

PLEASE REPLY TO PA OFFICE

Theodore J. Zeller III, Esquire
E-mail: tzeller@nmmlaw.com
Direct Dial: 484-765-2220
Direct Fax: 484-765-2312

November 13, 2014

VIA E-MAIL (cbiedenkopf@bethlehem-pa.gov) – ORIGINAL TO FOLLOW

City Clerk's Office
City of Bethlehem
10 East Church Street
Bethlehem, PA 18018

ATTENTION: Cynthia H. Biedenkopf, Assistant Clerk

RE: Request Intermunicipal Liquor License Transfer
My Client: Publik House, LLC
Site Location: 123 W. 4th Street, Bethlehem, PA 18015

Dear Ms. Biedenkopf:

Please consider this correspondence as my client's request for an intermunicipal transfer of liquor license into the City of Bethlehem at the above location, pursuant to 47 P.S. § 4-461(b.3). I am in receipt of your November 12, 2014 correspondence and would appreciate any expedited consideration of my client's request. As I previously mentioned, Section 461(b.3) requires a public hearing concerning the applicant's intent to transfer a license into the municipality. Previously, my client did attend a public hearing and expressed all his intentions with regard to moving a liquor license into the City of Bethlehem. Those intentions remain unchanged and we hereby incorporate by reference all prior testimony at the previous public hearing. I understand that City Council will have to vote on either a new or amended Resolution in such regard. I would request that the matter be heard at the first available City Council regular meeting date. Once you confirm to me the new hearing date/meeting date, I will send out the requisite notice required under Bethlehem Local Ordinance. In addition, I am attaching a revised Application which only amends the identity of the license seller. All other information remains the same.

The proposed site remains located at 123 W. 4th Street, Bethlehem. Again, my client intends to operate a family dining restaurant. Attached is a copy of the proposed Resolution approving the transfer.

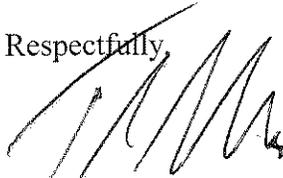


City Clerk's Office
City of Bethlehem
ATTENTION: Cynthia H. Biedenkopf, City Clerk
November 13, 2014
Page 2

Please advise if there are additional fees which we need to submit. Thank you,
and please advise me when my client's request is scheduled to be heard by Bethlehem City
Council.

Thank you for your time and consideration.

Respectfully,

A handwritten signature in black ink, appearing to read 'TJZ', written over the word 'Respectfully'.

THEODORE J. ZELLER III

TJZ:rds
Enclosure
cc: John F. Spirk, Jr., Esquire (w/encl.)

**APPLICATION FOR TRANSFER
OF
LICENSE AND PERMIT**

(SEE INSTRUCTIONS ON REVERSE)

I hereby agree to the transfer of my license and permits, if any, to the applicant named in Block 6 and to the premises shown in Block 8 and 9. I guarantee to make no other attempt to transfer said license and permits until this application has been definitely acted upon.

INFORMATION AS TO PRESENT LICENSEE AND ADDRESS OF LICENSED PREMISES

1. NAME OF LICENSEE Brick House Tavern, Inc.	LID 53539	LICENSE NO. R-12845	AMUSEMENT PERMIT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. TRADE NAME (IF ANY) Brick House Tavern			
3. ADDRESS OF PREMISES 1428 Butler Street	(STREET, RURAL ROUTE, P.O. BOX NO.)	(POST OFFICE) Easton	(STATE) (ZIP) PA 18042
4. NAME OF MUNICIPALITY Easton	TYPE OF MUNICIPALITY <input checked="" type="checkbox"/> CITY <input type="checkbox"/> BORO <input type="checkbox"/> TWP. <input type="checkbox"/> INC. TOWN		COUNTY Northampton

5. RESOLUTION

At a regular or special meeting held on November, 20 14 by the licensed corporation, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that Charlotte T. Assise, President and/or _____ is/are
(NAME/TITLE) (NAME/TITLE)

hereby authorized to execute said application, and any other papers required by the Board.

