

2013

FIRST/SECOND CLASS LIQUOR LICENSE AND TOBACCO APPLICATION
 LICENSE YEAR IS MAY 1ST THROUGH APRIL 30TH OF THE FOLLOWING YEAR

Panneke & Pines Inc
 Print Full Name of Person, Partnership, Corporation, Club or LLC
Leamy Brothers & Lounge
 Doing Business As - Trade Name
115 Church St
 Street and street number of premises covered by this application
Burlington VT 05401
 Town or City & Zip Code
862-862-5706
 Telephone Number
 Mailing Address (if different from above)
 Email address mail@leamybro.com

* recommended for approval
 C 5/7/13 lc mtg lo
 all standard conditions
 contingent upon FM approval
 * per FM 5/15/13 OK *

Please circle appropriate categories

FIRST CLASS SECOND CLASS TOBACCO

Restaurant

Hotel

Cabaret

Club

Commercial Kitchen (a Liquor Control Commercial Caterer's License is needed with this license)

FEES:

FIRST CLASS LICENSE - \$100.00 to DLC and \$100.00 to Town/City

SECOND CLASS LICENSE - \$50.00 to DLC and \$50.00 to Town/City

TOBACCO ONLY LICENSE - \$10.00 to Town/City only
 (there is no fee for tobacco if applying for second class)

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF Burlington, VERMONT

Application is hereby made for a license to sell malt and vinous beverages under and in accordance with Title 7, Vermont Statutes Annotated, as amended, and certify that all statements, information and answers to questions herein contained are true, and in consideration of such license being granted do promise and agree to comply with all local and state laws, and to comply with all regulations made and promulgated by the Liquor Control Board. Upon hearing, the Liquor Control Board may, in its discretion, suspend or revoke such license whenever it may determine that the law or any regulations of the Liquor Control Board have been violated, or that any statement, information or answers herein contained are false.

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING.

If this premise was previously licensed, please indicate name Merrick Foods

I/we are applying as: (please circle one)

INDIVIDUAL
 PARTNERSHIP

LIMITED LIABILITY COMPANY
 CORPORATION

Please fill in name and address of individual, partners, directors or members.
 LEGAL NAME STREET/CITY/STATE

R E Corbin

4 Laporte St

Windsor VT 05404

Donnell Collins

15 Cherry St

Milton VT 05468

Are all of the above citizens of the UNITED STATES? ☒ Yes ☐ No
 (Note: Resident Alien is not considered a U.S. Citizen)

If naturalized citizen, please complete the following:

Name Court where naturalized (City/State/Zip) Date

\$100.00

pd chk # 0093
 lo 5/2/13

CORPORATE INFORMATION:

If you have checked the box marked CORPORATION, please fill out this information for stockholders (attach sheet if necessary)

LEGAL NAME

STREET, CITY, STATE

Parrish & Bruni Inc115 Church StBurlington VT 05401

Date of incorporation

Is corporate charter now valid?

Corporate Federal Identification Number 46-2584169

Have you registered your corporation and/or trade name with the Town/City Clerk? _____ and/or Secretary of State? Yes (as required by VSA Title 11 § 1621, 1623 & 1625)

ALL APPLICANTS

HAVE ANY OF THE APPLICANTS EVER BEEN CONVICTED OR PLED GUILTY TO ANY CRIMINAL OR MOTOR VEHICLE OFFENSE IN ANY COURT OF LAW (INCLUDING TRAFFIC TICKETS) AT ANY TIME?

☐ YES☒ NO

If yes, please complete the following information (attached sheet if necessary)

Name

Court/Traffic Bureau

Offense

Date

Do any of the applicants hold any elective or appointive state, county, city, village town office in Vermont? (See VSA, T. 7, Ch. 9, § 223) complete the following information

YES ☒ NO ☐ If yes, please

Name

Office

Jurisdiction

Please give name, title and date attended of manager, director, partner or individual who has attended a Liquor Control Licensee Education Seminar, as required by Education Regulation No. 3

NAME

Robert Coulton

TITLE

Manager / Partner

DATE

4/12/12

(If you have not attended an Education Seminar prior to making application, please visit www.liquorcontrol.vermont.gov and click on Seminar Schedule for a list of Seminars in your area)

