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9/13/12

**Attention: City of Bethlehem**

**Subject: Intermunicipal Liquor License Transfer**

*I am Requesting the above transefer*

Current R-8246 liquor license owned by "**SELLER**"-Crystal Jade Inn Inc. Traded as Da Vinci's Italian Restaurant with a former address of 5000 Bath Pike Bethlehem, Pa, 18017 . Hanover Township Northampton County

To be transferred to "**BUYER**"- Corked Wine Bar Inc. with address of 515 Main Street Bethlehem Pa, 18018. City of Bethlehem Northampton County"

Please feel free to contact me with any questions.

Giuseppe "Joe" Grisafi

610-393-4738



**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 Crystal Jade Inn, Inc.		LID 13153	LICENSE NO. R-8246	AMUSEMENT PERMIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2. TRADE NAME (IF ANY) DaVinci's Italian Ristorante					
3. ADDRESS OF PREMISES 5000 Bath Pike		(STREET, RURAL ROUTE, P.O. BOX NO.)	(POST OFFICE) Bethlehem	(STATE) PA	(ZIP) 18017
4. NAME OF MUNICIPALITY Hanover	TYPE OF MUNICIPALITY <input type="checkbox"/> CITY <input type="checkbox"/> BORO <input checked="" type="checkbox"/> TWP. <input type="checkbox"/> INC. TOWN			COUNTY Northampton	

**RESOLUTION**

At a regular or special meeting held on September 13, 20 12 by the licensed corporation, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that Christine Klados, President and/or Anna Zervos, Secretary is/are 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 Corked Wine Bar, Inc.		IS AMUSEMENT PERMIT TO BE TRANSFERRED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. TRADE NAME (IF ANY)					
8. ADDRESS OF PREMISES 513-517 Main Street		(STREET, RURAL ROUTE, P.O. BOX NO.)	(POST OFFICE) Bethlehem	(STATE) PA	(ZIP) 18018
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 <i>Christine Klados</i>	TITLE President
PRINT NAME OF PERSON SIGNING Christine Klados	DATE OF EXECUTION 09/13/2012
HOME ADDRESS OF PRESENT LICENSEE 1009 Blair Rd. Bethlehem Pa. 18017	PHONE (610) 691-6573

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)

PAGE 1 OF 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

Corked Wine Bar, Inc.

2. TRADE NAME (IF ANY)

3. ADDRESS OF PREMISES

513-517 Main 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.

11. NAME OF CURRENT OWNER OF PREMISES

William Argeros & Hariton Parashos

DEED BOOK VOLUME NO.

PAGE NO./INSTRUMENT NO.

ADDRESS OF CURRENT OWNER OF PREMISES

P.O. Box 1002 Bethlehem, PA 18016

LEASE EXPIRATION DATE

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

TITLE

n/a

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 Li Teh Yeh	President	4613 Lisa Lane Allentown, PA 18103	Taiwan	23	✓	
B. NAME Giuseppe Grisafi	Vice President	1612 Monroe Ave. Whitehall, PA 18052	Easton, PA	30	✓	
C. NAME Nicolo Grisafi	Secretary	5526 Summit Street Whitehall, PA 18052	Sicily, Italy	35	✓	
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	
Corked Wine Bar, Inc.	Pennsylvania	7/11/12	n/a

B. **RESOLUTION**

TYPE OF PERMIT TO BE GRANTED  NEW LICENSE  TRANSFER OF LICENSE

At a regular or special meeting held on September 13, \_\_\_\_\_, 20 12 \_\_\_\_\_ by the applicant, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that Li Teh Yeh/ President \_\_\_\_\_ and/or Giuseppe Grisafi/ Vice-President \_\_\_\_\_ is/are hereby  
(NAME/TITLE) (NAME/TITLE)

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 OF BIRTH	U.S. CITIZEN?		NO. OF SHARES OF STOCK HELD
			YES	NO	
A. NAME Li Teh Yeh	4613 Lisa Lane Allentown, PA	02/24/1981 Taiwan	✓		40%
B. NAME Giuseppe Grisafi	1612 Monroe Ave. Whitehall, PA 18052	04/28/1982 Easton, PA	✓		30%
C. NAME Nicolo Grisafi	5526 Summit Street Whitehall, PA 18052	06/18/1954 Sicily, Italy	✓		30%
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  Kathleen Lynn White	4613 Lisa Lane Allentown, PA 18103	04/03/1982	<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)
Li Teh Yeh	05/04/2003	possession	ARD	Northampton, PA

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:

Nicolo Grisafi /Stockholder President Manager Alforno, LLC T/A Taste of Italy Ristorante R7532 LID 52475  
 Giuseppe Grisafi / Vice President Alforno, LLC T/A Taste of Italy Ristorante R-  
 Nicolo Grisafi/ Pres. Roma Ristorante, Inc T/A Roma Ristorante R-13791  
 Giuseppe Grisafi/ V.Pres. Manager Roma Ristorante, Inc T/A Roma ~~No exceptions~~  
 Ristorante Lid 63204

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:

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: SERVING, KITCHEN OR STORAGE
WIDTH	LENGTH			
42	37	1st floor	40	Dinning Room # 1
27	39	1st floor	31	Bar Area
27	21	1st floor	60	Dinning Room # 2
29	32	1st floor	45	Dinning Room #3
11	30	1st floor		Kitchen
22	33	1st floor		Kitchen
40	100	Basement		storage
7	50	1st Floor		Outside Patio

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

C. OCCUPANCY OF REMAINDER OF BUILDING

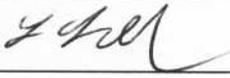
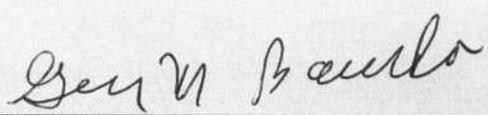
Rented Office Space, 2 Apartments

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 	TITLE PRESIDENT	NAME OF ATTORNEY REPRESENTING YOU IN THIS MATTER, IF ANY George M. Baurkot
HOME ADDRESS 4613 Lisa Lane Allentown, PA 18103	PHONE (610) 390-2656	ADDRESS 227 South 7th Street Easton, PA 18042 PHONE (610) 258-2393
SIGNATURE 	TITLE V.P.	
HOME ADDRESS 1612 Monroe Ave Whitehall, PA 18052	PHONE (610) 393-4738	
PREMISES PHONE NO.		
E-MAIL ADDRESS		DATE SIGNED 9/13/12