INFORMATION FOR APPLICANT AND ADDRESS OF PREMISES TO BE LICENSED

6. NAME OF APPLICANT Publik House, LLC	IS AMUSEMENT PERMIT TO BE TRANSFERRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
7. TRADE NAME (IF ANY)			
8. ADDRESS OF PREMISES 123 W. 4th Street	(STREET, RURAL ROUTE, P.O. BOX NO.)	(POST OFFICE) Bethlehem	(STATE) (ZIP) PA 18015
9. NAME OF MUNICIPALITY Bethlehem	TYPE OF MUNICIPALITY <input checked="" type="checkbox"/> CITY <input type="checkbox"/> BORO <input type="checkbox"/> TWP. <input type="checkbox"/> INC. TOWN		COUNTY Northampton

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) and/or §5-504(b) and/or §7-704, that the foregoing answers and statements provided herein are true and complete to the best of my knowledge and belief.

SIGNATURE OF PRESENT LICENSEE	TITLE President
PRINT NAME OF PERSON SIGNING Charlotte T. Assise	DATE OF EXECUTION
HOME ADDRESS OF PRESENT LICENSEE	PHONE

This application for transfer must be accompanied by the following supporting papers and requisite fee(s):

- A. Application and other supporting documents as instructed on the accompanying application for type of license and permits desired.
- B. Check or money order made payable to the *PLCB* or the *Commonwealth of Pennsylvania* for license transfer fee of \$650 for person to person, or \$550 for place to place, or \$700 for BOTH person to person and place to place. This fee is not refundable.
- C. Additional fee of \$10.00 if the current Amusement Permit is to be transferred.
- D. If an inter-municipal transfer of a retail license, written approval from the governing body of the receiving municipality if the retail municipal quota is met or exceeded.
- E. If the transfer is for a retail liquor or retail malt beverage dispenser license from a city of the 1st class to a county of the 2nd class A or 3rd class designated as a Mixed-Use Town Center Development Project, the following is required:
 - 1. Municipal approval as described in "D."
 - 2. Resolution or Ordinance stating the municipality has designated the location a Mixed-Use Town Center Development Project.
 - 3. \$50,000 surcharge fee along with the transfer fee as described in "B."
 - 4. Intra-County Affirmation stating the applicant has exhausted reasonable means for obtaining a suitable license within the county.
 - 5. Affidavit from a real estate agent, license broker or other similar professional attesting to the unavailability of a liquor license at a relative market price.

DO NOT WRITE BELOW THIS LINE

LID _____ PM _____ CO/MNCP CODE _____ ZIP _____

APPLICATION FOR RETAIL LIQUOR OR RETAIL DISPENSER LICENSE AND PERMITS

(SEE INSTRUCTIONS PAGE 3)

(ANSWER ALL QUESTIONS)

The undersigned hereby applies for: NEW TRANSFER OF A

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> HOTEL LIQ. | <input type="checkbox"/> EATING PLACE RET. DISP. | <input type="checkbox"/> AIRPORT RESTAURANT LIQ. | <input type="checkbox"/> CONTINUING CARE RETIREMENT COMMUNITY RESTAURANT LIQ. |
| <input type="checkbox"/> HOTEL RET. DISP. | <input type="checkbox"/> OFF-TRACK WAGERING REST. LIQ. | <input type="checkbox"/> PRIVATELY-OWNED PUBLIC GOLF COURSE REST. LIQ. | <input type="checkbox"/> CONTINUING CARE RETIREMENT COMMUNITY EATING PLACE RET. DISP. |
| <input type="checkbox"/> BREWERY PUB | <input type="checkbox"/> MUNIC. GOLF COURSE LIQ. | <input type="checkbox"/> PRIVATELY-OWNED PUBLIC GOLF COURSE RET. DISP. | <input type="checkbox"/> GAMING RESTAURANT LIQ. |
| <input checked="" type="checkbox"/> RESTAURANT LIQ. | <input type="checkbox"/> MUNIC. GOLF COURSE RET. DISP. | | <input type="checkbox"/> GAMING EATING PLACE RET. DISP. |

