

MALLIOS & O'BRIEN
 2600 Virginia Avenue NW
 Suite 406
 Washington, DC 20037
 (202) 625-7700

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
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 ALCOHOLIC BEVERAGE LICENSE APPLICATION
 OFFICIAL USE ONLY

ALCOHOLIC BEVERAGE
 REGULATION ADMIN

2016 OCT 20 A 11:49

License Number:		Date Accepted:		Accepted by:		Hearing Date:		
Fees Paid: \$	From:	To:	Issue Date:	From:	To:			
Date Approved by Board:	Initial: =>							
Date Denied by Board:	Initial: =>							
Ward/ANC:	<input checked="" 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 type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	<input 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 checked="" type="checkbox"/> Entertainment <input type="checkbox"/> Dancing <input type="checkbox"/> Cover Charge	<input type="checkbox"/> Sidewalk Café <input checked="" 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: 65 7a. Total Occupancy Load: 199 8. Number of Hotel Rooms: N/A

9. Applicant (Last Name, First Name, Middle Initial)/Entity: Bespoke 1337, LLC 10. Trade Name: TBD

11. Business Address: 1337 H Street NE, Washington, DC 20002 12. Mailing Address (if different from business address): 1337 H Street NE, Washington DC 20002

13. Business Telephone: (TBD) 14. Fax Number: () 15. Email Address:

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
WiseBat LLC	Member		
WCP 1337 H Street NE LLC	Member		

19. List the total number of stocks and shares distributed by the corporation: Authorized: Issued:

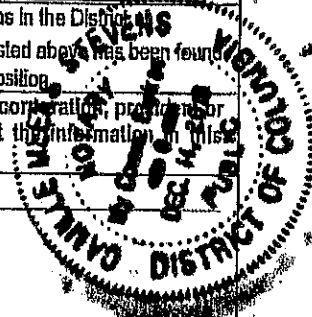
20. In the past 10 years, has any administrative action been taken against the applicant or any person listed above regarding ABC violations in the District of Columbia or any state? Yes No You must answer yes if another establishment owned or controlled by the applicant or a person listed above has 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: Bespoke 1337, LLC Signature: [Signature]
 By: David Wiseman, Manager

Subscribed and sworn to before me [Signature] on this 13 day of October, 2016. My commission expires: 12/14/2019
 (Notary Public Signature)

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



However, David Wiseman and Nick Wiseman, Managers of the applicant entity, both have an interest in Roadside Deli Projects, LLC t/a DGS Delicatessen, Retailer's Class CR, ABRA-088831. Please see attached documentation.

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

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BUSINESS INFORMATION

1. Business Address: 1337 H Street, NE, Washington, DC 20002		basement, ground, and second floors of Building A and ground of Building B	
2. Trade Name: TBD		3. Floor(s) for Storage Areas:	4. Floor(s) of Licensed Business: ground floor of Building A & ground of Building B
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:			
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: However, David Wiseman and Nick Wiseman, Managers of the applicant entity, both have an interest in Roadside Deli Projects, LLC t/a DGS Delicatessen, Retailer's Class CR, ABRA-088831.			
8. Will any portion of the premises be used for a dwelling or a lodging house? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is there interior access to the living quarters from the licensed area? <input 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:			
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 8:00am To 2:00am	From 8:00am To 2:00am	From 8:00am To 2:00am
Monday	From 8:00am To 2:00am	From 8:00am To 2:00am	From 8:00am To 2:00am
Tuesday	From 8:00am To 2:00am	From 8:00am To 2:00am	From 8:00am To 2:00am
Wednesday	From 8:00am To 2:00am	From 8:00am To 2:00am	From 8:00am To 2:00am
Thursday	From 8:00am To 2:00am	From 8:00am To 2:00am	From 8:00am To 2:00am
Friday	From 8:00am To 3:00am	From 8:00am To 3:00am	From 8:00am To 3:00am
Saturday	From 8:00am To 3:00am	From 8:00am To 3:00am	From 8:00am To 3:00am
List all hours for summer garden /sidewalk café below: 15 seats			
Days	d. Hours of Operation	e. Hours of Alcoholic Beverage Sales/Service/Consumption	f. Hours of Live Entertainment (Outdoors)
Sunday	From 8:00am To 2:00am	From 8:00am To 2:00am	From _____ To _____
Monday	From 8:00am To 2:00am	From 8:00am To 2:00am	From _____ To _____
Tuesday	From 8:00am To 2:00am	From 8:00am To 2:00am	From _____ To _____
Wednesday	From 8:00am To 2:00am	From 8:00am To 2:00am	From _____ To _____
Thursday	From 8:00am To 2:00am	From 8:00am To 2:00am	From _____ To _____
Friday	From 8:00am To 3:00am	From 8:00am To 3:00am	From _____ To _____
Saturday	From 8:00am To 3:00am	From 8:00am To 3:00am	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			

NOTICE: The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

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	Northeast Stars Montessori	1325 Maryland Avenue, NE	460 feet
Public Library	Northeast Neighborhood Lib.	303 7th Street, NE	3,211 feet
Day Care Center	Full Gospel Tabernacle Child Dev	Ctr. 632 11th Street, NE	1,440 feet
Recreation Center	Sherwood Rec. Ctr.	640 10th Street, NE	1,677 feet

13. How were the above distances measured? google earth

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

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).