FOR ALL APPLICANTS: DESCRIPTION / LOCATION OF PREMISES (Section 4)

Description of the premises to be licensed Lenny's First & Second floor - 115 Church St

Does applicant own the premises described? _____ If not owned, does applicant lease the premises? Yes

If leased, name and address of lessor who holds title to property Robert Fuller - 30 Creamery - Lincoln

Are you making this application for the benefit of any other party? No

FIRST CLASS APPLICANTS ONLY: No first class license may be issued without the following information

HEALTH LICENSE #:

Food Pending

Lodging

(if licensed as a Hotel)

VERMONT TAX DEPARTMENT: Meals & Rooms Certificate/Business Account #

440-462584169F-01

Business is devoted primarily to (Circle one)

☒ FOOD (restaurant) ☐ ENTERTAINMENT (cabaret) ☐ HOTEL ☐ CLUB ☐ COMMERCIAL CATERING

If you are considering Outside Consumption service on decks, porches, cabanas, etc. you must complete an Outside Consumption Permit. This form can be found on our website at www.liquorcontrol.vermont.gov and then click on licensing and then applications.

CABARET APPLICANTS ONLY:

Applicant hereby certifies that the sale of food shall be less in amount or volume than the sales of alcoholic beverages and the receipts from entertainment and dancing, if at any time this should not be the case, the applicant/licensee shall immediately notify the Department of Liquor Control of this fact

Signature of Individual, Partner, authorized agent of Corporation or LLC member

ALL APPLICANTS MUST COMPLETE AND SIGN BELOW

The applicant(s) understands and agrees that the Liquor Control Board may obtain criminal history record information from State and Federal repositories prior to acting on this application.

I We hereby certify, under pains and penalties of perjury, that I We are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application. (VSA, Title 32, §3113)

In accordance with 21 VSA, §1378 (b) I We certify, under pains and penalties of perjury, that I We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

If applicant is applying as an individual I hereby certify that I We are not under an obligation to pay child support or that I We are in good standing with respect to child support or are in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, §795)

Dated at Burlington in the County of Chittenden and State of VERMONT
this 24 day of April 2013

Corporations/Clubs: Signature of Authorized Agent Individuals/Partners: (All partners must sign)

[Signature]
[Signature]
(Title)

[Signature]
[Signature]

NOTICE: After local action, all new applications are investigated by the Enforcement and Licensing Division prior to approval/disapproval of the license by the Liquor Control Board. This process can take anywhere from two weeks to six weeks to complete once the application has reached Liquor Control.

TOWN/CITY APPROVAL/DISAPPROVAL

Upon being satisfied that the conditions precedent to the granting of this license as provided in Title 7 of the Vermont Statutes Annotated, as amended, have been fully met by the applicant, the commissioners will endorse their recommendation on the back of the applications and transmit both copies to the Liquor Control Board for suitable action thereon. Before any license may be granted. For the information of the Liquor Control Board, all applications shall carry the signature of each individual commissioner registering either approval or disapproval. Lease or title must be recorded in town or city before issuance of license.

Town/City _____ Vermont _____
Date _____

APPROVED

DISAPPROVED

Approved/Disapproved by Board of Control Commissioners of the City or Town (circle one) of _____
Total Membership _____ members present

Attest, _____
City or Town Clerk

TOWN OR CITY CLERK SHALL MAIL ONE APPLICATION DIRECTLY TO THE DEPARTMENT OF LIQUOR CONTROL, 13 Green Mountain Drive, Montpelier, VT 05602. If application is disapproved, local control commissioners shall notify the applicant by letter.