1. NAME OF APPLICANT

Publik House, LLC

2. TRADE NAME (IF ANY)

3. ADDRESS OF PREMISES

123 W. 4th Street Bethlehem PA 18015
(STREET, RURAL ROUTE, P.O. BOX NO.) (POST OFFICE) (STATE) (ZIP)

4. NAME OF MUNICIPALITY TYPE OF MUNICIPALITY COUNTY
Bethlehem CITY BORO TWP. INC. TOWN COUNTY
Northampton

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

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

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

11. NAME OF CURRENT OWNER OF PREMISES DEED BOOK VOLUME NO. PAGE NO./INSTRUMENT NO.
Jose G. & Rafaela Nunez 2013-1 127250

ADDRESS OF CURRENT OWNER OF PREMISES LEASE EXPIRATION DATE
726 Lechauwicky Avenue, Fountain Hill, PA 18015

11(A). NAME OF OFFICERS, DIRECTORS, SHAREHOLDERS, PARTNERS OR MEMBERS OF PROPERTY OWNER. (ATTACH SEPARATE SHEET IF NECESSARY)	TITLE
Jose G. Nunez	
Rafaela Nunez	

12. 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: CO/MNCP _____ ZIP _____

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

- A. WHO IS THE GAMING LICENSE ISSUED TO? _____
- 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?

14. 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 Jose G. Nunez	Member	726 Lechauwicky Avenue Fountain Hill, PA 18015	1/23/1973 Mexico		✓	
B. NAME Rafaela Nunez	Member	726 Lechauwicky Avenue Fountain Hill, PA 18015	10/24/1976		✓	
C. NAME						
D. NAME						
E. NAME						
F. NAME						

15. 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	
Publik House, LLC	Harrisburg, PA	6/18/14	N/A

B. **RESOLUTION**

TYPE OF PERMIT TO BE GRANTED NEW LICENSE TRANSFER OF LICENSE

At a regular or special meeting held on November, 20 14 by the applicant, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that Jose G. Nunez, Member and/or _____ is/are hereby authorized to execute said application, and any other papers required by the Board.

(NAME/TITLE) (NAME/TITLE)

16. 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 Jose G. Nunez	726 Lechauwicky Avenue Fountain Hill, PA 18015	1/23/1973 Mexico	✓		50%
B. NAME Rafaela Nunez	726 Lechauwicky Avenue Fountain Hill, PA 18015	10/24/1976	✓		50%
C. NAME					
D. NAME					
E. NAME					
F. NAME					

**APPLICATION FOR
RETAIL LIQUOR OR RETAIL DISPENSER
LICENSE AND PERMITS**

17. 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: _____

18. NAME OF MANAGER	HOME ADDRESS	DATE & PLACE OF BIRTH	U.S. CITIZEN?	
			YES	NO
NAME Darryl L. McElroy	715 North Street Emmaus, PA 18049	5/26/1965 Allentown, PA	<input checked="" type="checkbox"/>	<input type="checkbox"/>

19. 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)

20. 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

21. 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

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

No exceptions

23. The building to be licensed is not located within 300 feet of any church, school, hospital, public playground or charitable institution, except as follows:
Primera Iglesia Bautista Hispana, located at 120 W. 4th Street, Bethlehem, PA

No exceptions

24. 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 N/A.

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

License Number R-12845 LID #: TBA
Applicant Publik House, LLC
Address of Premises 123 W. 4th Street
Bethlehem, PA 18015
(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, _____
Jose G. Nunez, Member, 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)

(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: _____

**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 Publik House, LLC		LICENSE NO. R-12845
2. TRADE NAME (IF ANY)		LID NO. TBA
3. ADDRESS OF PREMISES 123 W. 4th Street	(STREET, RURAL ROUTE, P.O. BOX NO.)	(POST OFFICE) Bethlehem
		(STATE) PA
		(ZIP) 18015
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	Nunez	Jose	G
B	Nunez	Rafaela	
C	McElroy	Darryl	L
D			
E			
F			
G			
H			
I			
J			

