SKENE LAW FIRM, P.C.

A NEW JERSEY PROFESSIONAL CORPORATION
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ANNE MARIE VASSALLO, OF COUNSEL

* NEW JERSEY BAR ADMISSION
+ NEW YORK BAR ADMISSION
^ PENNSYLVANIA BAR ADMISSION

January 15, 2016

VIA OVERNIGHT MAIL
Township of Maple Shade
Township Clerk's Office
Municipal Building
200 Stiles Ave.
Maple Shade, NJ 08052

Re: *C&D Brewing Company of Marlton, LLC*
124 E. Kings Highway (Store No. 301)
Maple Shade, NJ 08052
License #: 0319-38-008-007

Dear Sir or Madam:

Please be advised that we represent the above referenced entity in its alcoholic beverage regulatory matters. Our client wishes to file a Change of Corporate Structure application for the above referenced Plenary Retail Consumption License, as well as an Amendment to Application on File application.

The Amendment is to report that C&D Brewing Company of Marlton, LLC formed a subsidiary entity, Marlton Acquisition, LLC. Marlton Acquisition, LLC merged upward into C&D Brewing Company of Marlton, LLC, with Marlton Acquisition, LLC becoming the surviving entity. Marlton Acquisition, LLC then changed its name to C&D Brewing Company of Marlton, LLC. Attached is a step-by-step flow chart showing how the merger is taking place, along with the Amendment to Application on File Application.

In addition to the merger, Iron Hill Brewery, LLC has purchased the assets of Chesapeake and Delaware Brewing Holdings, LLC (the current 100% member of C&D Brewing Company of Marlton, LLC). Chesapeake and Delaware Brewing Holdings, LLC will now hold 35% of Iron Hill Brewery, LLC and 65% will be held by a new entity, IHB HoldCo, LLC. A current and proposed flow chart is attached form

your reference.

Considering the foregoing, enclosed please find the following documentation for your review:

1. Amendment of Application on File Application.
2. Change of Corporate Structure Application.
3. Certificate of Formation for Marlton Acquisitions, LLC.
4. Certificate of Merger of C&D Brewing Company of Marlton, LLC into Marlton Acquisition, LLC.
5. Certificate of Amendment showing Marlton Acquisition, LLC changing its name to C&D Brewing Company of Marlton, LLC.
6. Copy of Contribution and Purchase Agreement.

Note that the current managers of C&D Brewing Company of Marlton, LLC (Kevin Davies, Kevin Finn and Mark Edelson) will be remaining as the managers of same. Further note that we are simultaneously filing a Change of Corporate Structure application with the Division of Alcoholic Beverage Control to report this change to our client's Restricted Brewery License.

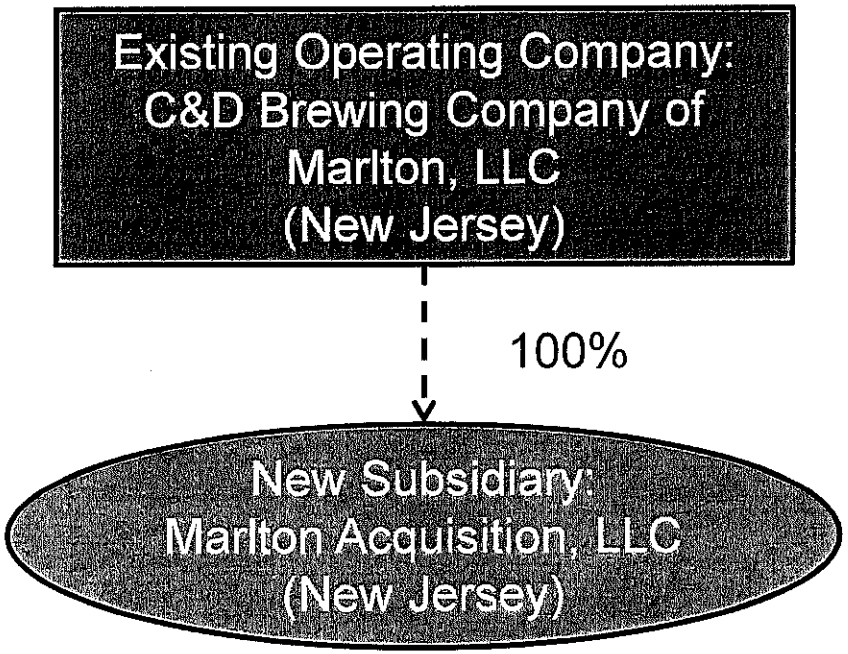
Upon your review of the foregoing, please do not hesitate to contact our office should you have any questions or concerns. Thank you for your time and consideration in this matter.

