

DUFFY & NICHOLS

Attorneys at Law

James M. Duffy

jduffy@securitysettlement.com

Matthew M. Nichols*

*Also admitted to practice in New York
mnichols@securitysettlement.com

SUITE 3-4, LANDMARK PAVILION
150 ROBBINS STATION ROAD
NORTH HUNTINGDON, PA 15642-2050
(724) 864-2327 FAX (724) 864-9625



September 14, 2012

SENT VIA REGULAR MAIL & FACSIMILE

City of Bethlehem
10 East Church Street
Bethlehem, PA 18018-6025
Fax: 610-997-5738

RE: Intermunicipal Restaurant Liquor License Transfer
License No. R-20881 LID: 56075
217 ~~127~~ Broadway, South Bethlehem, Pennsylvania

To Whom It May Concern:

Please be advised that our office represents Envy, LLC and Mr. Greg Salomoni, individually, with regard to the above-referenced inter-municipal transfer of a restaurant liquor license. This letter shall serve as our request for an intermunicipal transfer of a liquor license to the City of Bethlehem to the above-referenced location as required by the Pennsylvania Liquor Code (47 P.S. 4-461).

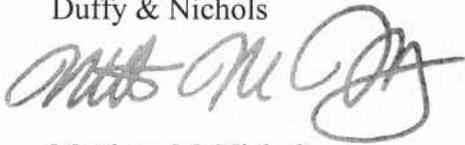
As you may know, the Liquor Code requires that a public hearing be advertised and held for the purposes of City Council's consideration of a resolution to approve this request. In connection with our request, enclosed please find the requisite fee of \$200.00.

Therefore, we respectfully request that this matter be placed on the agenda for the City Council at their next scheduled meeting (October 2, 2012) and that the public hearing be held at the earliest possible date.

Should you have any questions or concerns, please do not hesitate to contact our office. Thank you in advance for your attention to this matter.

Sincerely,

Duffy & Nichols

A handwritten signature in dark ink, appearing to read "Matthew M. Nichols". The signature is stylized and cursive, with a large, prominent loop at the end.

Matthew M. Nichols
Attorney at Law

MMN/jmb

Enclosure

COPY

PLCB-21 4/12

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA
LIQUOR CONTROL BOARD**APPLICATION FOR TRANSFER
OF
LICENSE AND PERMIT**

BUREAU OF LICENSING

(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 P.F. Chang's China Bistro, Inc.	LID 56075	LICENSE NO. R-20881	AMUSEMENT PERMIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. TRADE NAME (IF ANY) P.F. Chang's China Bistro			
3. ADDRESS OF PREMISES (STREET, RURAL ROUTE, P.O. BOX NO.) The Summit at Lehigh Valley, 4300 Freemansburg Ave.		(POST OFFICE) Easton	(STATE) (ZIP) PA 18042
4. NAME OF MUNICIPALITY Bethlehem	TYPE OF MUNICIPALITY <input checked="" type="checkbox"/> CITY <input type="checkbox"/> BORO <input checked="" type="checkbox"/> TWP. <input type="checkbox"/> INC. TOWN		COUNTY Northampton

5. RESOLUTION

At a regular or special meeting held on July 18, 2012 by the licensed corporation, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that Mark D. Mumford 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 Envy, LLC	IS AMUSEMENT PERMIT TO BE TRANSFERRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
7. TRADE NAME (IF ANY)		
8. ADDRESS OF PREMISES (STREET, RURAL ROUTE, P.O. BOX NO.) (POST OFFICE) (STATE) (ZIP) 217 Broadway South Bethlehem PA 18107		
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 CFO
PRINT NAME OF PERSON SIGNING Mark D. Mumford	DATE OF EXECUTION 7/18/12
HOME ADDRESS OF PRESENT LICENSEE c/o Flaherty & O'Hara, PC	PHONE (412) 456-2129

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

- Application and other supporting documents as instructed on the accompanying application for type of license and permits desired.
- 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.
- Additional fee of \$10.00 if the current Amusement Permit is to be transferred.
- 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.
- 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:
 - Municipal approval as described in "D."
 - Resolution or Ordinance stating the municipality has designated the location a Mixed-Use Town Center Development Project.
 - \$50,000 surcharge fee along with the transfer fee as described in "B."
 - Intra-County Affirmation stating the applicant has exhausted reasonable means for obtaining a suitable license within the county.
 - 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 _____ COM/NCP CODE _____ ZIP _____

APPLICATION FOR RETAIL LIQUOR OR RETAIL DISPENSER LICENSE AND PERMITS

(SEE INSTRUCTIONS PAGE 3)

(ANSWER ALL QUESTIONS)

The undersigned hereby applies for the following type of License:

- | | | | |
|---|--|---|--|
| <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
Envy, LLC

2. TRADE NAME (IF ANY)

3. ADDRESS OF PREMISES (STREET, RURAL ROUTE, P.O. BOX NO.) (POST OFFICE) (STATE) (ZIP)
217 Broadway South Bethlehem PA 18017

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. IF THE RESTAURANT OR RETAIL DISPENSER EATING PLACE LICENSE WILL BE LOCATED IN PHILADELPHIA, DO YOU INTEND TO SELL MALT AND/OR
BREWED BEVERAGES FOR OFF-PREMISES CONSUMPTION? YES NO

IF YES, YOU MUST SUBMIT THE HEARING BOARD'S APPROVAL OF YOUR REQUEST. (HOTEL LICENSES ARE EXEMPT FROM THIS REQUIREMENT.)

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

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

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

12. NAME OF CURRENT OWNER OF PREMISES DEED BOOK VOLUME NO. PAGE NO.
Greg Salomoni 2006-1 291705

ADDRESS OF CURRENT OWNER OF PREMISES LEASE EXPIRATION DATE
343 Springfield Way, Easton PA 18045

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

13. 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 - - - - -

14. 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?

15. 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 Greg Salomoni	MBR/MGR	343 Springfield Way Easton, PA 18045	05/03/1972 Brooklyn, NY	19 yrs	✓	
B. NAME						
C. NAME						
D. NAME						
E. NAME						
F. NAME						

16. 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	
Envy, LLC	Pennsylvania	12/08/2011	

B. **RESOLUTION**

TYPE OF PERMIT TO BE GRANTED NEW LICENSE TRANSFER OF LICENSE

At a regular or special meeting held on August 22, 2012 by the applicant, it was resolved that said application be filed with the Pennsylvania Liquor Control Board, and that Greg Salomoni and/or _____ is/are hereby
(NAME/TITLE) (NAME/TITLE)
authorized to execute said application, and any other papers required by the Board.

17. 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					

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

18. 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: _____

19. NAME OF MANAGER	HOME ADDRESS	DATE & PLACE OF BIRTH	U.S. CITIZEN?	
			YES	NO
NAME Greg Salomoni	343 Springfield Way Easton, PA 18045	05/03/1972 Brooklyn, NY	<input checked="" type="checkbox"/>	<input type="checkbox"/>

20. 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)

21. 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

22. 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

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

No exceptions

24. 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

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