No formal action taken by any agency or authority of any town board of selectmen or city board of aldermen on a first or second class application shall be considered binding except as taken or made at an open public meeting. VSA Title 1 §312

SECTION 5111 AND 5121 OF THE INTERNAL REVENUE CODE OF 1954 REQUIRE EVERY RETAIL DEALER IN ALCOHOLIC BEVERAGES TO FILE A FORM ANNUALLY AND PAY A SPECIAL TAX IN CONNECTION WITH SUCH SALES ACTIVITY. FOR FURTHER INFORMATION, CONTACT:
THE BUREAU OF ALCOHOL, TOBACCO & FIREARMS (TTB) (513) 684-2979
DEPARTMENT OF THE TREASURY
550 MAIN STREET, CINCINNATI, OH 45202



ARCHIVES

CORPORATIONS

ELECTIONS

OTHER
PROGRAMSPROFESSIONAL
REGULATIONSSECRETARY'S
DESK**Tradename Information**

| | |
|--------------------|-------------------------|
| Trade Name | LEUNIGS BISTRO & LOUNGE |
| Status | Active |
| File Number | 0178888 |
| City State Zip | BURLINGTON VT |
| Description | RESTAURANT |
| Registration Date | 04/24/2013 |
| Expiration Date | 06/23/2018 |
| Member 1 | PANACHE OF PARIS INC |
| Address | 115 CHURCH ST |
| City State Zip | 05401 |
| Corporation Owner1 | PANACHE OF PARIS, INC. |

Above accurate as of: 05/01/2013

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This Web Page is



STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

The Office of Secretary of State hereby grants a

Certificate of Incorporation

to

PANACHE OF PARIS, INC.

a Vermont domestic corporation, effective April 15, 2013

April 19, 2013

Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital

James C. Condos

James C. Condos
Secretary of State



4/1/2013

V 744660

ARTICLES OF INCORPORATION (Vermont profit T.11A)

Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104 (802-828-2386)

Corporate Name:

Panache of Paris, Inc.

(Alternate name - if first choice is not available)

Corp type: check one: ☒ General (T.11A) ☐ Professional (T.11, Ch.4)
☒ Close (T.11A, Ch.20) ☐ Benefit (T.11A, Ch.21)

State a brief Purpose here:

own and operate Leunig's Bistro & Lounge, or any other legal activity

Registered agent's name

Joy Karnes Limoge, Esq.

Registered agent's address: (street, city and zip code in VT)

600 Blair Park Rd Suite 280, Williston, VT 05495

Principal office address: (street, city, state and zip code)

115 Church Street, Burlington, VT 05401

Fiscal operating year end (month): Unless stated otherwise DEC will be designated.

December

A corporation is required to file an annual report within 2½ months of the close of its fiscal year. Failure to file may result in termination of the its charter. Reports are obtained and filed online.

Number of shares the corporation is authorized to issue:

One Hundred (100)

Classes of shares (common/preferred/etc.) & number of shares authorized to issue, in each:

One (1)

One or more classes of shares that together have unlimited voting rights:

One or more classes of shares (which may be the same class with voting rights) that together are entitled to receive the net assets of the corporation upon dissolution:

One (1)

PROFESSIONAL corporations must provide the name, address, profession, license number & expiration date of not less than one-half of its directors and officers.

CLOSE Corporation: Corporations designated as "close" shall include the provisions listed below. Simply check the box accepting each provision, adding specific information as it applies.

4/1/2013

The provisions of T.11A apply to close corporations in the absence of a contrary or inconsistent provision in Chapter 20. A corporation whose status terminates as a close corporation becomes subject the obligations and rights of a general corporation.

- ☒ This corporation is a close corporation and each certificate for shares shall note this fact;
- ☒ All the issued and outstanding stock of all classes shall be held of record by not more than 35 persons;
- ☒ Each certificate for shares shall further note any provisions set forth in the articles of incorporation and described in 11A, V.S.A. § 20.02(5);
- ☒ The corporation shall make no offering of any of its shares of any class which would constitute a "public offering" within the meaning of the U.S. Securities Act of 1933 (15 U.S.C. § 77 et seq);
- ☒ All issued and outstanding shares of all classes shall be represented by certificates and shall conform in the form and content to the requirements of 11A, V.S.A. § 6.25 ;
- ☒ Shares transfer restrictions, if any:
As defined and set forth in the corporate ByLaws
- ☒ Dissolution provisions, if any:
As defined and set forth in the corporate ByLaws
- ☒ Managed with a board of directors?

DIRECTORS'S names and addresses: A board of directors of a corporation which is not a close corporation dispensing with a board of directors must consist of one or more individuals, with the number specified in or fixed in accordance with these articles or bylaws. The number of directors may be increased or decreased by amendment. (T.11A, 8.03).

