

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**ALCOHOLIC BEVERAGE LICENSE APPLICATION  
OFFICIAL USE ONLY**

ALCOHOLIC BEVERAGE  
REGULATION ADMIN  
2016 Head Office Date: P 3 34  
ABRA

License Number:		Date Accepted:		Accepted by:				
Fees Paid: \$	From:	To:	Issue Date:	From:	To:			
Date Approved by Board: / /	Initial: →							
Date Denied by Board: / /	Initial: →							
Ward/ANC:	<input type="checkbox"/> New	<input type="checkbox"/> Transfer (new location with SA)	<input type="checkbox"/> Transfer (new location without SA)	<input type="checkbox"/> Transfer with Sale	<input type="checkbox"/> Transfer without Sale	<input type="checkbox"/> Stock Transfer	<input type="checkbox"/> Storage	<input type="checkbox"/> Premise

**TO BE COMPLETED BY APPLICANT**

1. CATEGORY	2. CLASS	3. TYPE		4. ENTERTAINMENT ENDORSEMENT	5. ENDORSEMENT	6. OTHER TYPES
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input checked="" type="checkbox"/> Retailer	<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	<input checked="" type="checkbox"/> Restaurant <input checked="" type="checkbox"/> Tavern <input type="checkbox"/> Nightclub <input type="checkbox"/> Hotel <input type="checkbox"/> Multi-Purpose Facility <input type="checkbox"/> Club	<input type="checkbox"/> Common Carrier <input type="checkbox"/> Full-Service Grocery (Class B Only) <input type="checkbox"/> 25 Percent Class B <input type="checkbox"/> Distillery <input type="checkbox"/> Winery <input type="checkbox"/> Brewery <input type="checkbox"/> Bakery	<input type="checkbox"/> Entertainment <input type="checkbox"/> Dancing <input type="checkbox"/> Cover Charge	<input type="checkbox"/> Sidewalk Café <input type="checkbox"/> Summer Garden <input type="checkbox"/> Tasting Permit <input type="checkbox"/> Brew Pub <input type="checkbox"/> Wine Pub <input type="checkbox"/> Distillery Pub <input type="checkbox"/> On-Site Sales & Consumption	<input type="checkbox"/> Safekeeping <input type="checkbox"/> 404.2 <input checked="" type="checkbox"/> 405.1 <input type="checkbox"/> No Substantial Change <input type="checkbox"/> Substantial Change

7. Maximum Number of Seats: 48      7a. Total Occupancy Load: 48      8. Number of Hotel Rooms: \_\_\_\_\_

9. Applicant (Last Name, First Name, Middle Initial)/Entity: Saul Urban Host, LLC      10. Trade Name: TBD

11. Business Address: 15 Dupont Circle NW      12. Mailing Address (if different from business address): 7700 Old Georgetown RD #700 Bethesda, MD 20814

13. Business Telephone: (301)986-6020      14. Fax Number: ( )      15. Email Address: FrankSaul@saulurban.com

16. Type of Applicant:     Sole Proprietor     Corporation     Partnership     LLC     Other (LLP or LP)

17. List the name of the sole proprietor and all partners below:


18. List names(s) and title(s) of all corporate officers, LLC managing members, and general partners that have ownership interest:

Name	Title	Number of Shares	Percent of Interest
Bernard Francis Saul III	Managing Member		

19. List the total number of stocks and shares distributed by the corporation: N/A      Authorized: \_\_\_\_\_      Issued: \_\_\_\_\_

20. In the past 10 years, has any administrative action been taken against the applicant or any person listed above regarding ABC violations in the District of Columbia or any state?     Yes     No    You must answer yes if another establishment owned or controlled by the applicant or a person listed above has been found in violation of the District's alcohol laws. Attach a sheet explaining the administrative action that was taken, location of action, and the disposition.

21. Note on certification: if the applicant is a sole proprietor, the individual must sign; if partnership, each partner must sign; if corporation, president or vice president must sign; if LLC, managing member must sign. Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above applicant is the true and actual owner of the business.

