



GOVERNMENT OF THE DISTRICT OF COLUMBIA
ABRA APPLICATION

OFFICIAL USE ONLY

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

94849

License Number: 94849A, Date Accepted: 7 APR - 7 A 8:51, Accepted by: [Signature], Hearing Date: 9 APR - 2 A 11:59, Fees Paid: \$, Date Approved by Board: [Signature], Date Denied by Board: [Signature], Ward/ANC: [ ] New [ ] Transfer [ ] Transfer With Sale [ ] Transfer without Sale [ ] Stock Transfer [ ] Storage [ ] Premise

TO BE COMPLETED BY APPLICANT

1. CATEGORY: [ ] Manufacturer [ ] Wholesaler [ ] Retailer; 2. CLASS: [ ] A [ ] B [X] C [ ] D; 3. TYPE: [ ] Restaurant [X] Tavern [ ] Nightclub [ ] Hotel; 4. ENTERTAINMENT ENDORSEMENT: [ ] Entertainment [ ] Dancing [ ] Cover Charge; 5. ENDORSEMENT: [X] Sidewalk Cafe [ ] Summer Garden [ ] Tasting [ ] Brew Pub [ ] Wine Pub; 6. OTHER TYPES: [ ] Safekeeping [ ] 404.2 [X] 405.1 [ ] No Substantial Change [X] Substantial Change

7. Maximum Number of Seats: 53; 7a. Total Occupancy Load: 85; 8. Number of Hotel Rooms: N/A

9. Applicant (Last Name, First Name, Middle Initial) or Entity: Stephens, David, J. W.; 10. Trade Name: Saloon 45

11. Business Address: 1821 18th St. NW Washington DC 20009; 12. Mailing Address if different from business: 675 E St. NW Unit 440, Washington DC 20004

13. Business Telephone: (843) 437-5260; 14. Fax Number: ( ); 15. Email Address: david.jw.stephens@gmail.com

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

17. List the name of Sole Proprietors and All Partners below: David Stephens

18. List all Corporate Officers, LLC Managing Members, General Partners by name and title who have an ownership interest. David Stephens, Owner/Sole Proprietor, Number of Shares: [Redacted], Percent of Interest: [Redacted]

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

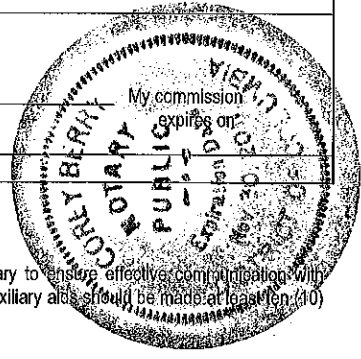
20. Has there been any administrative action taken against the applicant or any person listed above regarding ABC violations in the District of Columbia or any state? [ ] Yes [X] No

21. 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. 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.

Printed name: David Stephens; Signature: [Signature]; Subscribed and sworn to before me on this 2nd day of April, 2019; Notary Public: [Signature]; My Commission Expires November 30, 2017; My commission expires on [Redacted]

Printed name: [Redacted]; Signature: [Redacted]; Subscribed and sworn to before me on this \_\_\_ day of \_\_\_, 20\_\_\_; Notary Public: [Redacted]

22. In what language do you need vital documents translated?



SPECIAL NOTICE

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



**BUSINESS INFORMATION**

1. Business Address: 1821 18th St. NW Washington DC 20009			
2. Trade Name Saloon 45		3. Floor(s) for area of storage	4. Floor(s) of licensed business
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.			
6. Will any other business be conducted on the premises? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully.			
The above 2 floors are currently being rented out by Internationale Projekt Consult GmbH, a family owned private company based in Frankfurt.			
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 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 fully.			
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 0800 To 0200	From 0800 To 0200	From N/A To N/A
Monday	From 0800 To 0200	From 0800 To 0200	From N/A To N/A
Tuesday	From 0800 To 0200	From 0800 To 0200	From N/A To N/A
Wednesday	From 0800 To 0200	From 0800 To 0200	From N/A To N/A
Thursday	From 0800 To 0200	From 0800 To 0200	From N/A To N/A
Friday	From 0800 To 0300	From 0800 To 0300	From N/A To N/A
Saturday	From 0800 To 0300	From 0800 To 0300	From N/A To N/A
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 0800 To 0200	From 0800 To 0200	From N/A To N/A
Monday	From 0800 To 0200	From 0800 To 0200	From N/A To N/A
Tuesday	From 0800 To 0200	From 0800 To 0200	From N/A To N/A
Wednesday	From 0800 To 0200	From 0800 To 0200	From N/A To N/A
Thursday	From 0800 To 0200	From 0800 To 0200	From N/A To N/A
Friday	From 0800 To 0300	From 0800 To 0300	From N/A To N/A
Saturday	From 0800 To 0300	From 0800 To 0300	From N/A To N/A

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	Ross Elementary School	1730 R St. NW	1100 feet
Public Library	MLK Jr. Memorial Library	901 G St. NW	7500 feet
Day Care Center	Bambini	900 Massachusetts Ave. NW	6000 feet
Recreation Center	Fort Stevens Rec. Center	Washington DC 20012	20,000 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.