Donnell Collins, 115 Church St., Burlington, VT 05401

Bob Conlon, 115 Church St., Burlington, VT 05401

Benefit Corporation: List the name of the benefit director and the benefit officer below.

Name of benefit director:


Name of benefit officer:

One or more natural persons of majority age (18) may act as incorporator.

Incorporators printed name:

Donnell Collins

Incorporators SIGNATURE & ADDRESS:

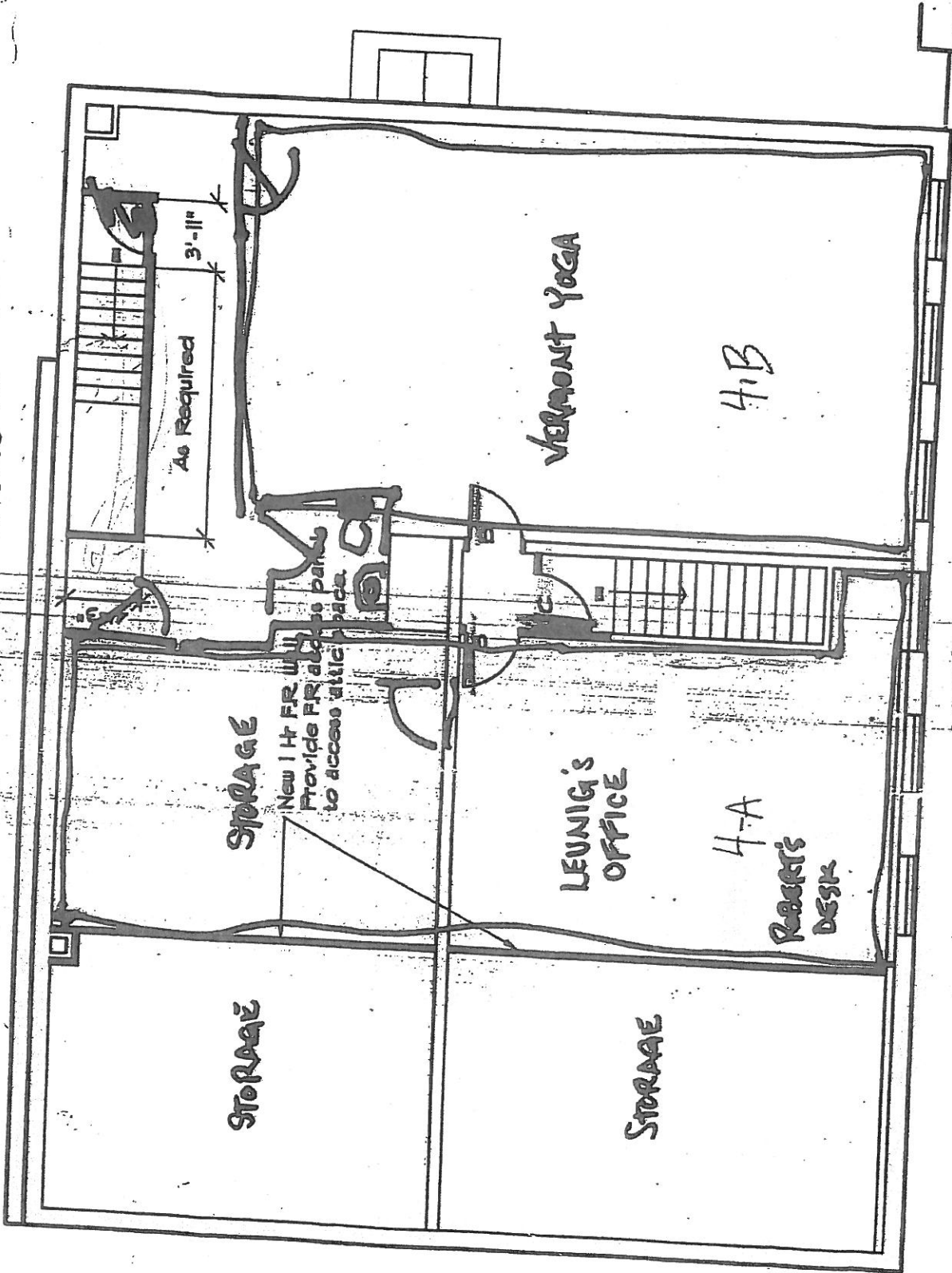
 115 Church St Burlington VT 05401

\$75.00 FEE File in duplicate with a self-addressed envelope. If a delayed effective date is not specified, it is effective the date it is approved. A delayed date cannot be later than 90 days after the filing. Effective date, if applicable:

2013 APR 15 PM 12:42
VERMONT
SECRETARY OF STATE
CORPORATIONS

EXHIBIT A

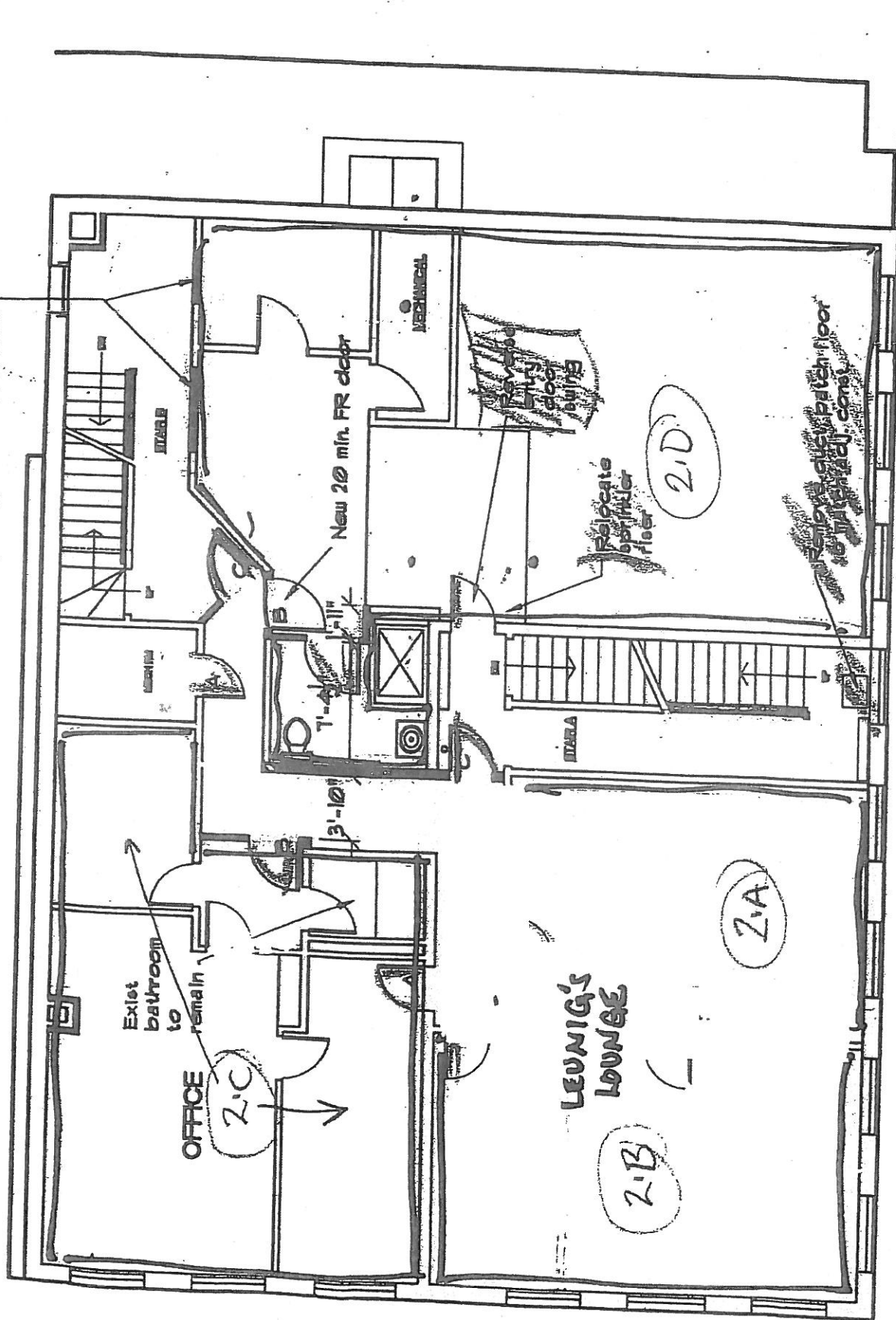
ALL HIGHLIGHTED AREAS ARE INCLUDED IN LEUNIG'S REANT



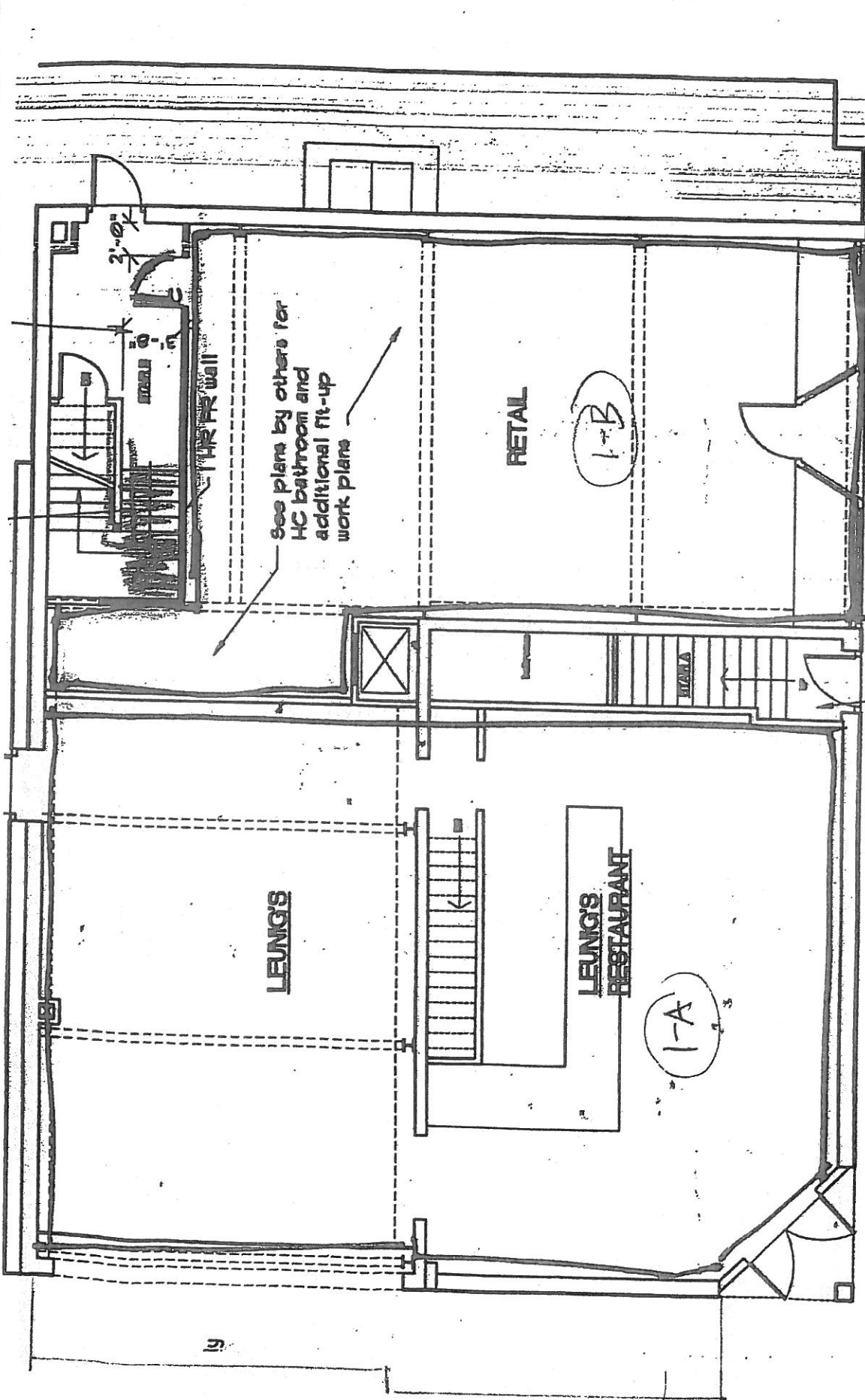
4TH Floor

ABRAHAM BULLDING

| | | | | | | |
|---------|-------|-------|------|------|------|------|
| Project | scale | proje | draw | date | file | date |
|---------|-------|-------|------|------|------|------|

