

18TH DISTRICT  
**LISA M. BOSCOLA**

SENATE BOX 203018  
THE STATE CAPITOL  
HARRISBURG, PA 17120-3018  
PHONE: (717) 787-4236  
FAX: (717) 783-1257

MAIN STREET COMMONS  
559 MAIN STREET, SUITE 270  
BETHLEHEM, PA 18018  
PHONE: (610) 868-8667  
FAX: (610) 861-2184  
TOLL FREE: 1-877-535-1818

DOMINICK A. LOCKWOOD BUSINESS CENTER  
600 MAIN STREET, SUITE 112  
STROUDSBURG, PA 18360  
PHONE: (570) 420-2938  
FAX: (570) 420-2941

WEST CATASAUQUA PROFESSIONAL BUILDING  
2123 NORTH FIRST AVENUE, SUITE A-4  
WHITEHALL, PA 18052  
PHONE: (610) 266-2117  
FAX: (610) 266-2169

*Democratic Policy Committee Chair*



**Senate of Pennsylvania**

**COMMITTEES**

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LEGISLATIVE HUNGER CAUCUS

May 30, 2012

City of Bethlehem  
City Council  
10 E. Church St.  
Bethlehem, PA 18018

Dear Council Members:

My office has received a request from Jeffrey Trainer, representing the members of Steel Pub Inc. for the intermunicipal transfer of a retail restaurant liquor license for the following establishment: Steel Pub Inc., 320 E First Street, Bethlehem, Northampton County, PA. The license being transferred was previously held by Fuglee's Pub Inc. (R-6660).

Enclosed you will find the following letter of request from Mr. Trainer along with a check for \$100. It is my understanding that City Council must hear any request made for an intermunicipal transfer, based on the language of Section 4-461 of the Liquor Code. I would ask for your help to guide Steel Pub Inc. through this process. Since time is of great consideration, they are hopeful the public hearing can be scheduled for the earliest possible date in June and the supporting ordinance read at the same meeting.

In closing, allow me to thank you for your consideration of the matter at hand.

Sincerely,

A handwritten signature in cursive script that reads "Lisa M. Boscola".

**Lisa M. Boscola**  
State Senator-18<sup>th</sup> district

CC: Solicitor's office, City of Bethlehem  
Joseph Kelly, Director of Community & Economic Development

***Steel Pub Inc.  
320 E. First Street  
Bethlehem, PA 18015***

May 30, 2012

City of Bethlehem  
City Council  
10 E. Church St.  
Bethlehem, PA 18018

Re: Steel Pub Inc. 320 E First Street, Bethlehem, Northampton County, PA  
Request for Intermunicipal Transfer of Retail Restaurant Liquor License  
Request to transfer license held by Fuglee's Pub Inc. (R-6660)

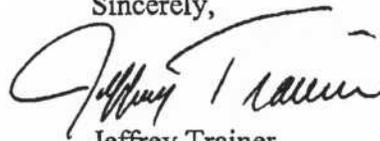
Dear Sirs:

Please consider this correspondence as my request for an intermunicipal transfer of a liquor license to the city of Bethlehem at the above location as required by the Pennsylvania Liquor Code (47 P.S. 4-461). As you are aware, the Liquor Code requires that a public hearing be advertised and held for the purposes of City Council's consideration of a resolution to approve this request. It is my understanding that a \$100 filing fee is required to cover the costs associated with the application and the advertising notice required for the public meeting. I have enclosed a check for this amount. I will also be happy to provide a copy of the application for transfer of the license I am acquiring.

I will be more than happy to make myself available for the hearing and to answer any questions that might arise. I am asking that this request be placed on the agenda of the City Council at their next scheduled meeting and that the public hearing be held at the earliest possible date.

Please feel free to contact me at (610) 625-5500 if any questions arise. In closing, allow me to thank you for your consideration of the matter at hand.

Sincerely,



Jeffrey Trainer  
Steel Pub Inc.  
320 E. First Street  
Bethlehem, PA 18015

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA  
LIQUOR CONTROL BOARD

APPLICATION FOR TRANSFER  
OF  
LICENSE AND PERMIT

BUREAU OF LICENSING

(SEE INSTRUCTIONS ON REVERSED)

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 Fuglee's Pub, Inc.		LICENSE NO. R-6660	AMUSEMENT PERMIT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. TRADE NAME (IF ANY) Fuglee's Pub			
3. ADDRESS OF PREMISES 1249 Jackson Street		(STREET, RURAL ROUTE, P.O. BOX NO.) Easton	(STATE) (ZIP) PA 18042-3268
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

RESOLUTION

At a regular or special meeting held on February 14, 2012 by the licensed corporation, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that George M. Bawkot, P.O.A. and/or \_\_\_\_\_ 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 Steel Pub, 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 320 E. First Street		(STREET, RURAL ROUTE, P.O. BOX NO.) 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 §5-604(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 <u>George M. Bawkot, P.O.A.</u>		TITLE
PRINT NAME OF PERSON SIGNING <u>George M. Bawkot</u>		DATE OF EXECUTION <u>5/24/12</u>
HOME ADDRESS OF PRESENT LICENSEE <u>227 S. 7th Street Easton, PA 18042</u>		PHONE <u>(610) 258-2393</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 \$850 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 \_\_\_\_\_ GO/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

Steel Pub, LLC

2. TRADE NAME (IF ANY)

3. ADDRESS OF PREMISES  
320 E. First Street Bethlehem PA 18015  
(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?

