SELL MALT AND/OR BREWED BEVERAGES FOR OFF-PREMISES CONSUMPTION? YES NO

N/A

IF YES, YOU MUST SUBMIT THE HEARING BOARD'S APPROVAL OF YOUR REQUEST. (HOTEL LICENSES ARE EXEMPT FROM THIS REQUIREMENT.)

9. IS THE APPLICATION TO BE CONSIDERED FOR PRIOR APPROVAL? YES NO

10. HAS THE APPLICANT PREVIOUSLY FILED AN APPLICATION FOR ANY OTHER PLCB LICENSE? IF "YES", WHEN AND WHERE? YES NO

11. IS A CURRENT HEALTH LICENSE POSTED ON THE PREMISES? IF "YES", WHEN DOES IT EXPIRE? GIVE MONTH, DAY, YEAR. YES NO

12. NAME OF CURRENT OWNER OF PREMISES DEED BOOK VOLUME NO. PAGE NO.

LOMBARDO & SON L.P.

ADDRESS OF CURRENT OWNER OF PREMISES LEASE EXPIRATION DATE

2970 LINDEN ST BETHLEHEM PA 18018

12/31/2020

12(A). NAME OF OFFICERS, DIRECTORS, SHAREHOLDERS, PARTNERS OR MEMBERS OF PROPERTY OWNER. (ATTACH SEPARATE SHEET IF NECESSARY) TITLE

STEFANO LOMBARDO

PRESIDENT

PATRICIA LOMBARDO

DOMENICO LOMBARDO

ANTONIO LOMBARDO

13. ECONOMIC DEVELOPMENT (NEW LICENSE APPLICATION ONLY)

ARE YOU APPLYING FOR A NEW RESTAURANT LIQUOR OR EATING PLACE RETAIL DISPENSER ON THE BASIS OF ECONOMIC DEVELOPMENT? YES NO

IF YES, ARE YOU APPLYING ON THE BASIS OF (A), (B), OR (C)? CHECK ONE:

A. THE PROPOSED PREMISES IS LOCATED WITHIN A KEYSTONE OPPORTUNITY ZONE. YES NO

B. THE PROPOSED PREMISES IS LOCATED WITHIN AN AREA DESIGNATED AS AN ENTERPRISE ZONE. YES NO

C. THE GOVERNING BODY OF THE MUNICIPALITY HAS APPROVED THE APPLICANT FOR LOCAL ECONOMIC DEVELOPMENT. YES NO

DO NOT WRITE BELOW THIS LINE

NEW APPL: COM/NCP _____ ZIP _____

14. IF THE PREMISES TO BE LICENSED IS IN A PA GAMING FACILITY:

- A. WHO IS THE GAMING LICENSE ISSUED TO? N/A
- B. GAMING LICENSE NUMBER _____
- C. NAME OF THE GAMING FACILITY _____
- D. ARE THERE ANY OTHER PLCB LICENSES ISSUED FOR THIS PREMISE? IF YES, WHAT ARE THE PLCB LICENSE NUMBERS? _____

15. COMPLETE IN DETAIL - ATTACH SEPARATE SHEET, IF NECESSARY.

NAME OF INDIVIDUAL APPLICANT, PARTNERS, MEMBERS, OR OFFICERS & DIRECTORS	TITLE	HOME ADDRESS	DATE AND PLACE OF BIRTH	LENGTH OF RESI- DENCE IN PA.	U.S. CITIZEN?	
					YES	NO
A. NAME DOMENICO LOMBARDO	GM	2744 BRIARWOOD PLACE	HAMMONTON NJ.	29 YRS	X	
B. NAME		BETHLEHEM PA				
C. NAME						
D. NAME						
E. NAME						
F. NAME						

16. FOR CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY

A. REGISTERED AS: PROFIT NONPROFIT

REGISTERED NAME	INCORPORATED/ORGANIZED		IF FOREIGN CORPORATION GIVE DATE OF CERTIFICATE OF AUTHORITY OR IF FOREIGN LLC GIVE DATE REGISTERED IN PA
	PLACE	DATE	
1231 COMPANY, INC	BETHLEHEM PA	4/29/2010	

B. RESOLUTION

TYPE OF PERMIT TO BE GRANTED NEW LICENSE TRANSFER OF LICENSE

At a regular or special meeting held on MAY 29, 2010 by the applicant, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that DOMENICO LOMBARDO GENERAL MANAGER and/or _____ is/are hereby authorized to execute said application, and any other papers required by the Board.

(NAME/TITLE) (NAME/TITLE)

17. FOR CORPORATIONS ONLY

LIST ALL STOCKHOLDERS - ATTACH SEPARATE SHEET, IF NECESSARY.