N/A

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).

We will provide a small menu (approximately 5 to 7 items) of mostly fried foods along with over 50 specialty craft beers chosen mostly from local brewers. Along with our beer selection we will also offer a small selection of wines and cocktails. Drinks and food will be provided in a quiet and relaxing environment either inside at a table or outside in our sidewalk cafe.

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

N/A

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

N/A

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.

The current taverns and restaurants in the area have done nothing but push property values up and we expect the addition of our sidewalk cafe to do the same. Currently, the space allocated to the sidewalk cafe is a cracked up and unsightly 3 spot parking lot. With the addition of some outdoor furniture and a new patio, we're certain to add value to the neighborhood.

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.

We will not be playing music or incorporating a dance floor into our tavern mostly due to it's small space. For this reason we don't believe we'll have any appreciable effect on noise, peace, order or litter in the neighborhood.

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

Our tavern is metro accessible and there are numerous crosswalks and traffic lights in the area. For this reason we expect our customers, who we anticipate being few in number, will mostly be commuters and therefore will have little impact on traffic or pedestrian safety.

**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.**

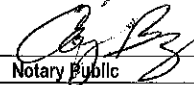
19. Certification: I hereby certify under the penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business.

Printed name: David Stephens



Signature

Subscribed and sworn to before me on this 7<sup>th</sup> day of April, 2014.

  
Notary Public

My commission expires on \_\_\_\_\_

My Commission Expires  
November 30, 2017

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

\_\_\_\_\_  
Signature

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_

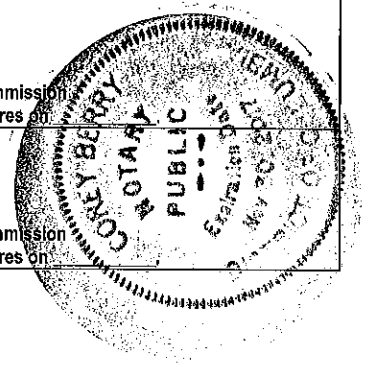
Printed name: \_\_\_\_\_

\_\_\_\_\_  
Signature

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

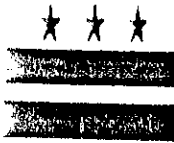
My commission expires on \_\_\_\_\_



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



ZONING CERTIFICATION

A request was made to certify the proposed use of the property located at premises 1821 18<sup>th</sup> ST NW 20009 for the purpose of (address)

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

on lot(s) 0116 in Square 0152.

This is to certify that, as of MAR 19, 2014, the above stated (date)

address is zoned C-2-A 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

3/19/14  
Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



LANDLORD AFFIDAVIT

1. Address of property upon which business is to be conducted. <u>1821 18<sup>th</sup> ST N.W. Wash. D.C. 20009</u>		
2. Name and address of the true and actual owner of the property. <u>SALWAN CHAMMA 6548 N. 35<sup>th</sup> Rd Arlington VA 22213</u>		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain.		
4a. Do you hold any other ABC license in the District of Columbia? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain. (Copies of any financial interest in the license should be attached).		
<b>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</b>		
5. Certification: I hereby certify under penalty of perjury that the information in this application and attachments are true and correct.		
Printed name: <u>SALWAN CHAMMA</u>		<u>AXEL B WAKU</u> NOTARY PUBLIC 7569943 COMMONWEALTH OF VIRGINIA
<u><i>Salwan N. Chamma</i></u> Signature	Subscribed and sworn to before me on this <u>27</u> day of <u>07</u> , 20 <u>14</u> .	<u><i>AXEL B WAKU</i></u> Notary Public My commission expires on <u>06/30/2017</u>
Printed name: _____	Subscribed and sworn to before me on this _____ day of _____, 20____.	Notary Public My commission expires on _____
Signature _____	Subscribed and sworn to before me on this _____ day of _____, 20____.	Notary Public My commission expires on _____
Printed name: _____	Subscribed and sworn to before me on this _____ day of _____, 20____.	Notary Public My commission expires on _____
Signature _____	Subscribed and sworn to before me on this _____ day of _____, 20____.	Notary Public My commission expires on _____

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