

**DBPR ABT-6001 – Division of Alcoholic Beverages and Tobacco
Application for New Alcoholic Beverage License**

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**DBPR Form
ABT-6001
Revised 08/2013**

If you have any questions or need assistance in completing this application, please contact the Division of Alcoholic Beverages & Tobacco's (AB&T) local district office. Please submit your completed application and required fee(s) to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's web site at the link provided below:

http://www.myflorida.com/dbpr/abt/district_offices/licensing.html

SECTION 1 - CHECK LICENSE CATEGORY				
License Series Requested 4COP	Type/Class Requested SRX	Do you wish to purchase a Temporary License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Child License Requested	Number of Child Licenses Requested			
<input checked="" type="checkbox"/> Retail Alcoholic Beverages	<input type="checkbox"/> Alcoholic Beverage Manufacturer			
<input type="checkbox"/> Beer/Wine/Liquor Wholesaler	<input type="checkbox"/> Passenger Waiting Lounge			
<input checked="" type="checkbox"/> Retail Tobacco Products Dealer Permit (must check one or more of the below)				
<input type="checkbox"/> Pipes <input checked="" type="checkbox"/> Over the Counter <input type="checkbox"/> Vending Machine				
SECTION 2 - LICENSE INFORMATION				
If the applicant is a corporation or other legal entity, enter the name and the document number as registered with the Florida Department of State Division of Corporations on the line below.				
FEIN Number 46-3045019	Business Telephone Number 850-684-2117	E-Mail Address (Optional) Rgrindler@101tally.com		
Full Name of Applicant(s): (This is the name the license will be issued in) Cascades Holdings, LLC			Department of State Document # L13000090515	
Business Name (D/B/A) Edison Restaurant				
Location Address (Street and Number) 470 Suwannee Street				
City Tallahassee	County LEON	State FL	Zip Code 32301	
Mailing Address (Street or P.O. Box) 2001 Thomasville Road				
City Tallahassee		State FL	Zip Code 32308	
Contact Person - This section is optional; see application instructions for details				
Contact Person Matthew Ryan Grindler		Telephone Number 786-246-8481 ext.		
E-Mail Address (Optional) rgrindler@101tally.com				
Mailing Address (Street or P.O. Box) 2001 Thomasville Road				
City Tallahassee		State FL	Zip Code 32301	

**ABT District Office Received Date Stamp
RECEIVED**

DIV OF AB&T - LICENSING

SEP 02 2015

SECTION 3 - RELATED PARTY PERSONAL INFORMATION

This section must be completed for each person directly connected with the business, unless they are a current licensee.

1.	Business Name (D/B/A)	Edison Restaurant		
2.	Full Name of Individual	Matthew Ryan Grindler		
3.	Are you a U.S. citizen?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, immigration card number or passport number:			
4.				
5.	Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, provide the information requested below. The location address should include the city and state.			
	Business Name (D/B/A)	Tallahassee Hospitality Group, LLC d/b/a 101 Restaurant		License Number BEV4702123
	Location Address	215 W College Avenue, #101 & 102, Tallahassee, FL 32301		
6.	Have you had any type of <u>alcoholic beverage</u> , or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes, provide the information requested below. The location address should include the city and state.			
	Business Name (D/B/A)			Date
	Location Address			
7.	Have you been convicted of a <u>felony</u> within the past 15 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.			
	Date	Location		
	Type of Offense			
8.	Have you been convicted of an offense involving <u>alcoholic beverages or tobacco products</u> anywhere within the past 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.			
	Date	Location		
	Type of Offense			

9. Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 years? Yes No
 If yes, provide the information requested below and a Copy of the Arrest Disposition.
 Attach additional sheet if necessary.

Date	Location
Type of Offense	

10. Do you meet the standards of the moral character rule?
 Yes No

11. Are you an officer or employee of the Division of Alcoholic Beverages and Tobacco; are you a sheriff or other state, county, or municipal officer, including reserve or auxiliary officers, certified by the state as such, with arrest powers, whose certification is current and active?
 Yes No

NOTARIZATION STATEMENT

"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in the Disclosure of Interested Parties of this application. I further swear or affirm that the foregoing information is true and correct."