NAME OF STOCKHOLDER	HOME ADDRESS	DATE & PLACE OF BIRTH	U.S. CITIZEN?		NO. OF SHARES OF STOCK HELD
			YES	NO	
A. NAME STEFANO LOMBARDO	2744 BRIARWOOD PLACE BETHLEHEM PA 18017		X		1
B. NAME PATRICIA LOMBARDO	2744 BRIARWOOD PLACE BETHLEHEM PA 18017		X		0
C. NAME DOMENICO LOMBARDO	2744 BRIARWOOD PLACE BETHLEHEM PA 18017		X		0
D. NAME					
E. NAME					
F. NAME					

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18. Is a management company employed or otherwise contracted to operate, manage or otherwise supervise all or part of the operation?

YES NO

If yes, list the name and address of the entity: _____

19. NAME OF MANAGER	HOME ADDRESS	DATE & PLACE OF BIRTH	U.S. CITIZEN?	
			YES	NO
NAME DOMENICO LOMBARDO	2744 BIRCHWOOD PLACE BETHLEHEM PA 18017			X

20. CONVICTION RECORD: The following is a record of all felony and misdemeanor convictions of the individual owner, all partners, all members, the manager and all corporate officers, directors and stockholders. (Attach separate sheet, if necessary.)

If there have been no such convictions, check here: No such convictions

NAME	DATE OF CONVICTION	CHARGE	DISPOSITION	LOCATION OF COURT (COUNTY AND STATE)

21. Neither the applicant nor any member, officer, director, stockholder, agent or employee has any financial interest, either directly or indirectly, in any other class of license or permit issued by this Board, or in the ownership, leasehold, or equipment, of any property used by such other licensee or permittee, or mortgage lien against the same, nor have they loaned any money, or given credit, or anything of value, for equipping, maintaining or conducting an establishment used in such other license or permit, except as follows: _____

No exceptions

22. No person having any financial interest as an individual, or as a member, officer, director, stockholder, agent or employee in another class of license or permit issued by this Board will be in any manner interested, either directly or indirectly, in the business proposed to be licensed under this application, or in the ownership or leasehold of the property or equipment to be used in the operation of the said business, or any mortgage lien against the same, nor have they loaned any money, or given credit, or anything of value, to the applicant, or any member, officer, director, stockholder, servant, agent or employee of said applicant, for equipping, maintaining or conducting this business, except as follows: _____

No exceptions

23. None of the applicants hold any public office involving the enforcement of penal laws, or penal ordinances or resolutions, except as follows: _____

No exceptions

24. The building to be licensed is not located within 300 feet of any church, school, hospital, public playground or charitable institution, except as follows: _____

No exceptions

25. If an application for continuing care retirement facility, list the number of residents over the age of 62, N/A and the total number of residents _____.

26. PREMISES TO BE LICENSED

A. LIST COMPLETE INFORMATION FOR EVERY ROOM WHICH IS TO BE USED IN THE OPERATION OF THE LICENSED BUSINESS, INCLUDING A SEPARATE KITCHEN, IF ANY, AND AREA TO BE USED FOR STORAGE OF ALCOHOLIC BEVERAGES.

ROOM		LOCATED ON WHAT FLOOR	SEATING CAPACITY	DESIGNATE USE: SERVING, KITCHEN OR STORAGE
WIDTH	LENGTH			
45'	60'	1st FLOOR	40? TO BE DETERMINED	KITCHEN - SERVING - BAA STORAGE
20'	25'	2nd FLOOR	TO BE DETERMINED	STORAGE/OFFICE/SERVING
20'	25'	BASEMENT	0	STORAGE
14'	25'	OUTSIDE PATIO	TO BE DETERMINED	SERVING
20'	25'	SMOKING PATIO	TO BE DETERMINED	SERVING

B. IF HOTEL LICENSE, NUMBER OF PERMANENT BEDROOMS AVAILABLE FOR GUESTS

N/A

C. OCCUPANCY OF REMAINDER OF BUILDING

27. No other type of business licensed by the Liquor Control Board is conducted in the building, except as follows: _____

No exceptions

28. A placard, PLCB-1296, Public Notice of Application Alcoholic Beverages, was posted on (DATE) _____ in a conspicuous place on the outside of the premises as required by the Liquor Code and Regulations of the Board, and will remain posted until a notice of approval or refusal is received by the applicant.

I swear or affirm, subject to the penalties provided by 18 Pa. C.S. §4904 and 47 P.S. §4-403(h) and/or §4-436(j), that the foregoing answers and statements provided herein are true and complete to the best of my knowledge and belief.