NAME OF PERSON SIGNING Jose G. Nunez		NAME OF PERSON SIGNING	
SIGNATURE	TITLE Member	SIGNATURE	TITLE
HOME ADDRESS 726 Lechauwicky Avenue Fountain Hill, PA 18015	PHONE (484) 426-1633	HOME ADDRESS	PHONE
DATE SIGNED		DATE SIGNED	

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 Publik House, LLC	2. BUSINESS PHONE NO. AREA CODE
--	------------------------------------

3. TRADE/FICTITIOUS NAME (IF ANY)

4. LICENSED ADDRESS 123 W. 4th Street	(STREET, RURAL ROUTE, P.O. BOX NO.)	(POST OFFICE) Bethlehem	(STATE) PA	(ZIP) 18015
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5. TYPE OF APPLICATION FILED <input type="checkbox"/> NEW <input checked="" type="checkbox"/> TRANSFER	IF A TRANSFER <input checked="" type="checkbox"/> BUYER <input type="checkbox"/> SELLER	6. LCB LICENSE NUMBER (IF NONE, CHECK HERE <input type="checkbox"/>) R-12845
---	--	---

7. TYPE OF ENTITY

<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP
<input checked="" type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> CLUB

8. LIST LICENSEE NAME (PRINT) Publik House, LLC	SOCIAL SECURITY NUMBER COMPLETE ALL BLOCKS [] [] [] - [] [] [] - [] [] [] [] [] [] []
--	---

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

A. SALES TAX LICENSE (8 DIGITS) [] [] [] - [] [] [] [] [] [] [] [] <input type="checkbox"/> N/A	C. CORPORATE BOX/BUSINESS PARTNER NUMBER [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] <input type="checkbox"/> N/A
B. EMPLOYER ID (EIN) (9 DIGITS) 47 - 1055579 <input type="checkbox"/> N/A	D. UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER [] [] [] - [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] <input type="checkbox"/> N/A

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	DATE
	Member	

REQUEST FOR CRIMINAL RECORD CHECK

(SEE INSTRUCTIONS ON REVERSE)			FOR OFFICIAL USE ONLY		
TYPE OR PRINT LEGIBLY WITH INK					
DATE OF REQUEST	LICENSE NO. R-12845	LID NO. TBA	LID NO.		
1. NAME OF APPLICANT/LICENSEE Publik House, LLC			APPLICATION CATEGORY		
2. TRADE NAME (IF ANY)			ENDING YEAR		
3. ADDRESS OF PREMISES 123 W. 4th Street			CONTROL NO.		
4. (POST OFFICE) Bethlehem			(STATE) PA	(ZIP) 18015	
5. NAME (SUBJECT OF RECORD CHECK) (LAST) Nunez			(FIRST) Jose	(MIDDLE) G	TITLE/POSITION Member
6. MAIDEN NAME AND/OR ALIASES N/A		SOCIAL SECURITY NO. (SOC)	DATE OF BIRTH (DOB) 01/23/1973	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE
SIGNATURE		TITLE/POSITION Member	HOME ADDRESS 726 Lechauwicki Avenue Fountain Hill, PA 18015	PHONE (484) 426-1633	
REQUESTER CHECKLIST			AFTER COMPLETION MAIL TO:		
<input checked="" type="checkbox"/> DID YOU ENTER THE FULL NAME, DOB, AND SOC? <input checked="" type="checkbox"/> DID YOU ENCLOSE THE \$10.00 FEE (CHECK/MONEY ORDER) PAYABLE TO "PLCB" OR "COMMONWEALTH OF PA"? DO NOT SEND CASH. <input checked="" type="checkbox"/> DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?			PENNSYLVANIA LIQUOR CONTROL BOARD P O BOX 8940 HARRISBURG PA 17105-8940		