Very truly yours,

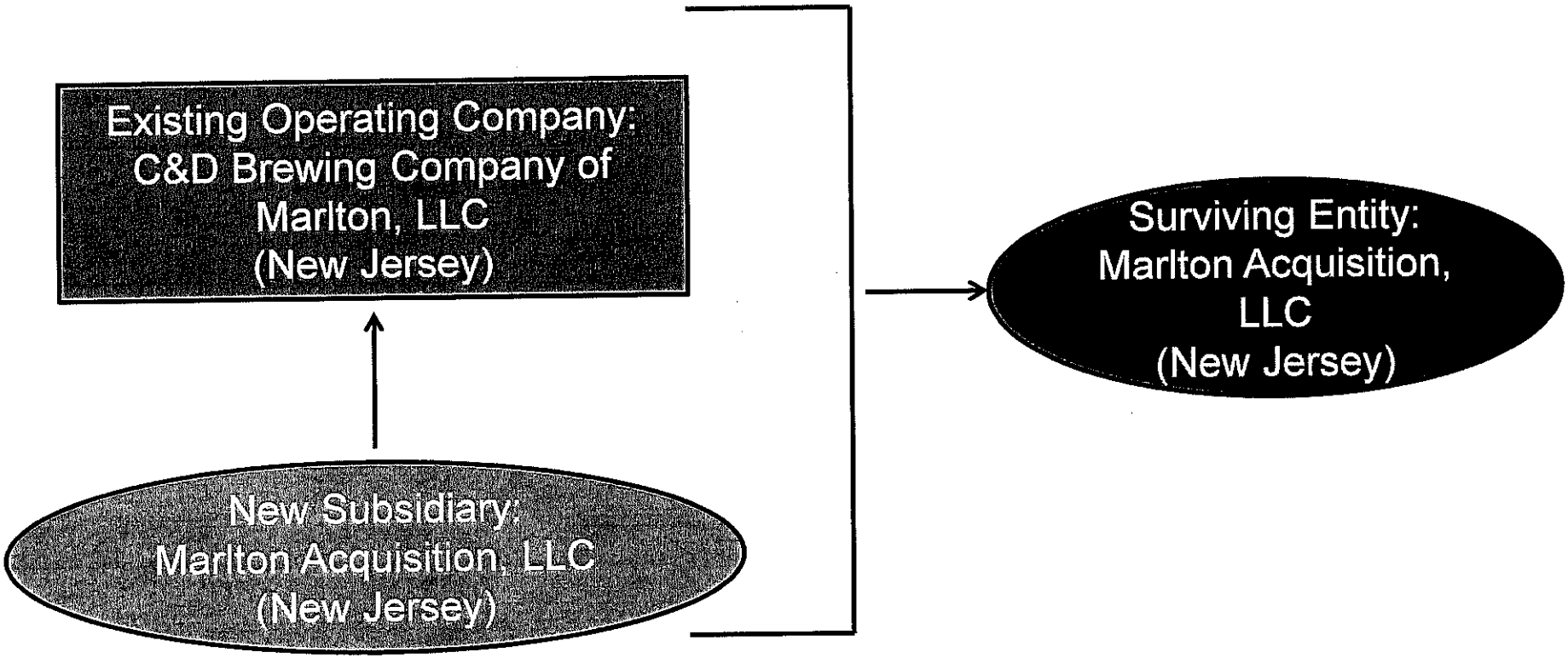
SKENE LAW FIRM, P.C.

Amanda Taylor
Legal Assistant

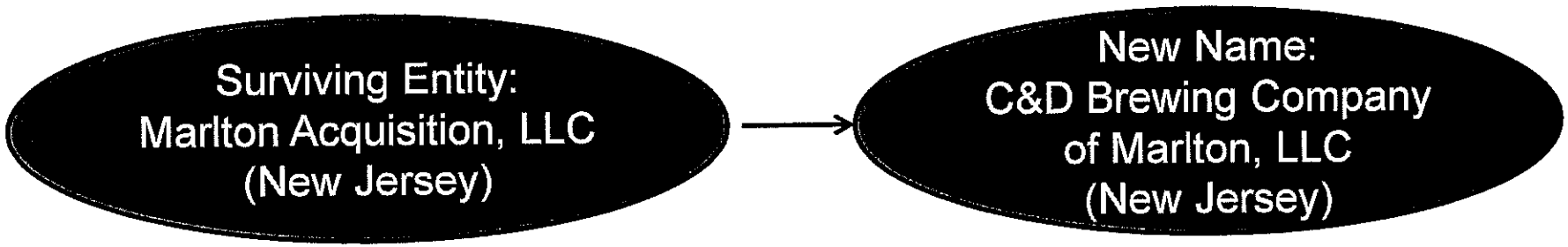
Step 1: Formation of New Subsidiary by Operating Company