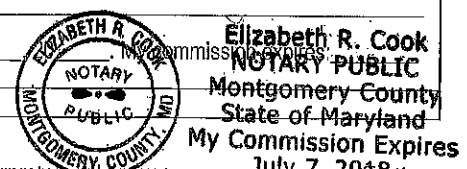
Print Name: Bernard Francis Saul III      Signature: [Signature]

Subscribed and sworn to before me Elizabeth R. Cook on this 8 day of JUNE, 2016. My commission expires: 07/07/2018  
(Notary Public Signature)

Print Name: ELIZABETH R. COOK      Signature: \_\_\_\_\_

Subscribed and sworn to before me \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
(Notary Public Signature)

22. What language do you need vital documents translated? English



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**BUSINESS INFORMATION**

1. Business Address: 15 Dupont Circle NW			
2. Trade Name: TBD		3. Floor(s) for Storage Areas: First Floor	4. Floor(s) of Licensed Business: First & Second Floors
5. Will you be the true and actual owner of the business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain in an affidavit. Attach the affidavit.			
6. Will any other business be conducted on the premises? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: The establishment will rent/lease apartments to individuals.			
7. Do you have or have you previously held a license for the sale of alcoholic beverages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:			
8. Will any portion of the premises be used for a dwelling or a lodging house? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there interior access to the living quarters from the licensed area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Does any manufacturer, brewery, distiller, wholesaler or solicitor of alcoholic beverages, or any employee thereof, or any other individual or corporations have any financial interest directly or indirectly in this business or any other business holding an ABC license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain: N/A			
10. List all hours below:			
Days	a. Hours of Operation	b. Hours of Alcoholic Beverage Sales/Service/Consumption	c. Hours of Live Entertainment (Indoors)
Sunday	From 6 am To 9 pm	From 4 pm To 9 pm	From _____ To _____
Monday	From 6 am To 9 pm	From 4 pm To 9 pm	From _____ To _____
Tuesday	From 6 am To 9 pm	From 4 pm To 9 pm	From _____ To _____
Wednesday	From 6 am To 9 pm	From 4 pm To 9 pm	From _____ To _____
Thursday	From 6 am To 9 pm	From 4 pm To 9 pm	From _____ To _____
Friday	From 6am To 9pm	From 4pm To 9pm	From _____ To _____
Saturday	From 6am To 9pm	From 4pm To 9pm	From _____ To _____
List all hours for a summer garden/sidewalk café below:			
Days	d. Hours of Operation	e. Hours of Alcoholic Beverage Sales/Service/Consumption	f. Hours of Live Entertainment (Outdoors)
Sunday	From _____ To _____	From _____ To _____	From _____ To _____
Monday	From _____ To _____	From _____ To _____	From _____ To _____
Tuesday	From _____ To _____	From _____ To _____	From _____ To _____
Wednesday	From _____ To _____	From _____ To _____	From _____ To _____
Thursday	From _____ To _____	From _____ To _____	From _____ To _____
Friday	From _____ To _____	From _____ To _____	From _____ To _____
Saturday	From _____ To _____	From _____ To _____	From _____ To _____
11. If you checked the box for a tasting permit in question 5 of the Alcoholic Beverage License Application, initial below that you understand that			

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your tasting hours may not exceed your approved alcoholic beverage hours. N/A

12. Provide the name, address and distance (in feet) of the following. Note: this section does not apply to retailers selling alcoholic beverages only through the Internet.

	Name	Address	Distance
School	Emerson Preparatory School	1324 18th St NW,	528 FT
Public Library	Watha T. Daniel/Shaw Neighborhood	1630 7th St NW	6336 FT
Day Care Center	Library Huckleberry Cheesecake	1307 19th St NW	1056 FT
Recreation Center	Stead Park	1625 P St NW	1584 FT

13. How were the above distances measured? Google Maps

Answer the following if you are an off-premises consumption establishment.

14. If the application is for a class A or B retailer's license, indicate whether there is another ABC licensed establishment of the same class within 400 feet of your establishment?  Yes  No If yes, state name, address, and distance:

15. Answer the following if you are applying for a restaurant, tavern, nightclub, hotel, club, multi-purpose facility, boat, or train license.

If the application is for a class C or D retailer's license, describe the nature of the operations, including: type of food served, type of entertainment offered, including nude performance(s), and any goods and services to be provided. If dancing is provided, indicate the dimension of the dance floor(s) and the location(s).

Establishment serving continental breakfast; fast casual food service, and lite fare. Establishment to host events such as speakers, chef presentations, lectures, exhibits, etc. for residents.

16. Answer the following if you are applying for a restaurant, hotel, or tavern license.

If you checked cover charge in section 4 of the Alcoholic Beverage License Application and have a Certificate of Occupancy over 400 persons, please provide the following:

- 1) Copy of Public Hall Certificate of Occupancy from the Zoning Administrator; and
- 2) Copy of Entertainment Endorsement for a Public Hall from the Department of Consumer and Regulatory Affairs.

17. Answer the following if you are an applicant for a restaurant or hotel license.

a. What are your projected gross annual receipts from food sales for the next 12 months? [REDACTED]  
How did you arrive at this amount?

Previous experience in the industry.

b. What are your projected gross annual receipts from alcoholic beverage sales for the next 12 months? [REDACTED]  
How did you arrive at this amount?

Previous experience in the industry.

18. Answer the following if you are applying for a new license, transferring ownership with a substantial change, or transferring to a new location.

a. Provide a detailed explanation as to what effect your establishment will have on real property values on the relevant locality, section, or portion of the District of Columbia:

No negative effect. This establishment will fit in well with the businesses in the area.

b. Provide a detailed explanation as to what effect your establishment will have on peace, order, and quiet including noise and litter, on the relevant locality, section or portion of the District of Columbia:

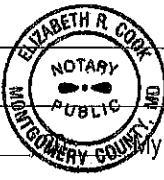
No negative effect. This establishment will be surrounded by commercial, and retail space.

c. Provide a detailed explanation as to what effect your establishment will have upon residential parking near vehicular traffic, and pedestrian safety:

No negative effect. This establishment is metro bus and rail accessible. There are metered spots in the area.

Note on certification: if the applicant is a sole proprietor, the individual must sign; if partnership, each partner must sign; if corporation, president or vice president must sign; if LLC, managing member must sign. Certification: I hereby certify under the penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business.

Print Name: Bernard Francis Saul III Signature: [Handwritten Signature]  
Subscribed and sworn to before me [Handwritten Signature] on this 8 day of JUNE, 2016. My commission expires: 07/07/2018  
(Notary Public Signature)  
ELIZABETH R. COOK



**Elizabeth R. Cook**  
**NOTARY PUBLIC**  
**Montgomery County**  
**State of Maryland**  
My Commission Expires **July 7, 2018**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Subscribed and sworn to before me \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires: \_\_\_\_\_  
(Notary Public Signature)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Subscribed and sworn to before me \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires: \_\_\_\_\_  
(Notary Public Signature)

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**ATTORNEY/AGENT DESIGNATION**

*Please enter my appearance as an Attorney/Agent for:*

<b>1. Applicant/Licensee Name:</b>	Saul Urban Host, LLC
<b>2. License Number, if applicable:</b>	
<b>3. Trade Name:</b>	TBD
<b>4. Establishment's Address:</b>	15 Dupont Circle NW Washington, DC

*The purpose of the Attorney/Agent Designation form is to represent the Applicant/Licensee for the following reason(s):*

<b>5. Filing an Application for a:</b> a. <input type="checkbox"/> Manufacturer b. <input type="checkbox"/> Wholesaler c. <input checked="" type="checkbox"/> Retailer <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input checked="" type="checkbox"/> Class C <input type="checkbox"/> Class D d. <input type="checkbox"/> Caterer e. <input type="checkbox"/> Entertainment Endorsement f. <input type="checkbox"/> Tasting g. <input type="checkbox"/> Sidewalk Café/Summer Garden h. <input type="checkbox"/> Change of Hours i. <input type="checkbox"/> Change of Officers j. <input type="checkbox"/> Substantial Change k. <input type="checkbox"/> Other: _____	<b>6. <input type="checkbox"/> Contested case(s) other than Protest Hearing. List case number below:</b>	<b>7. <input checked="" type="checkbox"/> Protest Hearing</b>
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<b>8. Print Name:</b> Andrew Kline	
<b>9. Address:</b> 1225 19th ST NW Suite 320 Washington, DC 20036	
<b>10. Telephone Number:</b> 202-686-7600	<b>11. E-mail Address:</b> esharkey@theveritaslawfirm.com
<b>12. Attorney/Agent Signature:</b> 	<b>Date:</b> 6/10/2016
<b>13. Applicant/Licensee Signature:</b> 	<b>Date:</b> JUNE 8 2016

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ALCOHOLIC BEVERAGE  
REGULATION ADMIN

2016 JUN 28 P 3:34

ABRA *J*

LANDLORD AFFIDAVIT

1. Address of property upon which business is to be conducted. *15 Dupont Circle, N.W., Wash, D.C*

2. Name and address of the true and actual owner of the property. *See Schedule A attached.*

3. Does a manufacturer or wholesaler have any direct or indirect financial interest in the property or business, including any money, equipment, furniture, fixtures or property either given, rented or loaned to landlord?  
 Yes  No If yes, please explain.

4. As the owner of the property do you have any financial interest, directly or indirectly, in the ABC license (i.e. lease, security agreement)?  Yes  No If yes, please explain. *See Schedule A attached.*

4a. Do you hold any other ABC license in the District of Columbia?  Yes  No If yes, please explain. (Copies of any financial interest in the license should be attached).

If applicant is a sole proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the below certification.

5. Certification: I hereby certify under penalty of perjury that the information in this application and attachments are true and correct. *See signature on Schedule A attached.*

Printed name: \_\_\_\_\_

Signature \_\_\_\_\_ Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Notary Public \_\_\_\_\_ My commission expires on \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature \_\_\_\_\_ Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Notary Public \_\_\_\_\_ My commission expires on \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature \_\_\_\_\_ Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Notary Public \_\_\_\_\_ My commission expires on \_\_\_\_\_

SPECIAL NOTICE

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**SCHEDULE A**

This Schedule A is attached to and forms a part of the Landlord Affidavit of Patterson Owner SPE, LLC to the DC Alcoholic Beverage Regulation Administration.

2. Name and address of the true and actual owner of the Property:

Patterson Owner SPE, LLC  
c/o Saul Urban, LLC  
7700 Old Georgetown Road, Suite 700  
Bethesda, MD 20814

4. As the owner of the Property, Patterson Owner SPE, LLC will be entering into a License Agreement with the holder of the ABC license upon terms set forth in a Statement of Intent, a copy of which is attached hereto.


5. Signature block:

Patterson Owner SPE, LLC, a Delaware limited liability company

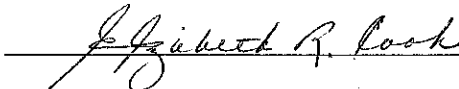
By: SR Patterson CBD Dupont, LLC, a Delaware limited liability company, its Managing Member

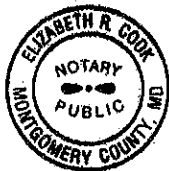
By: Patterson Holdco, LLC, a Delaware limited liability company, its Managing Member

By: Saul Patterson Member, LLC, a Delaware limited liability company, its Managing Member

By:   
Name: B. FRANCIS SAUL III  
Title: MANAGER

Subscribed and sworn to before me ELIZABETH R. COOK on this 16 day of JUNE, 2016.

 My commission expires on: July 7, 2018  
Notary Public



Elizabeth R. Cook  
NOTARY PUBLIC  
Montgomery County  
State of Maryland  
My Commission Expires  
July 7, 2018