Butcher's Word will be a neighborhood bar with occasional live music on the interior of the premises. Only prerecorded music on the summer garden. No nude performances.

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

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. N/A

a. What are your projected gross annual receipts from food sales for the next 12 months (\$)).
How did you arrive at this amount?

b. What are your projected gross annual receipts from alcoholic beverage sales for the next 12 months (\$)).
How did you arrive at this amount?

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 impact. The establishment will be on an already busy commercial corridor, and therefore it will have no impact on real property values on the relevant locality, section, or portion of the District of Columbia.

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 impact. The establishment will be on an already busy commercial corridor near many other ABC licensed establishments. There will be no impact on the peace, order, and quiet including noise and litter on the relevant locality, section, or portion of the District of Columbia.


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

No negative impact. The establishment will be an already heavily trafficked commercial corridor. There will be no impact upon residential parking needs, vehicular traffic, and pedestrian safety. Pedestrian safety is controlled by traffic lights and cross walks. There is also public transportation available nearby through Metrobus and the H Street Streetcar.

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.

Bepsokc 1337, LLC

Print Name: By: David Wiseman, Manager Signature: 

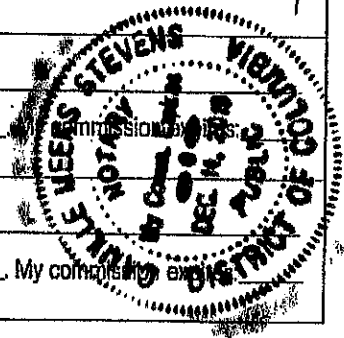
Subscribed and sworn to before me  on this 13 day of October, 2016. My commission expires: 12/16/19
(Notary Public Signature)

Print Name: _____ Signature: _____

Subscribed and sworn to before me _____ on this _____ day of _____, 20____
(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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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



ATTORNEY/AGENT DESIGNATION

Please enter my appearance as an Attorney/Agent for:

1. Applicant/Licensee Name: Bespoke 1337, LLC
2. License Number, if applicable:
3. Trade Name: TBD
4. Establishment's Address: 1337 H Street, NE, Washington, DC 20002

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

5. Filing an Application for a: 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 checked="" type="checkbox"/> Entertainment Endorsement f. <input type="checkbox"/> Tasting g. <input checked="" 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: _____	6. <input checked="" type="checkbox"/> Contested case(s) other than Protest Hearing. List case number below: 	7. <input checked="" type="checkbox"/> Protest Hearing
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8. Print Name: Stephen O'Brien	
9. Address: 2600 Virginia Avenue, NW, Washington, DC 20037	
10. Telephone Number: 202.625.7700	11. E-mail Address: sobrien@malliosobrien.com
12. Attorney/Agent Signature _____	Date _____
13. Applicant/Licensee Signature _____	Date _____

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OFFICE OF THE ZONING ADMINISTRATOR

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ZONING CERTIFICATION

A request was made to certify the proposed use of the property located at

premises 1337 H Street, NE, Washington, DC 20002 for the purpose of
(address)

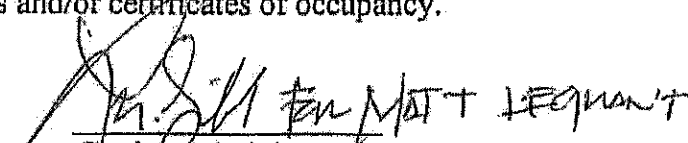
operating a/an bar. The property is situated
(proposed use)

on lot(s) 0825 in Square 1027.

This is to certify that, as of 4th Dec 2015, the above stated
(date)

address is zoned HA/C-2A and the above stated proposed use of the
subject premises would comply with the D.C. Zoning Regulations.

Certificate of the proposed use upon the indicated date DOES NOT imply
Future approval of building plans and/or certificates of occupancy.


Zoning Administrator

DCRA/OFFICE OF THE ZONING
ADMINISTRATION/COMPLIES
WITH THE REQUIREMENTS OF
DC ZONING REGULATIONS (11 DCMR)

12-4-2015
Date