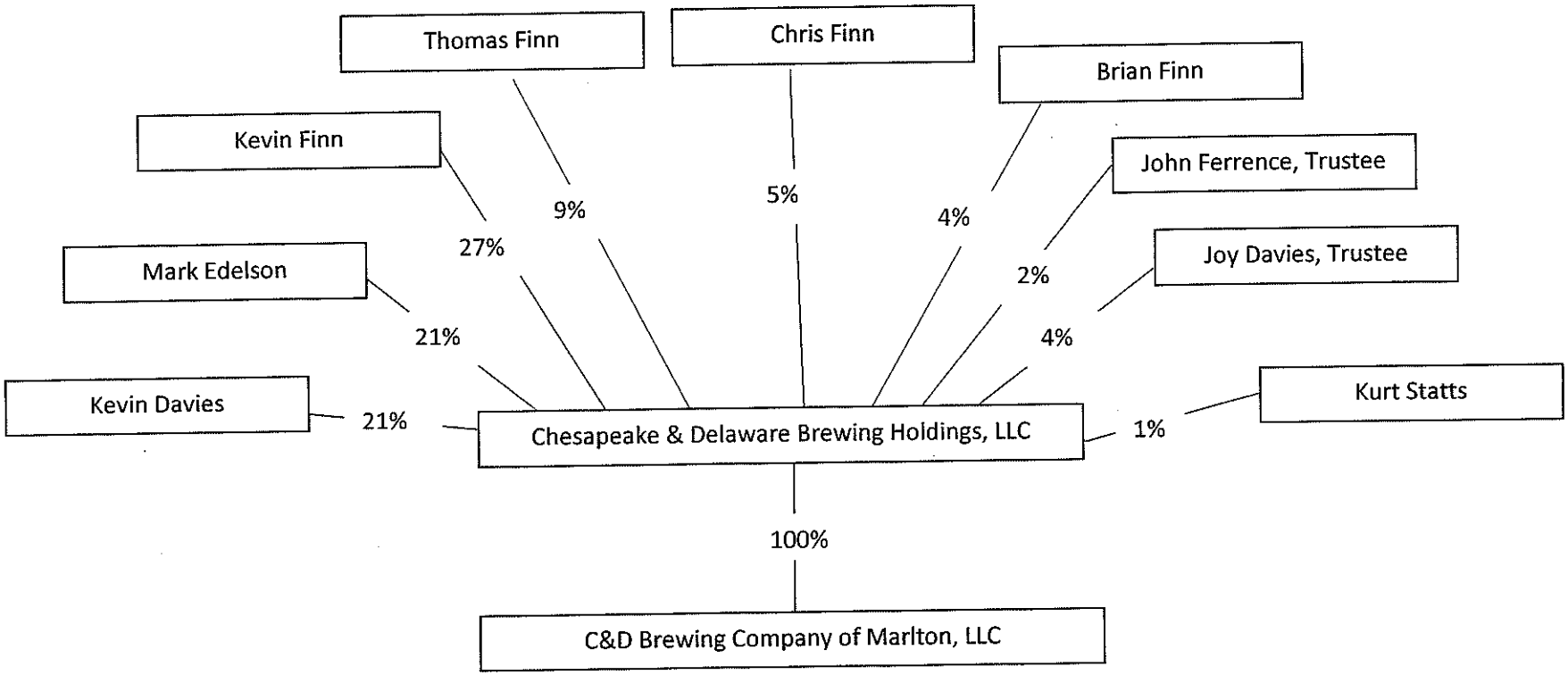
Step 2: Upstream Merger



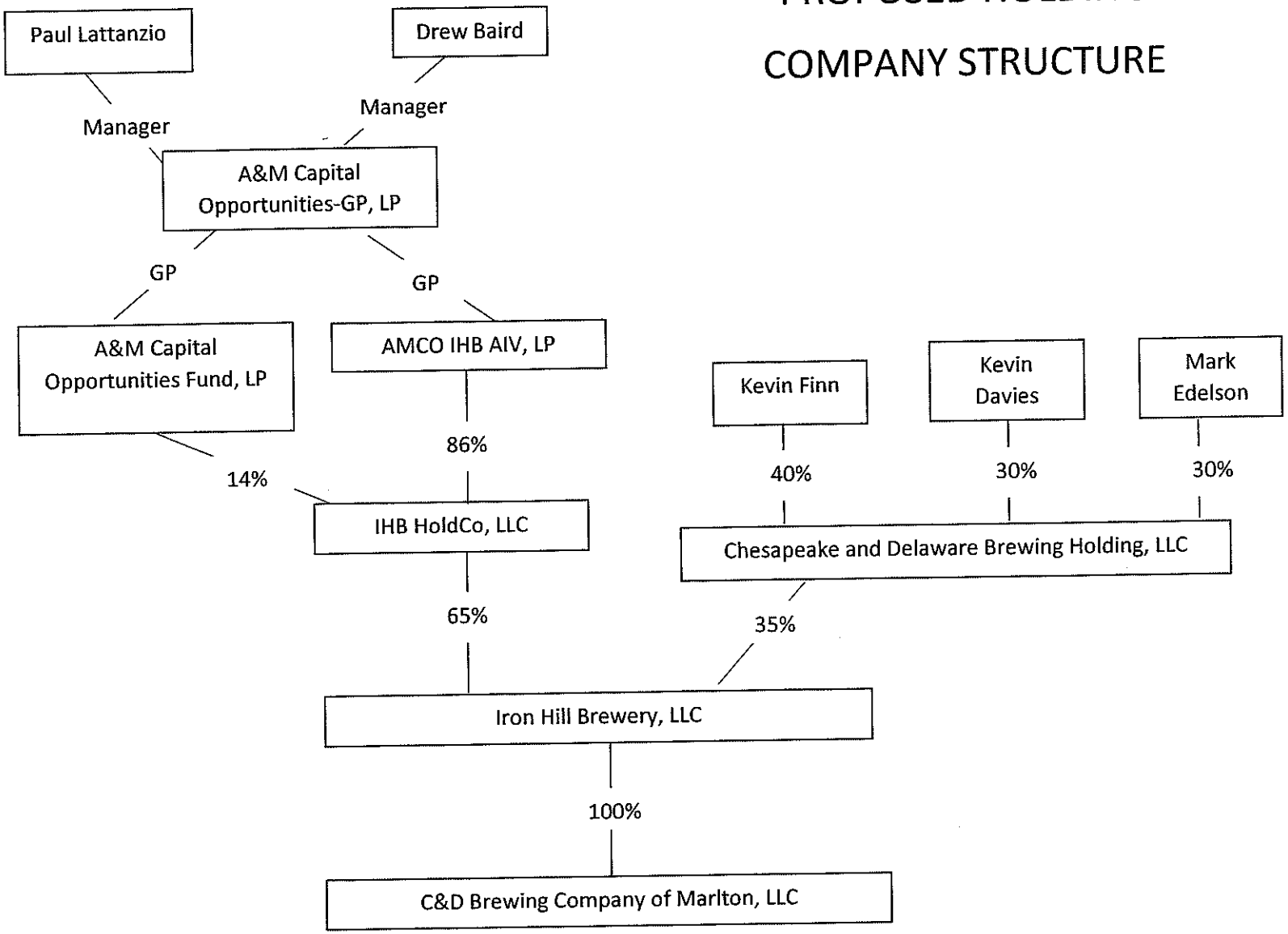
Step 3: Name Change



CURRENT HOLDING COMPANY STRUCTURE



PROPOSED HOLDING COMPANY STRUCTURE



NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

MARLTON ACQUISITIONS LLC
0450040255

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/30/2015 and was assigned identification number 0450040255. Following are the articles that constitute its original certificate.

1. **Name:**
   MARLTON ACQUISITIONS LLC

2. **Registered Agent:**
   THE CORPORATION TRUST COMPANY

3. **Registered Office:**
   820 BEAR TAVERN ROAD
   WEST TRENTON, NEW JERSEY 08628

4. **Business Purpose:**
   RESTAURANT AND MICRO BREWERY

5. **Effective Date of this Filing is:**
   12/30/2015

6. **Members/Managers:**
   C&D BREWING COMPANY OF MARLTON LLC
   124 E. KINGS HIGHWAY
   MAPLE SHADE, NEW JERSEY 08052

7. **Main Business Address:**
   124 E. KINGS HIGHWAY
   MAPLE SHADE, NEW JERSEY 08052

Signatures:

MARK D. EDELSON
AUTHORIZED REPRESENTATIVE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal 30th day of December, 2015

Ford M. Scudder
Acting State Treasurer

Certificate Number : 4008050678
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp

MRG

FILED
DEC 31 2015
STATE TREASURER

045004025 5

UMC-1 11/03

New Jersey Division of Revenue
Certificate of Merger/Consolidation
(Limited Liability Co.'s, Limited Partnerships & Partnerships)

This form may be used to record the merger or consolidation of a limited liability company, limited partnership or partnership with or into another business entity or entities, pursuant to NJSA 42, 42:2A and 42:2B. Applicants must insure strict compliance with the requirements of State law and insure that all filing requirements are met. This form is intended to simplify filing with the New Jersey State Treasurer. Applicants are advised to seek out private legal advice before submitting filings to the State Treasurer's office.

