



ALCOHOLIC BEVERAGE LICENSE APPLICATION

License Number: <u>098584</u>		Date Accepted: <u>9/5/18</u>		Accepted by: <u>TB</u>		Hearing Date:	
Fees Paid: \$		From:		To:		Issue Date:	
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 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"/> Bed & Breakfast <input type="checkbox"/> Internet Retailer <input type="checkbox"/> Multipurpose Facility <input type="checkbox"/> Club	<input type="checkbox"/> Common Carrier <input type="checkbox"/> Full-Service Grocery Class B <input type="checkbox"/> 25 Percent Class B <input type="checkbox"/> Beer & Wine Retailer <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 and Consumption	<input type="checkbox"/> Safekeeping <input type="checkbox"/> 404.2 <input checked="" type="checkbox"/> 405.1 <input type="checkbox"/> Substantial Change <input type="checkbox"/> No Substantial Change	
7. Maximum Number of Seats: 53 seats w/ 30 outdoor				7a. Total Occupancy Load: 106		8. Number of Hotel Rooms: N/A	
9. Applicant (Last Name, First Name, Middle Initial)/ Entity: Ima Pizza Store 12, LLC				10. Trade Name: Broccoli Bar			
11. Business Address: 1817 7th Street, NW Washington, DC 20001				12. Mailing Address (if different from business address):			
13. Business Telephone: (202) 4505059		14. Fax Number: () N/A		15. Email Address:			
16. Type of Applicant: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> 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:							
Ima Pizza LLC				Managing Member			
**Michael Lastoria, managing member of Ima Pizza LLC				member			
19. List the total number of stocks and shares distributed by the corporation: N/A Authorized: N/A Issued: N/A							
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: Michael Lastoria				Signature: <u>M [Signature]</u>			
Subscribed and sworn to before me <u>Kelly C. Pold</u> on this <u>29</u> day of <u>August</u> , 20 <u>18</u> . My commission expires <u>2/14/23</u>				(Notary Public Signature)			

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.

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

2018 SEP 18 A 10:18



ABRA

APPLICATION FOR LICENSE CLASS CHANGE

OFFICIAL USE ONLY

Date Accepted: <u>9/18/18</u>		Accepted by: <u>TB</u>	
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): Ima Pizza Store 12, LLC		2. Trade Name: Broccoli Bar	
3. Current License Class: CR		4. Proposed License Class: CT	
5. Address 1817 7th Street, NW	City Washington	State DC	Zip Code 20001
6. Telephone Number:			

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.

7. "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." Print your name and have your signature notarized.

Printed name: Michael Lastoria

Signature: [Signature] Subscribed and sworn to before me Kelly C. Reid My commission
on this 17 day of September 2018 Notary Public expires on 2/14/2023

Printed name: _____

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

Printed name: _____

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

8. In what language do you need vital documents translated? **English**

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.



**SUMMER GARDEN/SIDEWALK CAFÉ
ENDORSEMENT APPLICATION**

ALCOHOLIC BEVERAGE
REGULATION ADMIN



2018 AUG 30 A 10:50

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

TO BE COMPLETED BY APPLICANT

1. Licensee Name (Last, First, Middle): Ima Pizza Store 12, LLC	2. Trade Name: Broccoli Bar
3. Premises Address: 1817 7th Street, NW, Washington, DC 20001	4. Telephone Number: 202-450-5059
5. Email Address:	

6. List below the number of seats.

<input type="checkbox"/> Establishment Number of Seats:	<input checked="" type="checkbox"/> Summer Garden 30 seats Number of Seats:	<input type="checkbox"/> Sidewalk Café Number of Seats:
--	--	--

7. List the hours below:

Days	Hours of Operation		Sale of Alcoholic Beverage Hours	
Sunday	From: 7 am	To: 2 am	From: 8 am	To: 2 am
Monday	From: 7 am	To: 2 am	From: 8 am	To: 2 am
Tuesday	From: 7 am	To: 2 am	From: 8 am	To: 2 am
Wednesday	From: 7 am	To: 2 am	From: 8 am	To: 2 am
Thursday	From: 7 am	To: 2 am	From: 8 am	To: 2 am
Friday	From: 7 am	To: 3 am	From: 8 am	To: 3 am
Saturday	From: 7 am	To: 3 am	From: 8 am	To: 3 am

The following must sign the 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; if Limited Partnership, the general partner(s) must sign.