SIGNATURE 	TITLE GM	NAME OF ATTORNEY REPRESENTING YOU IN THIS MATTER, IF ANY
HOME ADDRESS 2944 BLAIRWOOD BL	PHONE 610.730.8783	ADDRESS
SIGNATURE	TITLE	
HOME ADDRESS	PHONE	PHONE
PREMISES PHONE NO.		DATE SIGNED



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Business Entity Filing History

Date: 12/2/2010 (Select the link above to view the Business Entity's Filing History)

Business Name History

Name	Name Type
1231 Company, Inc.	Current Name

Business Corporation - Domestic - Information

Entity Number:	3951806
Status:	Active
Entity Creation Date:	4/29/2010
State of Business.:	PA
Registered Office Address:	2744 Briarwood Place Bethlehem PA 18017 Northampton
Mailing Address:	No Address



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Commonwealth of PA Privacy Statement

**REGARDING NOTICE POSTING AS REQUIRED BY
PENNSYLVANIA LIQUOR CODE AND BOARD REGULATIONS**

License Number _____ LID #: _____

Applicant 1231 COMPANY INC

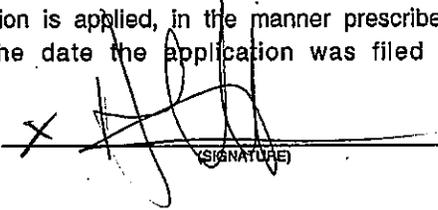
Address of Premises 1223 W. BROAD ST

BETH LEHEM PA 18018
(ZIP CODE)

Type of Application:

- New with an Amusement Permit
- New without an Amusement Permit
- Transfer with an Amusement Permit
- Transfer without an Amusement Permit
- Extension
- Change of Officers

The undersigned applicant for a license action concerning alcoholic beverages, DOMENICO LOMBARDI of 1231 COMPANY INC, swears or affirms that a "Public Notice of Application" has been and will be continuously and conspicuously posted on the premises for which the license action is applied, in the manner prescribed by the Liquor Code and Board Regulations, from the date the application was filed with the Board, _____
(INSERT DATE)

X 
(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

The foregoing statements are provided under penalty of perjury, 18 Pa. C.S.A. §4903 and §4904, and 47 P.S. §4-403(h) and/or §4-436(j).

This affidavit must be submitted in conjunction with each new, transfer, or extension application and any notice of change in officers or stockholders constituting a change of corporate control. New and transfer applications for retail licenses, except clubs, performing arts and public venues, must indicate if the transaction includes an amusement permit. The "Public Notice of Application" must be posted on the date the application or notice is filed and must remain posted until the application has been approved or refused by the Board.

This affidavit must be executed by the same person or persons who signed the application or notice. If the applicant is a corporation, the corporate officer(s) who signed the application of notice shall execute this affidavit by affixing the same signature(s) and title(s) hereon. If the applicant is a limited liability company, the member(s) who signed the application of notice shall execute this affidavit by affixing the same signature(s) hereon.

NOTE: If the transfer of controlling interest in a corporation affects more than one license, EACH LICENSED PREMISES must be properly posted.

List additional license numbers here: _____

TAX CERTIFICATION STATEMENT

(SEE INSTRUCTIONS ON REVERSE)

A completed Tax Certification Statement must accompany all applications for new licenses or transfers, as required by Section 477 of the Liquor Code. Failure to provide the requested information and/or any outstanding state income, corporation, sales or unemployment compensation tax obligations (including failure to file or register) will cause your application to be rejected. If additional space is needed, please use white 8½" x 11" paper. Type or print all information requested.

1. LICENSEE (APPLICANT) NAME 1231 COMPANY INC	2. BUSINESS PHONE NO. AREA CODE
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3. TRADE/FICTITIOUS NAME (IF ANY)
THE MINT

4. LICENSED ADDRESS (STREET, RURAL ROUTE, P.O. BOX NO.) (POST OFFICE) (STATE) (ZIP)
1223 W. BROAD ST BETHLEHEM PA 18018

5. TYPE OF APPLICATION FILED IF A TRANSFER
 NEW TRANSFER BUYER SELLER
 6. LGB LICENSE NUMBER (IF NONE, CHECK HERE)

7. TYPE OF ENTITY
 SOLE PROPRIETOR PARTNERSHIP LIMITED LIABILITY PARTNERSHIP
 LIMITED LIABILITY COMPANY CORPORATION CLUB

8. LIST OWNER(S), GENERAL PARTNERS (CORPORATIONS, LLCs AND CLUBS SKIP ITEM 8)

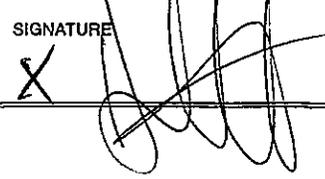
NAME (PRINT) STEFANO LOMBARDO	SOCIAL SECURITY NUMBER COMPLETE ALL BLOCKS [] - [] - []
NAME (PRINT) PATRICIA LOMBARDO	SOCIAL SECURITY NUMBER [] - [] - []
NAME (PRINT) DOMENICO LOMBARDO	SOCIAL SECURITY NUMBER [] - [] - []
NAME (PRINT)	SOCIAL SECURITY NUMBER [] - [] - []
NAME (PRINT)	SOCIAL SECURITY NUMBER [] - [] - []