1. Type of Filing (check one): [X] Merger [ ] Consolidation
2. Name of Surviving Business Entity: Marlton Acquisitions, LLC
3. Address of the Surviving Business Entity: 124 E. Kings Highway, Maple Shade, NJ 08052
4. Name(s)/Jurisdiction(s) of All Participating Business Entities:

Name	Jurisdiction	Identification # Assigned by by Treasurer (If applicable)
Marlton Acquisitions, LLC	New Jersey	045004025 5
C&D Brewing Company of Marlton, LLC	New Jersey	0600142317

5. Service of Process Address (For use if the surviving business entity is not authorized or registered by the State Treasurer):

The surviving business entity agrees that it may be served with process in this State in any action, suit or proceeding for the enforcement of any obligation of a merging or consolidating LLC, LP or partnership. The Treasurer is hereby appointed as agent to accept service of process in any such action, suit, or proceeding which shall be forwarded to the Surviving Business Entity at the Service of Process address stated above.

6. Effective Date (see instructions):

The undersigned represent(s) that the agreement of merger/consolidation is on file at the place of business of the surviving business entity and that an agreement of merger/consolidation has been approved and executed by each business entity involved. Additionally, a copy of the merger/consolidation agreement has been or shall be furnished by the surviving entity to any member or any person having an interest.

The undersigned also represent(s) that they are authorized to sign on behalf of the surviving business entity.

Signature	Name	Title	Date
	Mark Edelson	Manager	12/30/15

**Important Notes –New Jersey law prohibits domestic LLCs, LPs and partnerships from merging/consolidating with another business entity, if authority for such merger/consolidation in not granted under the laws of the jurisdiction under which the other business entity was organized. Also, a merger/consolidation certificate may be filed pursuant to Title 42, 42:2A or 42:2B only if the surviving or resulting business entity is a limited partnership, limited liability company or partnership. Also, at least one participating business entity must be a limited partnership or limited liability company. If a for-profit domestic or foreign corporation participates or is the survivor, file the merger/consolidation pursuant to Title 14A. Title 15A corporations are not authorized to participate in mergers/consolidations involving LPs, LLCs, partnerships and for-profit corporations.

L-102 Rev 11/2014

New Jersey Division of Revenue and Enterprise Services

Certificate of Amendment

Limited Liability Company

NJSA 42:2C-19

To file electronically:
1. Enter the information requested below and sign by typing your name in the signature field. The form can only be filled in using the free Adobe Acrobat Reader 9.1 or greater. *(See the pages following this form for field by field instructions, and notes on delivery and processing of work requests.)*
2. Click the "Add Attachments" button to add attachments if required *(Check the field by field instructions to see if you must include an attachment(s))*.
3. After the form has been filled in properly, please save a copy to your computer so that you can upload the form to the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application by following the instructions in the next step.
4. Click the "Open the Central Forms Repository Home Page to start the Form Submission Process" button at the bottom of the form.
(This action will launch the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application. If you have not created an account in the application, you will need to do so before using the online Web application. Once your account is created, please login to the application and follow the instructions for submitting your form and payment online.)

A limited Liability Company on file with the Division of Revenue and Enterprise Services may use this form to amend its Certificate of Formation. The filer is responsible for ensuring strict compliance with NJSA 42:2C, the Revised Uniform New Jersey Limited Liability Company Act.

Name of Limited Liability Company:

Marlton Acquisitions, LLC

1. Business ID Number:
   0450040255
2. The Certificate of Formation is amended as follows (provide attachments if needed):
   To change the name Marlton Acquisitions, LLC to C&D Brewing Company of Marlton, LLC

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 42:2C and that they are authorized to sign this form behalf of the Limited Liability Company.

Signature: Mark Edelson Title: Manager

Name: Mark Edelson Date: 1/4/16

Add Attachments | Open the Central Forms Repository Home Page to start the Form Submission Process

MRG

FILED
DEC 31 2015
STATE TREASURER

045004025 5

UMC-1 11/03

New Jersey Division of Revenue
Certificate of Merger/Consolidation
(Limited Liability Co.'s, Limited Partnerships & Partnerships)

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Signature	Name	Title	Date
	Mark Edelson	Manager	12/30/15

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NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

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4. **Business Purpose:**
   RESTAURANT AND MICRO BREWERY
5. **Effective Date of this Filing is:**
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6. **Members/Managers:**
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   124 E. KINGS HIGHWAY
   MAPLE SHADE, NEW JERSEY 08052
7. **Main Business Address:**
   124 E. KINGS HIGHWAY
   MAPLE SHADE, NEW JERSEY 08052

Signatures:
MARK D. EDELSON
AUTHORIZED REPRESENTATIVE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal 30th day of December, 2015

Ford M. Scudder
Acting State Treasurer

Certificate Number : 4008050678
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp

L-102 Rev 11/2014

New Jersey Division of Revenue and Enterprise Services

Certificate of Amendment

Limited Liability Company

NJSA 42:2C-19

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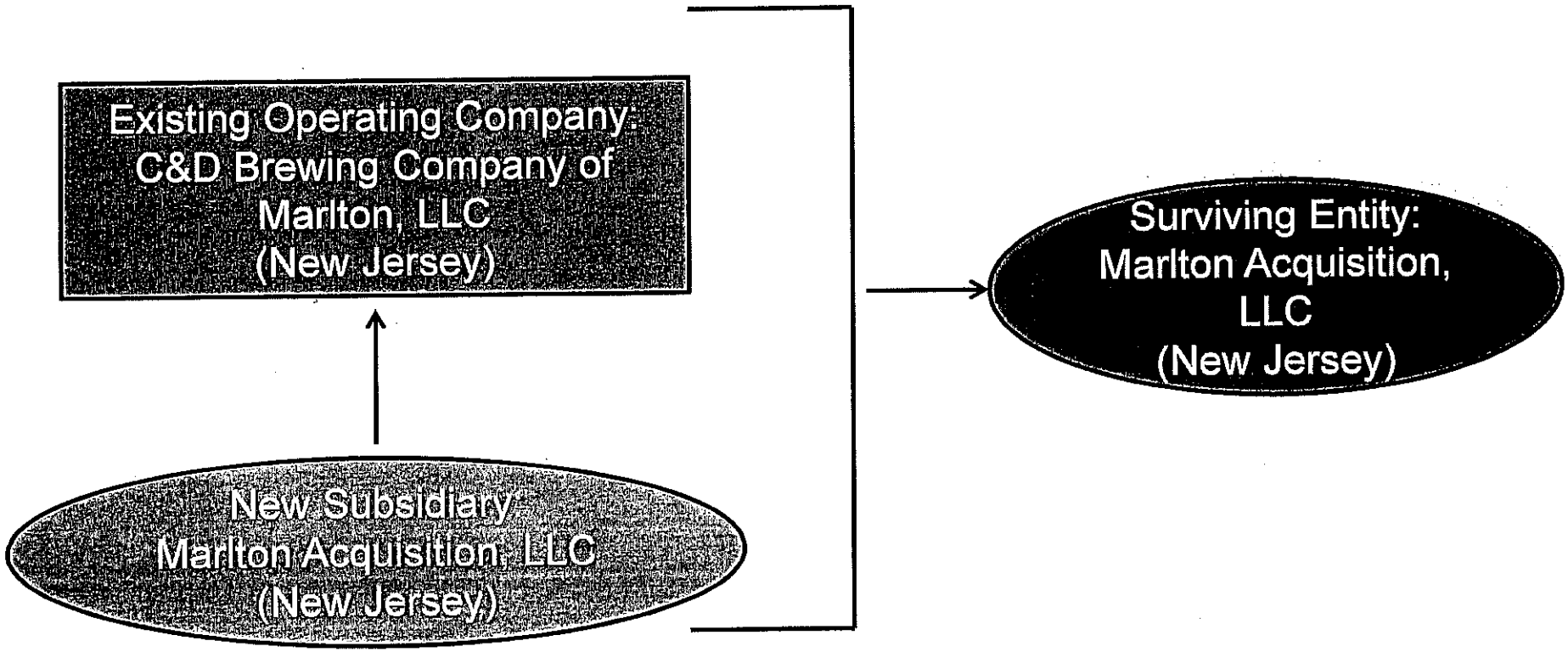
Signature: Mark Edelson Title: Manager

Name: Mark Edelson Date: 1/4/16

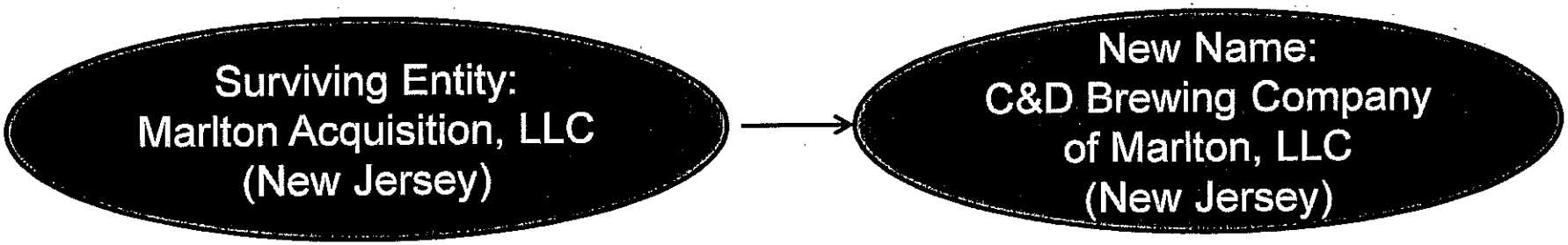
Add Attachments | Open the Central Forms Repository Home Page to start the Form Submission Process

Step 1: Formation of New Subsidiary by Operating Company

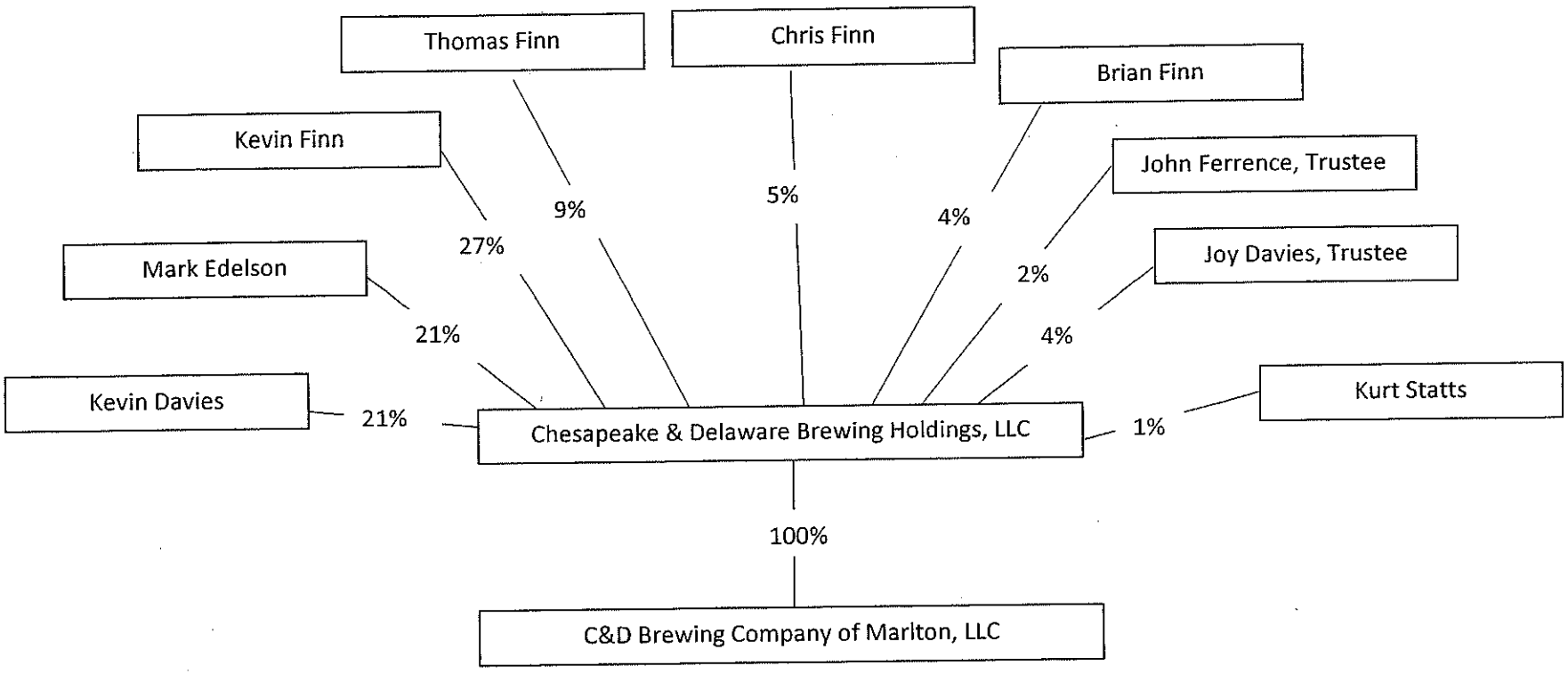
Step 2: Upstream Merger



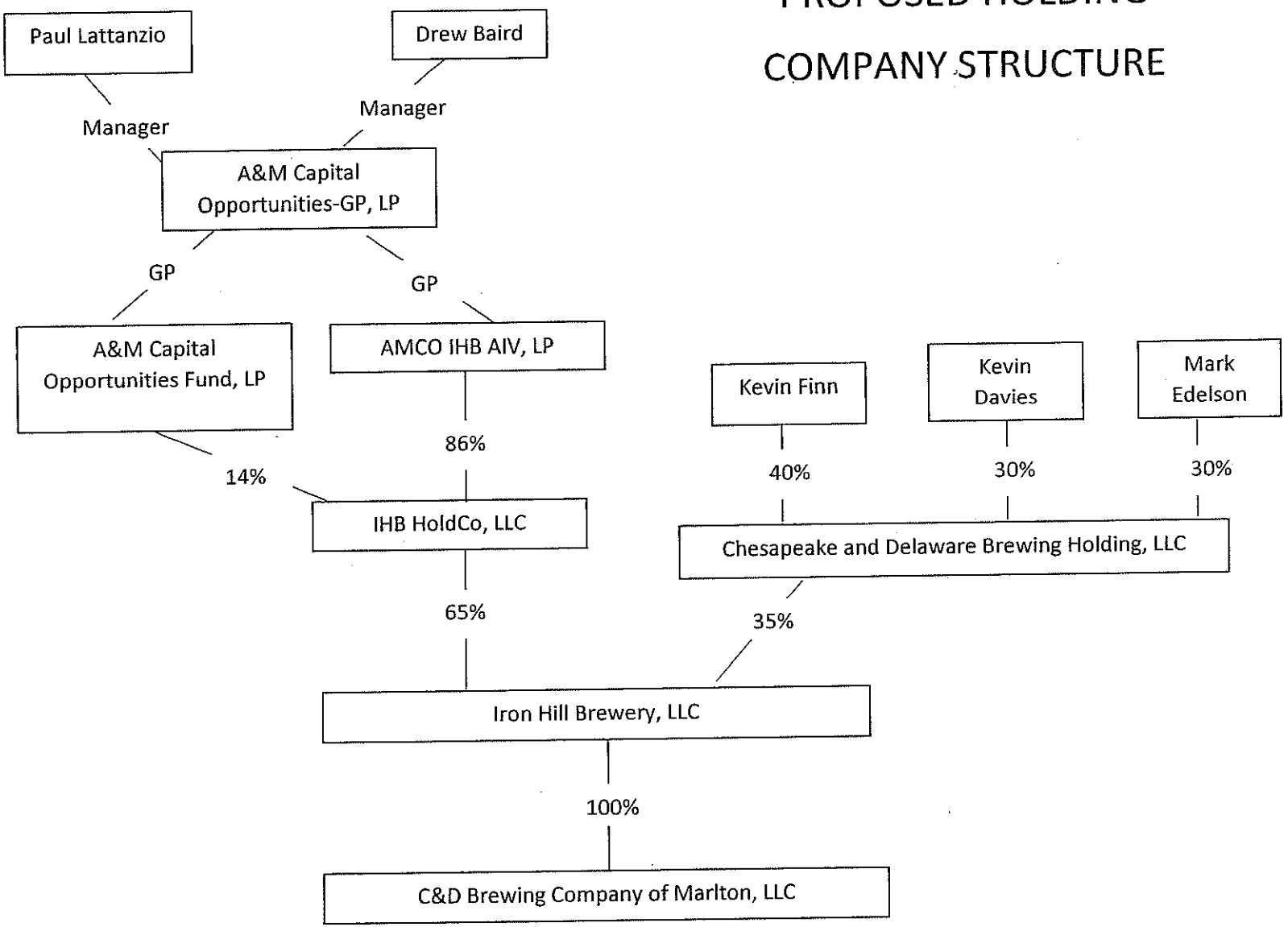
Step 3: Name Change



CURRENT HOLDING COMPANY STRUCTURE



PROPOSED HOLDING COMPANY STRUCTURE



TR#: _____

FEE: _____

DATE: _____

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

RETAIL LIQUOR LICENSE APPLICATION

Action ID Code
[ ] [ ] [ ] [ ]
A W D U

STATE ASSIGNED LICENSE NUMBER

0319 - 38 - 008 - 007

[For DIVISION use only _____]

DATE APPLICATION FILED:

1 / 20 / 16

CODE TYPE OF LICENSE (CHECK ONE)

CLASS C LICENSES [R.S. 33:1-12]

31 _____ Club

32 _____ Plenary Retail Consumption w/Broad Package Privilege

33 (38) X Plenary Retail Consumption

36 _____ Plenary Retail Consumption (Hotel/Motel Exception)

37 _____ Plenary Retail Consumption (Theatre Exception)

35 _____ Seasonal Retail Consumption (November 15 through April 30)

34 _____ Seasonal Retail Consumption (May 1 through November 14)

44 _____ Plenary Retail Distribution

43 _____ Limited Retail Distribution

OTHER

14 _____ Annual State Permit (R.S. 33:1-42, NJAC 13:2-52)

40 _____ Special Permit for a Golf Facility (NJAC 13:2-5.8)

THIS APPLICATION IS FOR:

_____ A New License

_____ Person-to-Person Transfer (Including Partnership change, except Limited Partnership)

_____ Place-to-Place Transfer (Including expansion of premises)

X Change of Corporate Structure

_____ Extension of License (to Executor, Receiver, Administrator, etc.)

_____ Renewal of License

_____ Amendment of Application on File

_____ Other _____

_____

This Area is Reserved for Municipal Use

Municipal Fee $ N/A

Effective Date _____ / _____ / _____
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee $_____

Date Denied _____ / _____ / _____
(As Stated in Resolution)

Refund Amount $_____

Special Conditions Attached: _____ Yes _____ No

RECEIVED
2016 OCT 28 P 1:40
ALCOHOLIC BEVERAGE CONTROL

DeGolia Andrea T.
Type or Print Name (Last Name, First Name, Middle Initial) of Municipal Clerk or ABC Secretary

Andrea T. DeGolia, RMC
Signature of Municipal Clerk or ABC Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

Application is made on behalf of: 7

1 = An Individual
2 = Business Corporation
3 = A Partnership
4 = Unincorporated Club
5 = Incorporated Club
6 = Limited Partnership
7 = Limited Liability Company

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):
License may be held by Individual (Last Name, First Name, Middle Initial), Partnership or Corporation.