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.

Print Name: Michael Lastoria Signature:

Subscribed and sworn before me on this 29 day of August, 2018.

My commission expires: 2/14/23

Print Name: _____ Signature: _____

Subscribed and sworn before me _____ on this _____ day of _____, 20____.

My commission expires: _____

Print Name: _____ Signature: _____

Subscribed and sworn before me _____ on this _____ day of _____, 20____.

My commission expires: _____

Provide the following documents:

- Copy of the Certificate of Occupancy (include the number of seats for a summer garden);
- Letter from the landlord giving permission to the licensee to serve alcoholic beverages on the summer garden;
- Public Space Permit and Certificate of Use for a sidewalk café; and
- A diagram or photograph of the premises showing the designated area for the summer garden or sidewalk café.

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. In order to report fraud, waste, and abuse in the District of Columbia government, call 1-800-521-1638.



BUSINESS INFORMATION

1. Business Address: 1817 7th Street, NW, Washington, DC 20001						
2. Trade Name: Broccoli Bar		3. Floor(s) for Storage Areas: 1st Floor	4. Floor(s) of Licensed Business: 1st 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. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: Yes, we currently have an ABC license and this is just a transfer of location.						
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, distillery, 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 7 am	To 2 am	From 8 am	To 2 am	From 11 am	To 12 am
Monday	From 7 am	To 2 am	From 8 am	To 2 am	From 11 am	To 12 am
Tuesday	From 7 am	To 2 am	From 8 am	To 2 am	From 11 am	To 12 am
Wednesday	From 7 am	To 2 am	From 8 am	To 2 am	From 11 am	To 12 am
Thursday	From 7 am	To 2 am	From 8 am	To 2 am	From 11 am	To 12 am
Friday	From 7 am	To 3 am	From 8 am	To 3 am	From 11 am	To 3 am
Saturday	From 7 am	To 3 am	From 8 am	To 3 am	From 11 am	To 3 am
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 7 am	To 2 am	From 8 am	To 2 am	From 11 am	To 12 am
Monday	From 7 am	To 2 am	From 8 am	To 2 am	From 11 am	To 12 am
Tuesday	From 7 am	To 2 am	From 8 am	To 2 am	From 11 am	To 12 am
Wednesday	From 7 am	To 2 am	From 8 am	To 2 am	From 11 am	To 12 am
Thursday	From 7 am	To 2 am	From 8 am	To 2 am	From 11 am	To 12 am
Friday	From 7 am	To 3 am	From 8 am	To 3 am	From 11 am	To 3 am
Saturday	From 7 am	To 3 am	From 8 am	To 3 am	From 11 am	To 3 am

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.

11. If you checked the box for a tasting permit in question 5 of the Alcoholic Beverage License Application, initial in the space provided that you understand that 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 that this section does not apply to retailers selling alcoholic beverages **only** through the Internet.

	Name	Address	Distance
School	Garrison Elementary School	1200 S St NW	2112 ft
Public Library	Shaw Neighborhood Library	1630 7th St NW	1584 ft
Day Care Center	Edward C. Mazique Parent Child Ctr	1719 13th St NW	2640 ft
Recreation Center	Kennedy Recreation Center	1401 7th St NW	2112 ft

13. How were the above distances measured? google

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, provide the name, address, and distance of the establishment:

N/A

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).

fast casual pizzeria restaurant

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 (\$)).
How did you arrive at this amount?

Based on similar stores

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

Based on similar stores

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:

This is a viable commercial enterprise. Its existence enhances neighboring property values.

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:

This business does not condone loitering or littering. It has not adverse effect upon peace and order.

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

This business is located in a commercial area. It has no adverse effect upon vehicular traffic or residential parking.

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: Michael Lastoria

Signature: M [Redacted]

Subscribed and sworn to before me Kelly C. Roed on this 29 day of August, 2019. My commission expires 2/14/23
(Notary Public Signature)

Print Name: _____

Signature: _____

Subscribed and sworn to before me _____ on this _____ day of _____, 20____. My commission expires _____.
(Notary Public Signature)