STATE OF FL
 COUNTY OF LEON

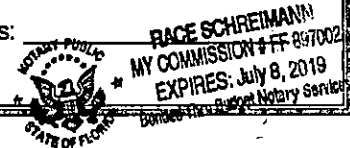
M. R. Grindler
 APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged before me this 27 Day of Aug, 2015, By Matthew Ryan Grindler who is () personally
 (print name of person making statement)

known to me OR () who produced _____ as identification.

Race Schreimann
 Notary Public

Commission Expires:



(ATTACH ADDITIONAL COPIES AS NECESSARY)

***Social Security Number**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(i). This information is used to identify licensees for tax administration purposes. This information is used to identify licensees for tax administration purposes, and the division will redact the information from any public records request.

SECTION 3 - RELATED PARTY PERSONAL INFORMATION

This section must be completed for each person directly connected with the business, unless they are a current licensee.

1.	Business Name (D/B/A) Edison Restaurant	
2.	Full Name of Individual Adam B. Corey	
3.	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:	
4.	[REDACTED]	
5.	Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.	
	Business Name (D/B/A) 101 Restaurant	License Number BEV4702123
	Location Address 215 W College Avenue #101 & 102, Tallahassee, FL 32301	
6.	Have you had any type of alcoholic beverage , or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.	
	Business Name (D/B/A)	Date
	Location Address	
7.	Have you been convicted of a felony within the past 15 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.	
	Date	Location
	Type of Offense	
8.	Have you been convicted of an offense involving alcoholic beverages or tobacco products anywhere within the past 5 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and provide a Copy of the Arrest Disposition , as requested in the Application Requirements checklist.	
	Date	Location
	Type of Offense	

9. Have you been arrested or issued a notice to appear in any state of the United States or its territories within the past 15 years? Yes No
 If yes, provide the information requested below and a **Copy of the Arrest Disposition**.
Attach additional sheet if necessary.

Date	Location
Type of Offense	

10. Do you meet the standards of the moral character rule?
 Yes No

11. Are you an officer or employee of the Division of Alcoholic Beverages and Tobacco; are you a sheriff or other state, county, or municipal officer, including reserve or auxiliary officers, certified by the state as such, with arrest powers, whose certification is current and active?
 Yes No

NOTARIZATION STATEMENT

"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in the Disclosure of Interested Parties of this application. I further swear or affirm that the foregoing information is true and correct."

STATE OF FLORIDA

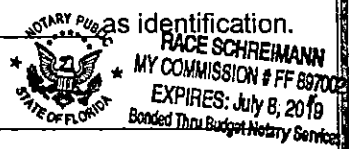
COUNTY OF LEON

Adam B. Corey

 APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR (X) Acknowledged before me this 1st Day
 of September, 2015, By Adam B. Corey who is (X) personally
 (print name of person making statement)

known to me OR () who produced _____ as identification.
 _____ Commission Expires: _____
 Notary Public



(ATTACH ADDITIONAL COPIES AS NECESSARY)

***Social Security Number**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(I). This information is used to identify licensees for tax administration purposes. This information is used to identify licensees for tax administration purposes, and the division will redact the information from any public records request.

**SECTION 4 - DESCRIPTION OF PREMISES TO BE LICENSED
TO BE COMPLETED BY THE APPLICANT**

Business Name (D/B/A)

Edison Restaurant

- | | | | |
|----|------------------------------|--|--|
| 1. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Is the proposed premises movable or able to be moved? |
| 2. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Is there any access through the premises to any area over which you do not have dominion and control? |
| 3. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Is the business located within a Specialty Center? If yes, check the applicable statute:
<input type="checkbox"/> 561.20(2)(b)1, F.S. or <input type="checkbox"/> 561.20(2)(b)2, F.S. |
| 4. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Are there any mobile vehicles used to sell or serve alcoholic beverages? |
| 5. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Are there more than 3 separate rooms or enclosures with permanent bars or counters? |

Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show the details of each floor.

See attached

SECTION 5 - APPLICATION APPROVALS

Full Name of Applicant: (This is the name the license will be issued in)
Cascades Holdings, LLC

Business Name (D/B/A)
Edison Restaurant

Street Address
470 Suwannee Street

City Tallahassee	County Leon	State FL	Zip Code 32301
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ZONING
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION

A. The location complies with zoning requirements for the sale of alcoholic beverages or wholesale tobacco products pursuant to this application for a Series: 460P Type: SRX license.

