

LAW OFFICES  
**HOLZINGER, HARAK & SCOMILLIO**

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JAMES J. HOLZINGER \*  
PAUL J. HARAK  
VICTOR E. SCOMILLIO

\*ALSO ADMITTED IN DELAWARE

January 16, 2015

*Via Hand Delivery to Bethlehem City Clerk's Office*

Bethlehem City Council  
10 East Church Street  
Bethlehem, PA 18018



Re: Boliari Restaurants, Inc. t/a the Galley  
through its Agent and Authorized Party,  
First National Bank of Pennsylvania and  
J.J. Fixl Properties, LLC (Transferor)  
to Northampton County Restaurant, Inc.  
t/a Rudy's Diner, Bar & Grill (Transferee)  
Restaurant Liquor License No. R-11705; LID 57813  
Our File No. 55,479

Dear Members of City Council:

Please be advised that the undersigned represents Northampton County Restaurant, Inc. t/a Rudy's Diner, Bar & Grill which is requesting approval of an inter-municipal liquor license transfer from the above Transferor/Seller to the above Transferee/Buyer. The liquor license will be operated from 1402-1412 Center Street, City of Bethlehem, Northampton County, PA. The current owner of the license is Boliari Restaurants, Inc. t/a the Galley through its Agent and Authorized Party, First National Bank of Pennsylvania and J.J. Fixl Properties, LLC previously having a principal place of business at 6615 Sullivan Trail, Wind Gap, PA 18091.

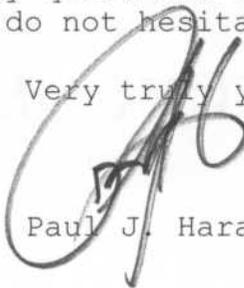
By this letter, I am requesting a public hearing to be scheduled on this matter. I am enclosing a check made payable to the order of the City of Bethlehem in the amount of \$200.00 to cover the cost of legal advertising. Finally, I am enclosing a copy of the proposed Liquor License Transfer Application that would be sent to the Pennsylvania Liquor Control Board assuming you approve the transfer.

I would like this matter listed on the Tuesday, January 20, 2015 Bethlehem City Council Meeting Agenda so that City Council can set a date for the future public hearing on this matter.

It is my intention to attend the January 20, 2015 Bethlehem City Council meeting to respond to any questions or issues arising out of this matter.

If you have any questions regarding this correspondence or its contents, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to be 'Paul J. Harak', written over the closing text.

Paul J. Harak

PJH/kcl

Enclosures

cc: Northampton County Restaurant, Inc. (via email only)  
John J. Bartos, Esquire (via email only)

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<br>Bollari Restaurants, Inc. /<br>The Galley through its Agent<br>and Authorized Party, First National Bank of Pennsylvania | LID<br>57813  | LICENSE NO.<br>R-11705 | AMUSEMENT PERMIT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. TRADE NAME (IF ANY)<br>The Galley  |   |                        |   |
| 3. ADDRESS OF PREMISES<br>(STREET, RURAL ROUTE, P.O. BOX NO.)<br>6615 Sullivan Trail, Wind Gap, PA 18091  |   | (POST OFFICE)          | (STATE) (ZIP)   |
| 4. NAME OF MUNICIPALITY<br>Plainfield Township  | TYPE OF MUNICIPALITY<br><input type="checkbox"/> CITY <input type="checkbox"/> BORO <input checked="" type="checkbox"/> TWP. <input type="checkbox"/> INC. TOWN |                        | COUNTY<br>Northampton   |

RESOLUTION

At a regular or special meeting held on \_\_\_\_\_, 20 14 by the licensed corporation, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that Timothy S. Lockard, Special Assets Officer 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<br>Northampton County Restaurant, Inc.  | IS AMUSEMENT PERMIT TO BE TRANSFERRED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |
| 7. TRADE NAME (IF ANY)<br>Rudy's Diner, Bar & Grill  |   |
| 8. ADDRESS OF PREMISES<br>(STREET, RURAL ROUTE, P.O. BOX NO.)<br>1406 Center Street, Bethlehem, PA 18018 |   |
| 9. NAME OF MUNICIPALITY<br>Bethlehem   | TYPE OF MUNICIPALITY<br><input checked="" type="checkbox"/> CITY <input type="checkbox"/> BORO <input type="checkbox"/> TWP. <input type="checkbox"/> INC. TOWN |
| COUNTY<br>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<br><u>Timothy S. Lockard</u> | TITLE<br><u>Special Assets Officer</u> |
| E-MAIL ADDRESS<br>N/A                                      | DATE OF EXECUTION<br><u>12/30/2014</u> |
| PRINT NAME OF PERSON SIGNING<br><u>Timothy S. Lockard</u>  |  |

|  |                              |
|--|------------------------------|
| HOME ADDRESS OF PRESENT LICENSEE<br><u>125 N. State Street, Clarks Summit, PA. 18411</u> | PHONE<br><u>570-585-5023</u> |
|--|------------------------------|

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

# 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

Northampton County Restaurant, Inc.

2. TRADE NAME (IF ANY)

Rudy's Diner, Bar & Grill

3. ADDRESS OF PREMISES

1406 Center Street, Bethlehem, PA 18018

(STREET, RURAL ROUTE, P.O. BOX NO.) (POST OFFICE) (STATE) (ZIP)

4. NAME OF MUNICIPALITY

Bethlehem

TYPE OF MUNICIPALITY

- 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? N/A

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

11. NAME OF CURRENT OWNER OF PREMISES

Buezo, Olvin R. & Carla L.