DO NOT WRITE BELOW THIS LINE

INFORMATION DISSEMINATED		INQUIRY BY	DATE INQUIRED
<input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD			
THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED SOLELY ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER		CERTIFIED BY	
<input type="checkbox"/> NAME	<input type="checkbox"/> DATE OF BIRTH	<input type="checkbox"/> RACE	
<input type="checkbox"/> SOC	<input type="checkbox"/> MAIDEN/ALIAS NAME	<input type="checkbox"/> SEX	

REQUEST FOR CRIMINAL RECORD CHECK

(SEE INSTRUCTIONS ON REVERSE)			FOR OFFICIAL USE ONLY		
TYPE OR PRINT LEGIBLY WITH INK					
DATE OF REQUEST	LICENSE NO. R-12845	LID NO. TBA	LID NO.		
1. NAME OF APPLICANT/LICENSEE Publik House, LLC			APPLICATION CATEGORY		
2. TRADE NAME (IF ANY)			ENDING YEAR		
3. ADDRESS OF PREMISES (STREET, RURAL ROUTE, P.O. BOX NO.) 123 W. 4th Street			CONTROL NO.		
4. (POST OFFICE) Bethlehem		(STATE) PA	(ZIP) 18015		
5. NAME (SUBJECT OF RECORD CHECK) (LAST) Nunez (FIRST) Rafaela (MIDDLE)			TITLE/POSITION Member		
6. MAIDEN NAME AND/OR ALIASES		SOCIAL SECURITY NO. (SOC)	DATE OF BIRTH (DOB) 10/24/1976	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE
SIGNATURE		TITLE/POSITION Member	HOME ADDRESS 726 Lechawicki Avenue Fountain Hill, PA 18015	PHONE (484) 426-1633	
REQUESTER CHECKLIST			AFTER COMPLETION MAIL TO:		
<input checked="" type="checkbox"/> DID YOU ENTER THE FULL NAME, DOB, AND SOC? <input checked="" type="checkbox"/> DID YOU ENCLOSE THE \$10.00 FEE (CHECK/MONEY ORDER) PAYABLE TO "PLCB" OR "COMMONWEALTH OF PA"? DO NOT SEND CASH. <input checked="" type="checkbox"/> DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?			PENNSYLVANIA LIQUOR CONTROL BOARD P O BOX 8940 HARRISBURG PA 17105-8940		

DO NOT WRITE BELOW THIS LINE

INFORMATION DISSEMINATED		INQUIRY BY	DATE INQUIRED
<input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD			
THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED SOLELY ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER		CERTIFIED BY	
<input type="checkbox"/> NAME	<input type="checkbox"/> DATE OF BIRTH	<input type="checkbox"/> RACE	
<input type="checkbox"/> SOC	<input type="checkbox"/> MAIDEN/ALIAS NAME	<input type="checkbox"/> SEX	

REQUEST FOR CRIMINAL RECORD CHECK

TYPE OR PRINT LEGIBLY WITH INK			(SEE INSTRUCTIONS ON REVERSE)		FOR OFFICIAL USE ONLY		
DATE OF REQUEST	LICENSE NO. R-12845	LID NO. TBA	LID NO.				
1. NAME OF APPLICANT/LICENSEE Publik House, LLC			APPLICATION CATEGORY				
2. TRADE NAME (IF ANY)			ENDING YEAR				
3. ADDRESS OF PREMISES 123 W. 4th Street			CONTROL NO.				
4. (POST OFFICE) Bethlehem			(STATE) PA	(ZIP) 18015			
5. NAME (SUBJECT OF RECORD CHECK) (LAST) McElroy			(FIRST) Darryl	(MIDDLE) L	TITLE/POSITION Manager		
6. MAIDEN NAME AND/OR ALIASES N/A		SOCIAL SECURITY NO. (SOC)		DATE OF BIRTH (DOB) 05/26/1965	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE	
SIGNATURE		TITLE/POSITION Manager		HOME ADDRESS 715 North Street, Emmaus, PA		PHONE (484) 553-9458	
REQUESTER CHECKLIST				AFTER COMPLETION MAIL TO:			
<input checked="" type="checkbox"/> DID YOU ENTER THE FULL NAME, DOB, AND SOC? <input checked="" type="checkbox"/> DID YOU ENCLOSE THE \$10.00 FEE (CHECK/MONEY ORDER) PAYABLE TO "PLCB" OR "COMMONWEALTH OF PA"? DO NOT SEND CASH. <input checked="" type="checkbox"/> DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?				PENNSYLVANIA LIQUOR CONTROL BOARD P O BOX 8940 HARRISBURG PA 17105-8940			

DO NOT WRITE BELOW THIS LINE

INFORMATION DISSEMINATED <input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD	INQUIRY BY	DATE INQUIRED
THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED SOLELY ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER	CERTIFIED BY	
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RESOLUTION NO. 2014 –206

WHEREAS, Section 461 of the Pennsylvania Liquor Code (47 P.S. 4-461, hereinafter, “Code”) authorizes, among other things, the Pennsylvania Liquor Control Board (hereinafter, “PLCB”) to approve the transfer of liquor licenses across municipal boundaries within the same county and under certain conditions to issue restaurant and eating place retail dispenser licenses without regard to quota restrictions for the purpose of economic development; and

WHEREAS, subsection (b.3) of Section 461 requires that an inter-municipal transfer or issuance of a new license for economic development must, under certain conditions, first be approved by the governing body of the receiving municipality; and

WHEREAS, that subsection also requires that a receiving municipality issue a resolution approving or disapproving the inter-municipal transfer or issuance of a new liquor license prior to submission of an application for such transfer to the PLCB; and

WHEREAS, that subsection mandates that, prior to adoption of such a resolution, at least one hearing be held for the purpose of receiving comments and recommendations from interested individuals residing within the receiving municipality concerning the intent to transfer the license into the municipality or the issuance of an economic development license; and

WHEREAS, Publik House, LLC (hereinafter, “Applicant”), owns property located at 123 W. 4th Street, City of Bethlehem, Northampton County, PA to operate a family dining restaurant; and

WHEREAS, on September 10, 2014, and pursuant to Section 461, the Applicant filed a request for approval by the City Council of the City of Bethlehem (hereinafter, “Council”) of a proposed, inter-municipal transfer of Restaurant Liquor License No. R-12845 owned by The Brick House Tavern, Inc. t/a The Brick House Tavern, 1428 Butler Street, Easton, Northampton County, PA to Publik House, LLC, 123 W. 4th Street, Bethlehem, Northampton County, PA; and

WHEREAS, on October 7, 2014, and in accordance with Section 461 (b.3) the Council held a public hearing on the proposed, liquor license transfer; and

WHEREAS, the purpose of this Resolution is to comply with Code Section 461 (b.3).

NOW, THEREFORE, BE IT RESOLVED by the City County, City of Bethlehem, Northampton County, Pennsylvania as follows:

1. Applicant seeks approval of an inter-municipal transfer of Restaurant Liquor License No. R-12845 owned by The Brick House Tavern, Inc. t/a The Brick House Tavern, 1428 Butler Street, Easton, Northampton County, PA 18042 to Publik House, LLC, 123 W. 4th Street, Bethlehem, Northampton County, PA pursuant to Code Section 461.

2. Applicant proposes to, and will, operate a restaurant at the afore-described location.

3. The Applicant's proposal is consistent with current zoning regulations.
4. The Applicant's proposed restaurant will be located in a non-residential, City of Bethlehem zoning district.
5. There is no evidence that the proposed, inter-municipal transfer will adversely affect the welfare, health, peace and morals of this City or the residents hereof.
6. Council hereby approves the Applicant's request for an inter-municipal transfer of Pennsylvania Liquor License No. R-12845 pursuant to Code Section 461 (b.3).
7. The transfer of the Liquor License contemplated hereby is subject to final approval by the PLCB.

Sponsored by /s/ Michael D. Recchiuti

/s/ Eric R. Evans

ADOPTED by Council this 21st day of October, 2014.

/s/ J. William Reynolds
President of Council

ATTEST:

/s/ Cynthia H. Biedenkopf
City Clerk