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: Beth Skate, LLC  
DEED BOOK VOLUME NO. PAGE NO./INSTRUMENT NO.  
ADDRESS OF CURRENT OWNER OF PREMISES: 320 E. First Street, Bethlehem PA 18015  
LEASE EXPIRATION DATE

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 \_\_\_\_\_

**PLCB 26: #14**

<b>Name of Individual Applicant, Partners, Members or Officers &amp; Directors</b>	<b>Title</b>	<b>Home Address</b>	<b>Date and Place of Birth</b>	<b>Length of Residence in PA</b>	<b>US Citizen?</b>
Tiffany Vople	Member	5220 High Vista Drive, Orefield, PA 18069	05/09/1983 Hershey, PA	Entire Life	Yes

**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 Corey Trainer	815 Chestnut Street Emmaus, PA 18049	03-02-1979 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:

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 \_\_\_\_\_.

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 RESIDENCE IN PA.	U.S. CITIZEN?	
					YES	NO
A. NAME Jeffrey Trainer	Member	2220 Greenwood Road, Allentown, PA 18103	07-12-1957 Allentown, PA	Life	✓	
B. NAME Corey Trainer	Member	815 Chestnut Street, Emmaus, PA 18049	03-02-1979 Allentown, PA	Life	✓	
C. NAME Thomas Lee Schantz	Member	2136 Hillcrest Road, Quakertown, PA 18951	06-18-1961 Quakertown, PA	Life	✓	
D. NAME Kevin Serfass	Member	3704 Orefield Road, Allentown, PA 18104	11-11-1985 Allentown, PA	Life	✓	
E. NAME David Serfass	Member	3704 Orefield Road, Allentown, PA 18104	09-24-1946 Allentown, PA	Life	✓	
F. NAME Francis Volpe	Member	5220 High Vista Drive, Orefield, PA 18069	10-15-1977 Allentown, PA	Life	✓	

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	
Steel Pub, LLC	Pennsylvania	3/14/12	

B. RESOLUTION

TYPE OF PERMIT TO BE GRANTED  NEW LICENSE  TRANSFER OF LICENSE

At a regular or special meeting held on May 25, 2012 by the applicant, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that Jeffrey Trainer, Member and/or Corey Trainer, member 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					
B. NAME					
C. NAME					
D. NAME					
E. NAME					
F. NAME					

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			
1,603 sq ft		First	93	Serving
2,071 sq ft		First / Outside	132	Serving
675 sq ft		Second		Kitchen/Storage
163 sq ft		First		Kitchen Prep/Server Station
30,000 sq ft		First / Outside		Serving

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

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 <i>Stephen A. Truini</i>	TITLE <i>Member</i>	NAME OF ATTORNEY REPRESENTING YOU IN THIS MATTER, IF ANY
HOME ADDRESS 2220 Greenwood Road Allentown, PA 18103	PHONE (610) 625-5500	ADDRESS PHONE
SIGNATURE	TITLE	
HOME ADDRESS	PHONE	
PREMISES PHONE NO.		
E-MAIL ADDRESS	DATE SIGNED 3/25/2012	

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

License Number R-6660 LID #: 37927

Applicant Steel Pub, LLC

Address of Premises 320 E. First 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, Steel Pub, LLC, 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, 5/31/12.  
(INSERT DATE)

*[Signature]*  
(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 Steel Pub, LLC	2. BUSINESS PHONE NO. AREA CODE (610) 782-9131
--	--

3. TRADE/FICTITIOUS NAME (IF ANY)

4. LICENSED ADDRESS (STREET, RURAL ROUTE, P.O. BOX NO.) (POST OFFICE) (STATE) (ZIP)  
320 E. First Street, Bethlehem PA 18015

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-6660
---	--	---

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

8. LIST LICENSEE

NAME (PRINT)	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)       -             -       N/A <input type="checkbox"/>	C. CORPORATE BOX NUMBER (7 DIGITS)   1   5   1   2   -   8   0     N/A <input type="checkbox"/>
B. EMPLOYER ID (EIN) (9 DIGITS)   4   5   -   4   5   0   4   7   1   4     N/A <input type="checkbox"/>	D. UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER       -             -       N/A <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: *Jeffrey A. Truica* TITLE: Member DATE: 5/26/12

**NOTICE**

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

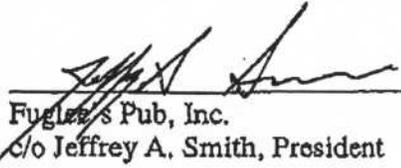
THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA. C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

FUGLEE'S PUB, INC.