DEED BOOK VOLUME NO.

2014-1

PAGE NO./INSTRUMENT NO.

105994

ADDRESS OF CURRENT OWNER OF PREMISES

4522 Briarwood Drive, Nazareth, PA 18064

LEASE EXPIRATION DATE

December 31, 2019

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

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

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

| NAME OF INDIVIDUAL APPLICANT,<br>PARTNERS, MEMBERS, OR<br>OFFICERS & DIRECTORS | TITLE                  | HOME ADDRESS                               | DATE AND<br>PLACE<br>OF BIRTH | LENGTH<br>OF RESI-<br>DENCE<br>IN PA. | U.S.<br>CITIZEN? |    |
|--|------------------------|--|-------------------------------|---------------------------------------|------------------|----|
|  |                        |  |                               |                                       | YES              | NO |
| A. NAME<br>Olvin R. Buezo  | President              | 4522 Briarwood Drive<br>Nazareth, PA 18064 | Guatemala                     | 15 years                              | X                |    |
| B. NAME<br>Carla L. Buezo  | Secretary<br>Treasurer | 4522 Briarwood Drive<br>Nazareth, PA 18064 | Honduras                      | 15 years                              | X                |    |
| 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<br>GIVE DATE OF CERTIFICATE OF<br>AUTHORITY OR IF FOREIGN LLC<br>GIVE DATE REGISTERED IN PA |
|-------------------------------------|------------------------|------------|--|
|                                     | PLACE                  | DATE       |  |
| Northampton County Restaurant, Inc. | Pennsylvania           | 06/09/2014 |  |

B. **RESOLUTION**

TYPE OF PERMIT TO BE GRANTED  NEW LICENSE  TRANSFER OF LICENSE

At a regular or special meeting held on December 10, 20 14 by the applicant, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that Olvin R. Buezo, President and/or Carla L. Buezo, Secretary/Treasurer is/are hereby authorized to execute said application, and any other papers required by the Board.

16. FOR CORPORATIONS ONLY

LIST ALL STOCKHOLDERS - ATTACH SEPARATE SHEET, IF NECESSARY.

| NAME OF STOCKHOLDER       | HOME ADDRESS                          | DATE & PLACE<br>OF BIRTH | U.S.<br>CITIZEN? |    | NO. OF<br>SHARES OF<br>STOCK HELD |
|---------------------------|---------------------------------------|--------------------------|------------------|----|-----------------------------------|
|                           |                                       |                          | YES              | NO |                                   |
| A. NAME<br>Olvin R. Buezo | 4522 Briarwood Dr, Nazareth, PA 18064 | 12/22/1967<br>Guatemala  | X                |    | 10                                |
| B. NAME<br>Carla L. Buezo | 4522 Briarwood Dr, Nazareth, PA 18064 | 04/20/1971<br>Honduras   | X                |    | 10                                |
| 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<br>Carla L. Buezo | 4522 Briarwood Dr, Nazareth, PA 18064 | 04/20/1971 - Honduras | X             |    |

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:

LIFE IN CHRIST CHURCH INC  
53 HILLMOND ST  
PO BOX 1322  
BETHLEHEM PA 18018-2553

No exceptions

24. If an application for continuing care retirement facility, list the number of residents over the age of 62, \_\_\_\_\_ and the total number of residents \_\_\_\_\_.

25. 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:<br>SERVING, KITCHEN OR STORAGE |
|--------|--------|-----------------------|------------------|---|
| WIDTH  | LENGTH |                       |                  |   |
| 30'    | 19'    | First Floor           |                  | Kitchen                                       |
| 45'    | 18'    | First Floor           |                  | Serving                                       |
| 45'    | 28'    | First Floor           |                  | Serving                                       |
| 30'    | 32'    | First Floor           |                  | Serving                                       |
| 19' 2" | 23 .8" | Basement              |                  | Storage                                       |
| 28'    | 15'    | Basement              |                  | Storage                                       |
| 23' 7" | 12' 3" | Basement              |                  | Kitchen/Storage                               |
| 15'    | 28'    | Basement              |                  | Storage                                       |
| 13'    | 31'    | Basement              |                  | Storage                                       |
|        |        |                       |                  |   |

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

N/A

C. OCCUPANCY OF REMAINDER OF BUILDING

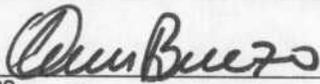
Second floor residential rental apartment with separate entrance

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

No exceptions

27. 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<br> | TITLE<br>President | NAME OF ATTORNEY REPRESENTING YOU IN THIS MATTER, IF ANY<br>Paul J. Harak, Esquire |
| HOME ADDRESS<br>4522 Briarwood Dr, Nazareth, PA 18064  | PHONE              | ADDRESS<br>1216 Linden Street<br>Bethlehem, PA 18018<br>PHONE<br>610-867-5023      |
| SIGNATURE  | TITLE              |  |
| HOME ADDRESS   | PHONE              |  |
| PREMISES PHONE NO.   |                    |  |
| E-MAIL ADDRESS   | DATE SIGNED        |  |