B. This approval includes outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed and are identified on the sketch? Yes No

Check either: Please do not skip, this is important for license fee sharing
 Location is within the city limits or Location is in the unincorporated county

Signed: [Signature] Date: 8/28/15

Title: SENIOR PLANNER This approval is valid for days.

SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns appear to have been paid through the period ending _____ or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 213.758 (4), F.S. (Not applicable if no transfer involved)

2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

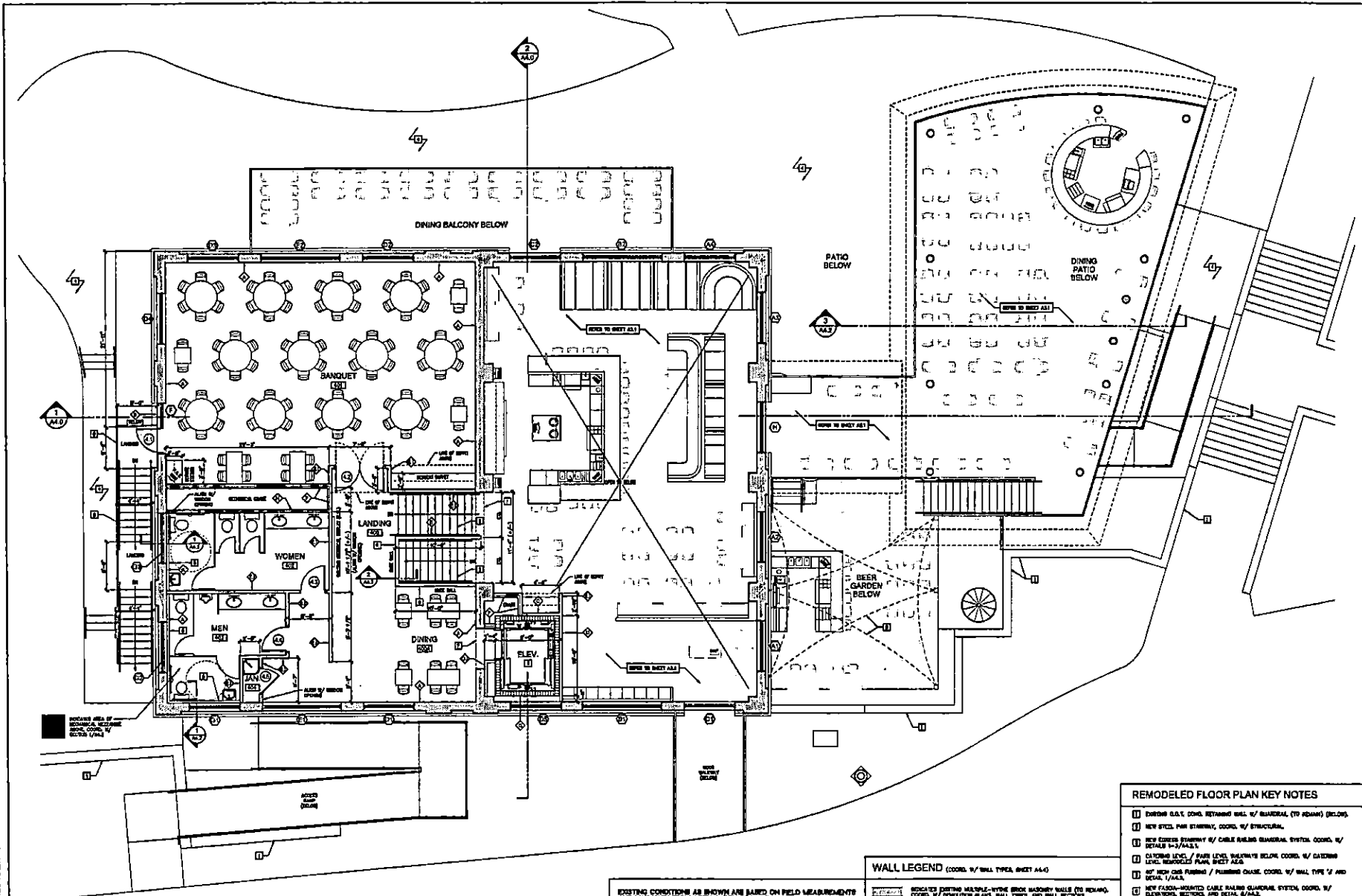
Signed: Mark L. Khan Tallahassee Service Center
 Title: Tax Specialist I General Tax Administration
 Cascades Holdings LLC
 This approval is valid for 60 days. CO# 16748
 Department of Revenue Stamp
 267 John Knox Rd STE 200
 Tallahassee, FL 32303

2015 AUG 27 PM 2:59
TALLAHASSEE
RECEIVED
DEPT. OF REVENUE

HEALTH
TO BE COMPLETED BY THE DIVISION OF HOTELS AND RESTAURANTS
OR COUNTY HEALTH AUTHORITY
OR DEPARTMENT OF HEALTH
OR DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES

The above establishment complies with the requirements of the Florida Sanitary Code.

Signed: [Signature] Date: 9/2/2015
 Title: Regulatory Specialist II Agency: Hotels & Restaurants
 This approval is valid for 60 days. P# 280237



REMODELED FLOOR PLAN - BANQUET LEVEL
3/16"=1'-0"

EXISTING CONDITIONS AS SHOWN ARE BASED ON FIELD MEASUREMENTS AND MAY VARY FROM ACTUAL FIELD CONDITIONS. ACTUAL FIELD CONDITIONS SHALL GOVERN.

PRIOR TO BIDDING, ALL SUB-CONTRACTORS ARE RESPONSIBLE FOR FIELD VERIFYING EXISTING CONDITIONS TO DETERMINE THE SCOPE OF WORK NECESSARY TO ACHIEVE THE PROPOSED CONDITIONS AS SHOWN ON THE PLANS.

CONTRACTORS SHALL VERIFY ALL EXISTING CONDITIONS PRIOR TO COMMENCEMENT OF WORK. ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT.

WALL LEGEND (COORD. W/ WALL TYPES SHEET A4-G)

- EXISTING MASONRY WALL (TO REMAIN)
- NEW MASONRY WALL (TO REMAIN)
- NEW MASONRY WALL (TO REMAIN) WITH FINISH
- NEW MASONRY WALL (TO REMAIN) WITH FINISH AND PANEL
- NEW MASONRY WALL (TO REMAIN) WITH FINISH AND PANEL AND DOOR
- NEW MASONRY WALL (TO REMAIN) WITH FINISH AND PANEL AND DOOR AND WINDOW

REMODELED FLOOR PLAN KEY NOTES

- 1 EXISTING D.C.T. CONG. RETAINING WALL W/ SUBGRADE (TO REMAIN) BELOW.
- 2 NEW STEEL PAIR STAIRWAY, DOOR, W/ STRUCTURAL.
- 3 NEW STAIRS STAIRWAY W/ CABLE RAILING SYSTEM, SYSTEM, COORD. W/ DETAIL S-3/A&L.
- 4 CHAIRING LEVEL / PAIR LEVEL, INCLUDES BELOW, COORD. W/ GARDEN LEVEL, REWORKED PLAN, SHEET A2-G.
- 5 NEW 2" X 4" CDS FLOORING / FLOORING CHASE, COORD. W/ WALL TYPE 1/ AND DETAIL 1/A&L.
- 6 NEW FLOOR-MOUNTED CABLE RAILING GUARDRAIL SYSTEM, COORD. W/ ELEVATION, SECTION, AND DETAIL S/A&L.
- 7 LINE OF NEW STEEL LIGHT, (MATCH) AT NEW STAIRS IN EXISTING BRICK MASONRY WALL, COORD. W/ STRUCTURAL.
- 8 FABRIC CANOPY (BEHIND BEER GARDEN BELOW).
- 9 4" NEW GIBBON BRICK WALL, COORD. W/ DETAIL S/A&L.
- 10 NOT OVER.
- 11 HYDRAULIC HOLDERS SHOWN ROOM FOR STAIR W/ ELEVATOR BARR-OF-SECTION "CLUBHOUSE" BY "SPYGLASS".

"THE EDISON" RESTAURANT AT CASCADES PARK
470 SUWANNEE STREET, TALLAHASSEE, FLORIDA

REMODELED FLOOR PLAN - BANQUET LEVEL



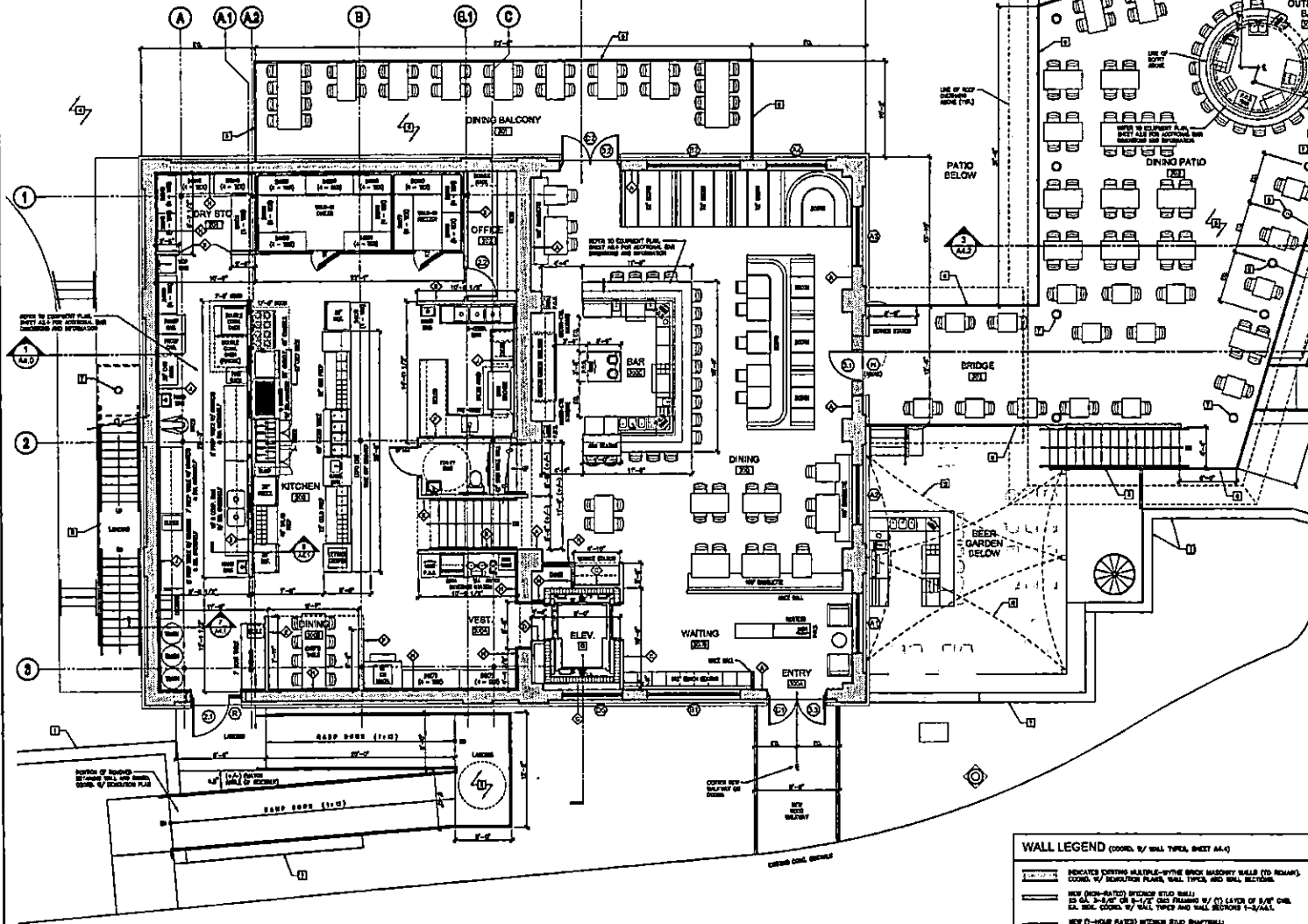
DATE	JULY 2, 2014
BY	SAM
CHKD	SEN. PL. SEN. LOT PLAN REVIEW
APPROVED	SEN. PL. SEN. PROJECT 7
NO. OF SHEETS	13-214
DATE	
BY	
CHKD	
APPROVED	
NO. OF SHEETS	A2.2

ALL RIGHTS RESERVED. NO PART OF THIS DOCUMENT IS TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF THE ARCHITECT.

EXISTING CONDITIONS AS SHOWN ARE BASED ON FIELD MEASUREMENTS AND MAY VARY FROM ACTUAL. FIELD CONDITIONS, ACTUAL FIELD CONDITIONS SHALL GOVERN.

BEFORE FIXING, ALL SUB-CONTRACTORS ARE RESPONSIBLE FOR FIELD VERIFYING EXISTING CONDITIONS TO DETERMINE THE SCOPE OF WORK NECESSARY TO ACHIEVE THE PROPOSED CONDITIONS AS SHOWN ON THE PLANS.

CONTRACTORS SHALL VERIFY ALL EXISTING CONDITIONS PRIOR TO COMMENCEMENT OF WORK. ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT.



REMODELED FLOOR PLAN - DINING LEVEL
3/16"=1'-0"

GENERAL RENOVATION NOTES

1. EXISTING CONDITIONS AS SHOWN ON THE DRAWINGS ARE TO BE MAINTAINED UNLESS SPECIFICALLY NOTED OTHERWISE. THE CONTRACTOR SHALL VERIFY ALL EXISTING CONDITIONS TO DETERMINE THE SCOPE OF WORK NECESSARY TO ACHIEVE THE PROPOSED CONDITIONS AS SHOWN ON THE PLANS.
2. CONTRACTORS SHALL VERIFY ALL EXISTING CONDITIONS PRIOR TO COMMENCEMENT OF WORK. ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT.
3. ALL RENOVATIONS TO EXISTING WALLS AND CEILING AT THE TIME OF THE CONTRACT SHALL INCLUDE STRUCTURAL STEEL AND FLOORING TO NEW WALLS AND CEILING AT THE TIME OF THE NEW WALL, CEILING OR FLOORING.
4. ALL NEW WALLS SHALL BE CONSTRUCTION TO MATCH EXISTING WALLS AND CEILING UNLESS OTHERWISE NOTED.
5. ALL NEW FLOORING SHALL BE CONSTRUCTION TO MATCH EXISTING FLOORING UNLESS OTHERWISE NOTED.
6. THE ELEVATION OF FLOOR SURFACES ON BOTH SIDES OF EXISTING WALLS SHALL BE MAINTAINED UNLESS OTHERWISE NOTED.
7. EXISTING WALLS SHALL BE MAINTAINED UNLESS OTHERWISE NOTED. ALL EXISTING WALLS SHALL BE MAINTAINED UNLESS OTHERWISE NOTED.
8. EXISTING WALLS SHALL BE MAINTAINED UNLESS OTHERWISE NOTED. ALL EXISTING WALLS SHALL BE MAINTAINED UNLESS OTHERWISE NOTED.

REMODELED FLOOR PLAN KEY NOTES

- 1. EXISTING C&T, CONC. RETAINED WALL W/ GUARDRAIL (TO REMAIN).
- 2. NEW CONC. ACCEPTANCE RAMP (1/2" SLOPE) W/ STEEL HANDRAILS AT 3" DIA. CONC. W/ CONC. FOR ELEVATIONS.
- 3. NEW CONC. STAIRWAY W/ CARBON FIBER GLASS REINFORCED STEEL DECKS 1-3/4" DIA.
- 4. EXISTING CONC. FLOOR LEVEL UNLESS OTHERWISE NOTED. COORD. W/ GROUNDING LEVEL, REFINISHES PLAN SHEET A-10.
- 5. NEW ELEVATED CONC. BALCONY, COORD. W/ SECTIONS, DETAILS, AND FINISHES.
- 6. NEW FINISHES-MOUNTED CABLE RAILING (ALUMINUM, STEEL, CONC. W/ ELEVATIONS, SECTIONS, AND DETAILS, 4" DIA.).
- 7. NEW STRUCTURAL STEEL COLUMN, REFER TO STRUCTURAL FOR COLUMN CONNECTIONS.
- 8. HOLLOW STEEL PIPE COLUMN CHASE.
- 9. EXISTING DUCT FROM RESTROOMS BELOW (CONCRETE WITHIN HOLLOW COLUMN CHASE), COORD. W/ MECHANICAL.
- 10. FINISHES-SEE STACK FROM RESTROOMS BELOW (CONCRETE WITHIN HOLLOW COLUMN CHASE), COORD. W/ MECHANICAL.
- 11. NEW ELEVATED CONC. BRIDGE AND BRIDGE, COORD. W/ SECTIONS, DETAILS, AND FINISHES.
- 12. FINISHES-SEE FINISHES (CONCRETE WITHIN HOLLOW COLUMN CHASE), COORD. W/ MECHANICAL.
- 13. FINISHES-SEE FINISHES (CONCRETE WITHIN HOLLOW COLUMN CHASE), COORD. W/ MECHANICAL.
- 14. FINISHES-SEE FINISHES (CONCRETE WITHIN HOLLOW COLUMN CHASE), COORD. W/ MECHANICAL.

WALL LEGEND (COORD. BY WALL TYPE, SHEET A-4)

- INDICATES EXISTING MULTIPLE-WHITE BRICK MASONRY WALLS (TO REMAIN), COORD. W/ SECTION PLANS, WALL TYPES AND WALL SECTIONS.
- NEW (NON-PAINTED) INTERIOR STUD WALLS TO 3/4" OR 1-1/2" OR 2-1/2" GRC FRAMES W/ (3) LAYER OF 5/8" OR 1" CORRUGATED LATH PANELS, COORD. W/ WALL TYPES AND WALL SECTIONS 1-3/4".
- NEW (NON-PAINTED) INTERIOR STUD BRICKMASONRY WALLS TO 3/4" OR 1-1/2" OR 2-1/2" GRC FRAMES W/ (3) LAYER OF 5/8" OR 1" CORRUGATED LATH PANELS, COORD. W/ WALL TYPES AND WALL SECTIONS 1-3/4".
- NEW (NON-PAINTED) EXTERIOR OR INTERIOR CONCRETE WALLS TO 3/4" OR 1-1/2" OR 2-1/2" GRC FRAMES W/ (3) LAYER OF 5/8" OR 1" CORRUGATED LATH PANELS, COORD. W/ WALL TYPES AND WALL SECTIONS 1-3/4".
- EXISTING MULTIPLE-WHITE BRICK MASONRY WALLS (TO REMAIN) W/ NEW 2-1/2" OR 3-1/2" GRC FRAMES AND (3) LAYER OF 5/8" OR 1" CORRUGATED LATH PANELS, COORD. W/ WALL TYPES AND WALL SECTIONS 1-3/4".

"THE EDISON" RESTAURANT AT CASCADES PARK
470 SUWANNEE STREET, TALLAHASSEE, FLORIDA

REMODELED FLOOR PLAN - DINING LEVEL

CONN ARCHITECTS
ASSOCIATES
1000 UNIVERSITY AVENUE, SUITE 200
TALLAHASSEE, FLORIDA 32304
TEL: 904.209.1234
WWW.CONNARCHITECTS.COM

DATE: JULY 2, 2014

DESIGNED BY: SAM

SCALE: 3/16" = 1'-0"

PROJECT NO: 13-214

CONSTRUCTION DOCUMENTS

DATE: 7/2/14

BY: SAM

13-214

A2.1

SECTION 6 - APPLICANT ENTITY FELONY CONVICTION

Business Name (D/B/A)
Cascades Holdings, LLC d/b/a Edison Restaurant

Has the applicant entity been convicted of a felony in this state, any other state, or by the United States in the last 15 years?

Yes No

If the answer is "Yes," please list all details including the date of conviction, the crime for which the entity was convicted, and the city, county, state and court where the conviction took place.

(Attach additional sheets if necessary)

**SECTION 7 - SPECIAL LICENSE REQUIREMENTS
(DOES NOT APPLY TO BEER AND WINE LICENSES)**

Please check the appropriate box of the license for which you are applying. Fill in the corresponding requirements for the license type sought.

Quota Alcoholic Beverage License Specialty Alcoholic Beverage License (e.g. SRX, S, etc)
 Club Alcoholic Beverage License

This license is issued pursuant to 501.20(2)(a) Florida Statutes or Special Act, and as such we acknowledge the following requirements must be met and maintained:

SEATING FOR 150 OR MORE PATRONS AT TABLES, 2500 SQUARE FT. FLOOR SPACE UNDER PERMANENT ROOF WITHIN A BUILDING. 51% OF GROSS SALES DERIVED FROM FOOD AND NON-ALCOHOLIC BEVERAGES. SERVICE OF FULL COURSE MEALS AT ALL TIMES WHILE OPEN FOR BUSINESS. CONSUMPTION ON PREMISES ONLY SALES.

Please initial and date:

Applicant's Initials



Date

8/27/15 9-2-15

SECTION 8 – DISCLOSURE OF INTERESTED PARTIES

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license. You MUST list all persons and entities in the entire ownership structure. To determine which of those persons must submit fingerprints and a Related Party Personal Information, sheet, see the fingerprint section in the application instructions.

Business Name (D/B/A)
Cascades Holdings, LLC d/b/a Edison Restaurant

1. When applicable, complete the appropriate section below. Attach extra sheets if necessary.

Title/Position	Name	Stock %
----------------	------	---------

CORPORATION– List all officers, directors, and stockholders

GENERAL PARTNERSHIP – List all general partners

LIMITED LIABILITY COMPANY – List all managers (member & non-member), directors, officers, and members

Manager	Adam B. Corey	60%
Manager	Matthew Ryan Grindler	40%

LIMITED PARTNERSHIP – List all general and limited partners.

LIMITED LIABILITY PARTNERSHIP – List all partners

Bar Manager (Fraternal Organizations of National Scope only):

OTHER INTERESTS

These questions must be answered about this business for every person or entity listed as the applicant

1. Are there any persons or entities not disclosed who have loaned money to the business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are there any persons or entities not disclosed that derive revenue from the license solely through a contractual relationship with the licensee, the substance of which is not related to the control of the sale of alcoholic beverages, or is exempt by statute or rule?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Are there any persons or entities not disclosed that have the right to receive revenue based on a contractual relationship related to the control of the sale of alcoholic beverages?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are there any persons or entities not disclosed who have a right to a percentage payment from the proceeds of the business pursuant to the lease?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Are there any persons or entities not disclosed who have guaranteed the lease or loan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Are there any persons or entities not disclosed who have co-signed the lease or loan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Is there a management contract, franchise agreement, or concession agreement in connection with this business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you or anyone listed on this application, accepted money, equipment or anything of value in connection with this business from any industry member as described in 61A-1.010, Florida Administrative Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you answered yes to any of the above questions, a copy of the agreement must be submitted with this application. The terms of the agreement may require the interested persons or parties related to an entity to submit fingerprints and a related party personal information sheet.

SECTION 9 AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED

Business Name (D/B/A)

Cascades Holdings, LLC d/b/a Edison Restaurant

"I, the undersigned individually, or on behalf of a legal entity, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I hereby swear or affirm that the attached sketch is a true and correct representation of the entire area and premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for the purposes of determining compliance with the beverage and retail tobacco laws."

"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that the foregoing information is true and that no other person or entity except as indicated herein has an interest in the alcoholic beverage license and/or tobacco permit, and all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license and/or tobacco permit."

STATE OF FLORIDA

COUNTY OF LEON

Matthew Ryan Grindler

APPLICANT/ AUTHORIZED REPRESENTATIVE NAME

M. Ryan Grindler

APPLICANT/ AUTHORIZED REPRESENTATIVE SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged before me this 27 Day of August, 2015, By Matthew Ryan Grindler who is (X) personally (print name(s) of person(s) making statement)

known to me OR () who produced _____ as identification.

[Signature]

Notary Public

Commission Expires:



RACE SCHREIMANN
MY COMMISSION # FF 897002
EXPIRES: July 8, 2019
Bonded thru August 1st, 2019

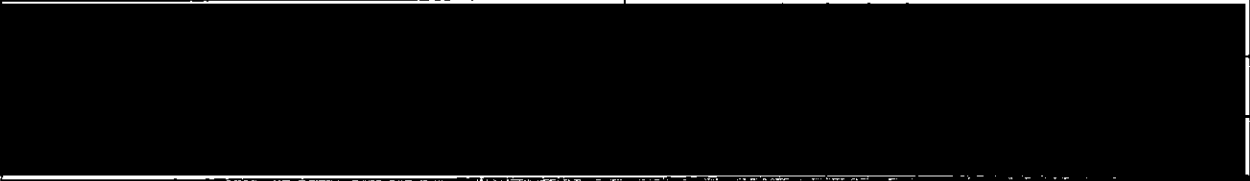
SECTION 10 - CURRENT LICENSEE/UPDATE DATA SHEET

This section is to be completed for all current alcoholic beverage and/or tobacco license holders listed on the application to ensure the most up to date information is captured.

Business Name (D/B/A)
Tallahassee Hospitality Group, LLC d/b/a 101 Restaurant

Last Name Corey	First Adam	M.I. B.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)
BEV4702123



Last Name Grindler	First Matthew	M.I. R
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)
BEV4702123



Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
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Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
------	-------	----------

Last Name	First	M.I.
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Current Alcohol Beverage and/or Tobacco License Permit/Number(s)

Date of Birth	Social Security Number*
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Street Address

City	State	Zip Code
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