BY:

  
Fuglee's Pub, Inc.  
c/o Jeffrey A. Smith, President

DATE:

4/6/12

DURABLE POWER OF ATTORNEY  
FOR LIQUOR LICENSE

KNOW ALL BY THESE PRESENTS, that this Durable Power of Attorney is given on April \_\_, 2012 by the undersigned, FUGLEE'S PUB, INC., a Pennsylvania corporation, by and through its authorized representative, Jeffrey A. Smith, President, do hereby appoint George Baurkot, Esq., my true and lawful agent for me and on my behalf, to perform the following acts as my Agent in his absolute discretion may deem advisable, as fully as I could do if personally present.

DURABLE POWER

Power Not Affected by Disability

This Power of Attorney shall not be affected by my subsequent disability or incapacity.

SPECIFIC GRANT OF POWERS

My Agent is given the following specific powers to act on my behalf with the same powers and for all purposes with the same validity as I could if personally present:

(i) to do all acts needed on behalf of Fuglee's Pub, Inc. to transfer title, sell, exchange, assign and convey to any person, at Agent's discretion, in the name of Fuglee's Pub, Inc., Pennsylvania restaurant liquor license No. R-6660; LID 37927 (the "License"), issued for premises at 1249 Jackson Street, Easton, PA 18042-3268;

(ii) to make, execute and deliver on my behalf such documents and instruments as Agent shall deem necessary or appropriate in connection with the sale and conveyance of the License, including without limitation (i) PLCB transfer forms, (ii) requests to place into or remove the License from safekeeping, (iii) a Purchase and Escrow Agreement and any amendments thereto as may be necessary or appropriate, and (iv) any other documents reasonably necessary to effectuate the transfer or the preservation of said License; and

(iii) to receive in the form of a check or such other form of payment, the purchase price for the License, less any costs of the sale which are the responsibility of the seller, as Agent shall deem appropriate.

(iv) to do all acts needed and to execute any and all documents on behalf of Fuglee's Pub, Inc. necessary and/or required to renew or validate the License, including filing any necessary documentation or tax reports with the Pennsylvania Departments of Revenue and Labor & Industry.

DURATION OF POWER, RELIEF FROM LIABILITY, REVOCATION

1. This power shall expire and become null and void upon the completion of the sale of the License.

2. I hereby ratify and confirm all that the Agent acting hereunder shall do or cause to be done under this Durable Power of Attorney. I specifically direct that such Agent shall not be subject to any liability by reason of any of such Agent's decisions, actions or failures to act, all of which shall be conclusive and binding upon me, my personal representatives, heirs, successor and assigns. Furthermore, except in the case of malfeasance of office, I agree to indemnify such Agent, and hold such Agent harmless, from all claims that may be made against such Agent as a result of such Agent's service hereunder and I hereby agree to reimburse such Agent in the amount of any damages, costs and expenses that may be incurred as a result of any such claim.

3. This Power of Attorney shall be irrevocable.

This Power of Attorney is executed in two counterparts.

SIGNATURE OF AGENTS

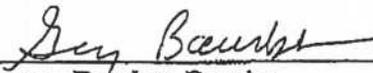
The following is a specimen signature of the person to whom this Durable Power of Attorney is given.

  
George Baurkot, Esquire

**ACKNOWLEDGMENT**

I, George Baurkot, Esquire, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in 20 Pa. C.S. when I act as agent:

1. I shall exercise the powers for the benefit of the principal.
2. I shall keep the assets of the principal separate from my assets.
3. I shall exercise reasonable caution and prudence.
4. I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

  
 \_\_\_\_\_  
 George Baurkot, Esquire

DATE: April 6, 2012

IN WITNESS WHEREOF, and intending to be legally bound, I have hereunto set my hand and seal this 6<sup>th</sup> day of April, 2012.

FUGLEE'S PUB, INC., a Pennsylvania corporation

*Ben Bredler*  
Witness

By: *Jeffrey A. Smith*  
Fuglee's Pub, Inc.  
C/o Jeffrey A. Smith, President

*Rebecca Bawford*  
Witness

ACKNOWLEDGMENT

COMMONWEALTH OF PENNSYLVANIA )  
 ) ss:  
COUNTY OF ALLEGHENY )

On this 6<sup>th</sup> day of April, 2012, before me, the undersigned Notary Public, personally appeared Jeffrey A. Smith, authorized representative of Fuglee's Pub, Inc., known to me (or personally proven) to be the person whose name is subscribed to the foregoing Durable Power of Attorney and in due form of law acknowledged the Power of Attorney to be his act and deed and desired that the same might be recorded as such.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

*Teresa Canone*  
Notary Public

My Commission Expires:

