

## ***Request for issuance of a Stipulated License***

March 3, 2016

Government of the District of Columbia  
Alcoholic Beverage Regulation Administration  
2000 14<sup>th</sup> Street NW, 400 South  
Washington, DC 20009

To Whom It May Concern:

This letter will serve as our client's formal request in regards to the issuance of a Stipulated Liquor License for the following new restaurant location:

**Applicant / Licensee Name:** Beefsteak Operator LLC

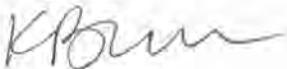
**Trade Name:** Beefsteak

**Establishment Address:** 4531 Wisconsin Avenue NW, Washington, DC 20016

Construction is underway, with an anticipated establishment opening date on April 2, 2016 at which time the Certificate of Occupancy and Business License will issue and all final inspections complete.

All information and correspondence will be provided by our office on behalf of the applicant. Should you have any questions or need additional information, please contact me at (407) 506-0514 or [kayla@licensingsolutions.us](mailto:kayla@licensingsolutions.us).

Regards,



Kayla Brown  
Authorized Agent  
Beefsteak Operator LLC and Think Food Group LLC



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



**BUSINESS INFORMATION**

1. Business Address: 4531 Wisconsin Avenue NW, Washington, DC 20016			
2. Trade Name Beefsteak		3. Floor(s) for area of storage Ground floor	4. Floor(s) of licensed business Ground floor
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. N/A			
6. Will any other business be conducted on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain fully. N/A			
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. N/A			
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 N/A			
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 fully. N/A			
10. List the hours below:			
Days	a. Hours of Operation	b. Hours of Alcoholic Beverage Sales/Service/Consumption	c. Hours of Live Entertainment occurring or continuing after 6:00 PM
Sunday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From N/A To _____
Monday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
Tuesday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
Wednesday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
Thursday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
Friday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
Saturday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
List the hours for Summer Garden/Sidewalk Café below:			
Days	d. Hours of Operation	e. Hours of Alcoholic Beverage Sales/Service/Consumption	f. Hours of Live Entertainment occurring or continuing after 6:00 PM
Sunday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
Monday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
Tuesday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
Wednesday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
Thursday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
Friday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____
Saturday	From 11:00 am To 10:00 pm	From 11:00 am To 10:00 pm	From _____ To _____

11. If you checked the box for tasting in question 5 in the ABRA Application, initial below that you understand that your tasting hours may not exceed your approved alcoholic beverage hours. N/A

12. Provide below the name, address and distance (in feet) of the following:

	Name	Address	Distance
School	Janey Elementary School	4130 Albemarle St. NW	523 Feet
Public Library	Tensely Friendship Library	4450 Wisconsin Ave NW	450 Feet
Day Care Center	Commune Kids Childrens Langugage Center	4719 Wisconsin Ave NW	963 Feet
Recreation Center	Wilson Aquatic Center	4551 Fort Dr. NW	550 Feet

13. How were the above distances measured? Google maps

Answer the following if you are an off-premise consumption establishment

14. Is there another ABC licensed establishment of the same class within 400 feet of your establishment?  Yes  No If yes, state name, address and distance. Angelico Pizza 2313 Wisconsin Ave NW (50 feet); Guapos 4515 Wisconsin Ave NW (150 feet); Genji 4530 40th Street NW (250 feet).

15. Answer the following if you are applying for a Hotel, Tavern, Restaurant, Night Club, Club, Multi-purpose Facility, Boat or train license.

Describe the nature of operation, including the type of food served, type of entertainment, including nude performance(s), and any goods & services to be provided. If dancing is provided please indicate the dimension of the dance floor(s) and the location(s).

Fast-casual restaurant offering unique vegetable centered meals. No entertainment. No nude performances. No dancing.

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 ABRA application instructions AND have a Certificate of Occupancy over four hundred (400) persons, please provide the following: N/A

- 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 a Hotel or Restaurant License.

a. What are your projected gross annual receipts from food sales for the next twelve months (\$ 1,100,000.00). 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 twelve months? (\$ 10,000.00 ) How did you arrive at this amount.

Previous experience in the industry.

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

a. Give 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. The establishment will fit in well with surrounding community.

b. Give 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. The establishment is located within a commercial zoned district.

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

No effect. This area is metro and bus accessible, and there is metered parking in the area.

**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.**

19. 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.

Printed name: Kimberly Grant, Chief Executive Officer

Kimberly Grant Signature Subscribed and sworn to before me on this 1st day of March, 2016 My commission expires on November 14, 2017  
Nicole A. Mendoza Notary Public

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

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

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

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

District of Columbia: SS  
Subscribed and Sworn to before me  
this 1st day of March, 2016  
Nicole A. Mendoza  
Nicole A. Mendoza, Notary Public, D.C.  
My commission expires November 14, 2017



**SPECIAL 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 (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

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

\* \* \*

**SUMMER GARDEN/SIDEWALK CAFÉ ENDORSEMENT**

License Number:	Date Accepted:	<input type="checkbox"/> New	Ward/ANC	Accepted by:	
Fees Paid: \$	From	To	Issue Date:	From	To
Date Approved by Board:	Initial: →				
Date Denied by Board:	Initial: →				

**TO BE COMPLETED BY APPLICANT**

1. Licensee Name (Last, First, Middle): Beefsteak Operator LLC		2. Trade Name Beefsteak	
3. Premise Address 4531 Wisconsin Avenue NW, Washington, DC 20016		4. Telephone Number Pending	5. E-mail address kayla@liquorlicensepros.com
6. List below the occupancy and number of seats			
<input checked="" type="checkbox"/> Establishment Number of Seats:		<input type="checkbox"/> Summer Garden Number of Seats:	<input checked="" type="checkbox"/> Sidewalk Café Number of Seats: 12
7. List the hours below:			
Days	Hours of Operation		Sale of Alcoholic Beverage Hours
Sunday	From 10:30 am	To 10:00 pm	From 10:30 am To 10:00 pm
Monday	From 10:30 am	To 10:00 pm	From 10:30 am To 10:00 pm
Tuesday	From 10:30 am	To 10:00 pm	From 10:30 am To 10:00 pm
Wednesday	From 10:30 am	To 10:00 pm	From 10:30 am To 10:00 pm
Thursday	From 10:30 am	To 10:00 pm	From 10:30 am To 10:00 pm
Friday	From 10:30 am	To 10:00 pm	From 10:30 am To 10:00 pm
Saturday	From 10:30 am	To 10:00 pm	From 10:30 am To 10:00 pm

*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.*

**8. Certification: I hereby certify under 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.**

Printed name: Kimberly Grant, Chief Executive Officer

Signature: Kimberly Grant Subscribed and sworn to before me on this 1st day of March, 2016 Notary Public: Nicole A. Mendoza My commission expires on Nov. 14, 2017

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

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

**9. Please provide the following documents:**

- Copy of the Certificate of Occupancy (please include the number of seats for the Summer Garden);
- A letter from the Landlord giving permission to licensee to serve Alcoholic Beverages on the Summer Garden;
- Public Space Permit and Certificate of Use for Sidewalk Café;
- A diagram, or photograph of premise showing the designated area for the Summer Garden/Sidewalk Café.



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Subscribed and Sworn to before me  
this 1st day of March, 2016  
Nicole A. Mendoza  
Nicole A. Mendoza, Notary Public, D.C.  
My commission expires November 14, 2017