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GOODMAN & GOODMAN  
(1970-1983)

THOMAS C. KUBELIUS  
(1952-1985)

RICHARD F. BOYER  
(1975-2005)

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

\*ALSO ADMITTED IN DELAWARE

November 28, 2012



Bethlehem City Council  
10 East Church Street  
Bethlehem, PA 18018

Re: Inter-Municipal Liquor License Transfer  
of Pennsylvania Liquor License R-21204  
Transferor/Seller: Tadros Enterprises, Inc.  
Transferee/Buyer: Twisted Olive, Inc.  
Proposed Licensed Premises: 51 West Broad Street,  
City of Bethlehem,  
Northampton County, PA

Our File No. 55,268

Dear Members of City Council:

Please be advised that the undersigned represents Twisted Olive, Inc. a Pennsylvania corporation 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 51 West Broad Street, City of Bethlehem, Northampton County, PA. The current owner of the license, Tadros Enterprises, Inc. is a Pennsylvania corporation having a principal place of business at 6618 S. Delaware Drive, P.O. Box 441, Martins Creek, PA 18063.

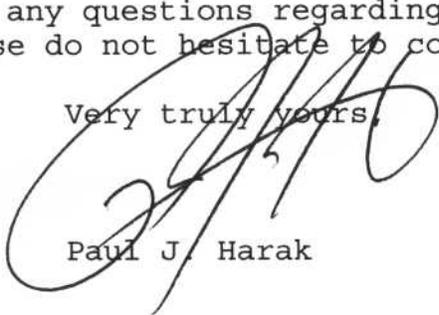
By this letter, I am requesting a public hearing to be scheduled on this matter. I am enclosing a check made payable to the order of the City of Bethlehem in the amount of \$200.00 to cover the cost of legal advertising. Finally, I am enclosing a copy of the proposed Liquor License Transfer Application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

I would like this matter listed on the Tuesday, December 4, 2012 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 December 4, 2012 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 large, stylized handwritten signature in black ink, appearing to read 'P. Harak', is written over the typed name and extends upwards into the 'Very truly yours,' line.

Paul J. Harak

PJH/kcl

cc: Twisted Olive, Inc. (via e-mail only)  
George M. Baurkot, Esquire (via fax only)  
Clay Mitman (via e-mail 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 <b>Tadros Enterprises, Inc.</b>		LID <b>52556</b>	LICENSE NO. <b>R 21204</b>	AMUSEMENT PERMIT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. TRADE NAME (IF ANY) <b>Martin's Creel Inn</b>				
3. ADDRESS OF PREMISES (STREET, RURAL ROUTE, P.O. BOX NO.) (POST OFFICE) (STATE) (ZIP) <b>6618 S. Delaware Dr., PO Box 441, Martins Creek, PA 18063</b>				
4. NAME OF MUNICIPALITY <b>Lower Mt. Bethel</b>		TYPE OF MUNICIPALITY <input type="checkbox"/> CITY <input type="checkbox"/> BORO <input checked="" type="checkbox"/> TWP. <input type="checkbox"/> INC. TOWN		COUNTY <b>Northampton</b>

**5. RESOLUTION**

At a regular or special meeting held on Nov. 12, 2012 by the licensed corporation, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that Hazem Tadros, 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		IS AMUSEMENT PERMIT TO BE TRANSFERRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. TRADE NAME (IF ANY)				
8. ADDRESS OF PREMISES (STREET, RURAL ROUTE, P.O. BOX NO.) (POST OFFICE) (STATE) (ZIP)				
9. NAME OF MUNICIPALITY		TYPE OF MUNICIPALITY <input type="checkbox"/> CITY <input type="checkbox"/> BORO <input type="checkbox"/> TWP. <input type="checkbox"/> INC. TOWN		COUNTY

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>Hazem Tadros</i>	TITLE <b>President</b>
PRINT NAME OF PERSON SIGNING <b>Hazem Tadros</b>	DATE OF EXECUTION <b>11/12/2012</b>
HOME ADDRESS OF PRESENT LICENSEE <b>3231 Rocky Lane, Easton, PA 18045</b>	PHONE <b>610-442-6792</b>

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

Twisted Olive, Inc.

2. TRADE NAME (IF ANY)

N/A

3. ADDRESS OF PREMISES

51 West Broad Street, Bethlehem Bethlehem PA 18018  
(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 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? 06/2012 - 51 West Broad Street, Bethlehem, PA 18017

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.  
Sungard Public Sector, Inc. 2009-1 022932

ADDRESS OF CURRENT OWNER OF PREMISES LEASE EXPIRATION DATE  
1000 Business Center Dr., Lake Mary, FL 32746-5585

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

Sook L. Choi Secretary/Treasurer, Director and Stockholder

Hazem F. Tadros Pres., Director, Stockholder and Manager/Steward

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, 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 William S. Kershner	President, Secretary & Manager	575 Hexenkopf Road Hellertown, PA 18055	08/09/1958 Allentown, PA	54 years	X	
B. NAME Sherri R. Kershner	Treasurer	575 Hexenkopf Road Hellertown, PA 18055	11/06/1967 Bethlehem, PA	45 years	X	
C. NAME						
D. NAME						
E. NAME						
F. NAME						

15. FOR CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY

A. REGISTERED AS: N/A  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	

B. RESOLUTION

TYPE OF PERMIT TO BE GRANTED  NEW LICENSE  TRANSFER OF LICENSE

At a regular or special meeting held on November 16, 2012 by the applicant, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that William S. Kershner, President and/or Sherri R. Kershner, 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 OF BIRTH	U.S. CITIZEN?		NO. OF SHARES OF STOCK HELD
			YES	NO	
A. NAME William S. Kershner	575 Hexenkopf Rd., Hellertown, PA 18055	08/09/1958 Allentown, PA	X		10 Shares
B. NAME Sherri R. Kershner	575 Hexenkopf Rd., Hellertown, PA 18055	11/06/1967 Bethlehem, PA	X		10 Shares
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: \_\_\_\_\_

NAME	HOME ADDRESS	DATE & PLACE OF BIRTH	U.S. CITIZEN?	
			YES	NO
William S. Kershner	575 Hexenkopf Rd., Hellertown, PA 18055	08/09/1958 - Allentown, PA	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:

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 \_\_\_\_\_ N/A

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			
35'6"	10'	First Floor - Patio	20	Serving
21'	8'3"	First Floor-Front Entrance/Patio	10	Serving
12'1"	7'5"	Second Floor -Outdoor Dining	8	Serving
7'5"	7'5"	First Floor-Office		Storage
21'	27'	First Floor-Bar	30	Serving
24'	37'	First Floor-Dining Room	70	Serving
29'	23'	First Floor-Kitchen		Kitchen
7'5"	15'5"	Basement		Storage

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

N/A

C. OCCUPANCY OF REMAINDER OF BUILDING

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 William S. Kershner <i>William S. Kershner</i>		TITLE President	NAME OF ATTORNEY REPRESENTING YOU IN THIS MATTER, IF ANY Paul J. Harak, Esquire	
HOME ADDRESS 575 Hexenkopf Rd., Hellertown, PA 18055		PHONE	ADDRESS 1216 Linden Street Bethlehem, PA 18018	PHONE 610-867-5023
SIGNATURE		TITLE		
HOME ADDRESS		PHONE		
PREMISES PHONE NO.				
E-MAIL ADDRESS			DATE SIGNED	