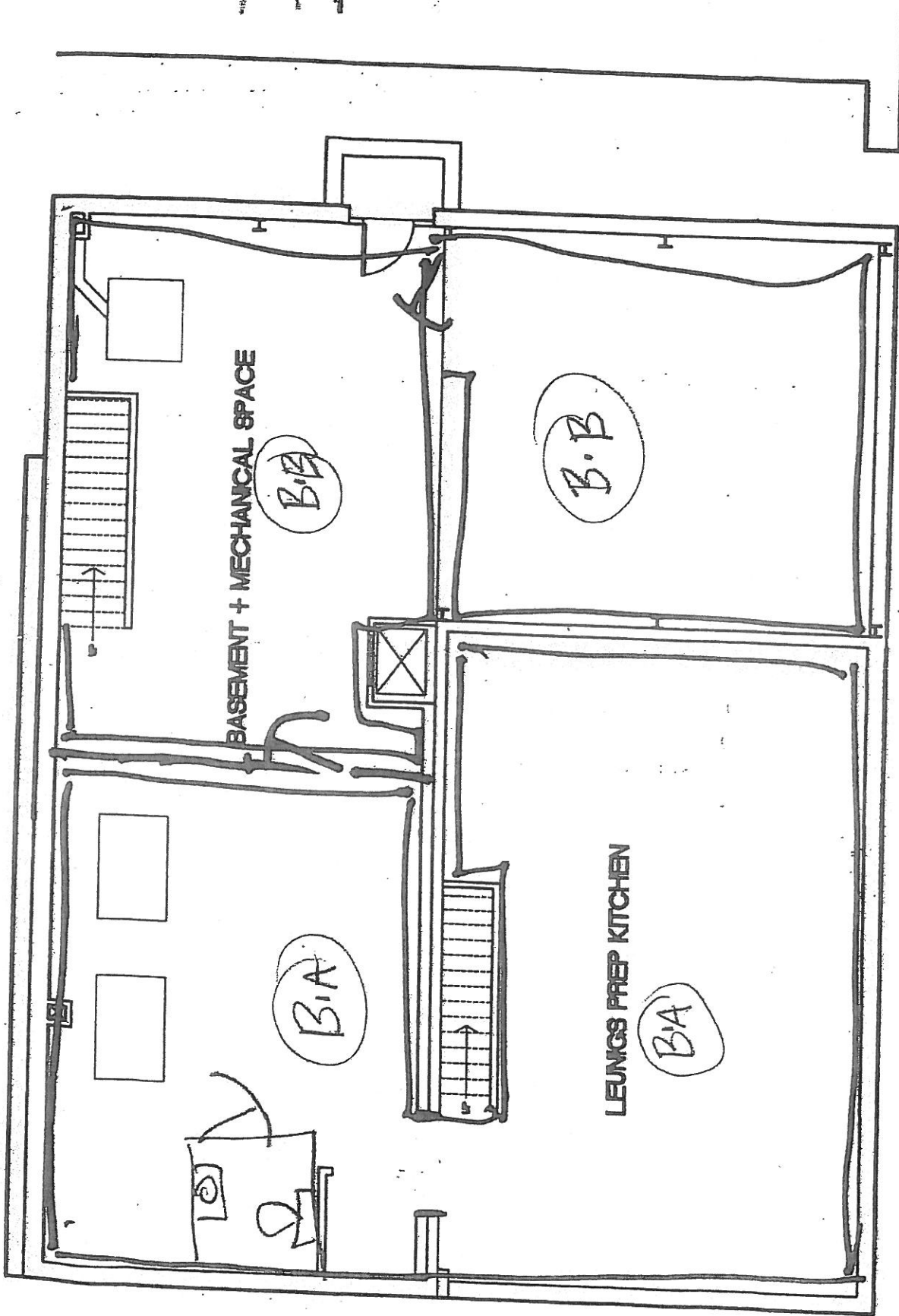


2ND FLOOR



Remove OH duct to 2nd fl.
Relocate per Mech plans

1ST FLOOR



BASEMENT