9. LIST THE FOLLOWING STATE TAX IDENTIFICATION NUMBERS. (ALL ITEMS: A, B, C, AND D MUST BE COMPLETED).

A. SALES TAX LICENSE (8 DIGITS) WD BE APPLIED FOR [] - [] - [] - [] - [] - [] - [] - [] N/A <input type="checkbox"/> APPL PEND <input type="checkbox"/>	C. CORPORATE BOX NUMBER (7 DIGITS) TO BE APPLIED FOR [] - [] - [] - [] - [] - [] - [] N/A <input type="checkbox"/> APPL PEND <input type="checkbox"/>
B. EMPLOYER ID (EIN) (9 DIGITS) [] - [] - [] - [] - [] - [] - [] - [] - [] N/A <input type="checkbox"/> APPL PEND <input type="checkbox"/>	D. UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER TO BE APPLIED FOR [] - [] - [] - [] - [] - [] - [] - [] - [] N/A <input type="checkbox"/> APPL PEND <input type="checkbox"/>

10. If you currently have a License, do you have employees or have you employed any employees since you filed your last renewal application? YES NO

11. AFFIRMATION: I swear or affirm, subject to the penalties provided by 18 Pa. C.S. §4904, and 47 P.S. §403(h) and/or 4-436(j) and/or §7-704, that all information required herein has been provided, and with respect to all State taxes to which applicant is subject, all tax reports have been filed, and all State taxes have been paid, or are subject to a timely administrative or judicial appeal, or are subject to a duly approved deferred payment plan.

SIGNATURE  TITLE **GM** DATE **11/30/2010**

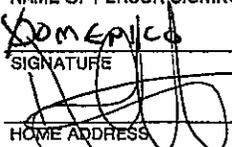
**APPENDIX
SOCIAL SECURITY INFORMATION**

Pennsylvania Right To Know Act [65 P.S. §66.1-66.4] restricts dissemination of Social Security Account Numbers. The identifying information contained on this form is not considered public information. This is not a public document.

In accordance with the Federal Privacy Act of 1974, you have the right to refuse to disclose your Social Security Account Number. Such refusal will not result in a denial of any right, benefit, or privilege provided by law. Your Social Security Account Number will be used for cross-reference identification within the Liquor Control Board and among other state agencies. The Liquor Control Board is empowered by the Pennsylvania Liquor Code (47 P.S. §1-101, et seq.), to request your Social Security Account Number. This form must be filed whether or not social security numbers are disclosed.

1. NAME OF LICENSEE 1231 COMPANY INC.				LICENSE NO.	
2. TRADE NAME (IF ANY) THE MINT				LID NO.	
3. ADDRESS OF PREMISES 1223 W. BROAD ST		(STREET, RURAL ROUTE, P.O. BOX NO.)	(POST OFFICE) BETHLEHEM	(STATE) PA	(ZIP) 18018
4. THE NAMES LISTED HERE MUST AGREE WITH THE INFORMATION LISTED ON THE APPLICATION FOR LICENSE OR PERMIT. COMPLETE IN DETAIL - ATTACH SEPARATE SHEET, IF NECESSARY.					

SOCIAL SECURITY NUMBER	NAMES OF ALL MEMBERS, OFFICERS, DIRECTORS, STOCK-HOLDERS, MANAGER, STEWARD, LICENSEE OR PARTNER/PARTNERSHIP		
	LAST	FIRST	MIDDLE INITIAL
A	LOMBARDO	STEFANO	
B	LOMBARDO	PATRICIA	
C	LOMBARDO	DOMENICO	
D			
E			
F			
G			
H			
I			
J			

NAME OF PERSON SIGNING DOMENICO LOMBARDO GENERAL MANAGER		NAME OF PERSON SIGNING	
SIGNATURE 	TITLE	SIGNATURE	TITLE
HOME ADDRESS 2744 BRIARWOOD PLACE	PHONE 610 730-8783	HOME ADDRESS	PHONE
DATE SIGNED NOVEMBER 30, 2010	DATE SIGNED		