C&D Brewing Company of Marlton, LLC

(Last Name, First Name, Middle Initial or Corporate Name)

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address 124 E. Kings Highway (Store No. 301)
Number Street Name

Municipality Maple Shade Zip 08052 - 5405

Telephone number of business (856) 273 - 0300
Area Exchange Number

2.3 If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing addres (insert N/A if not applicable):

Street Address 2502 W. 6th St.
Number Street Name

P.O. Box # _____ Municipality Wilmington State DE

Zip 19805 - 2909 Telephone (302) 888 - 2739

2.4 New Jersey Sales Tax Certificate of Authority No. 262-767-250/000

2.5 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE [if a corporation] OR COUNTY CLERK [if a partnership or sole proprietor]:

Iron Hill Brewery & Restaurant

2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?
x Yes _____ No

B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):
_____ / _____ / _____

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?
_____ Yes _____ No

2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?
_____ Yes _____ No

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:
_____ / _____ / _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 1

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building.

An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

3.2 BUILDING NO. 1 OF 1 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? ____ Yes x No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

3.4 Basement	____ Yes	x No	All of it	____ Yes	____ No
1st floor	x Yes	____ No	All of it	____ Yes	x No
2nd floor	____ Yes	x No	All of it	____ Yes	____ No
3rd floor	____ Yes	x No	All of it	____ Yes	____ No

Specify each additional floor number to be included under this license: ____

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed areas from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?

____ Yes x No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?

____ Yes x No

IF THE ANSWER IS "YES," ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING?	____ Yes	x No
IF "YES," IS THERE A MORTGAGE ON THE BUILDING?	____ Yes	____ No
DOES THE APPLICANT LEASE THE BUILDING?	x Yes	____ No

If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9.

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

____
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address ____
Number Street Name

P.O. Box # ____ Municipality ____ State ____

Zip ____ - ____

3.9 LANDLORD (HOLDER OF LEASE):

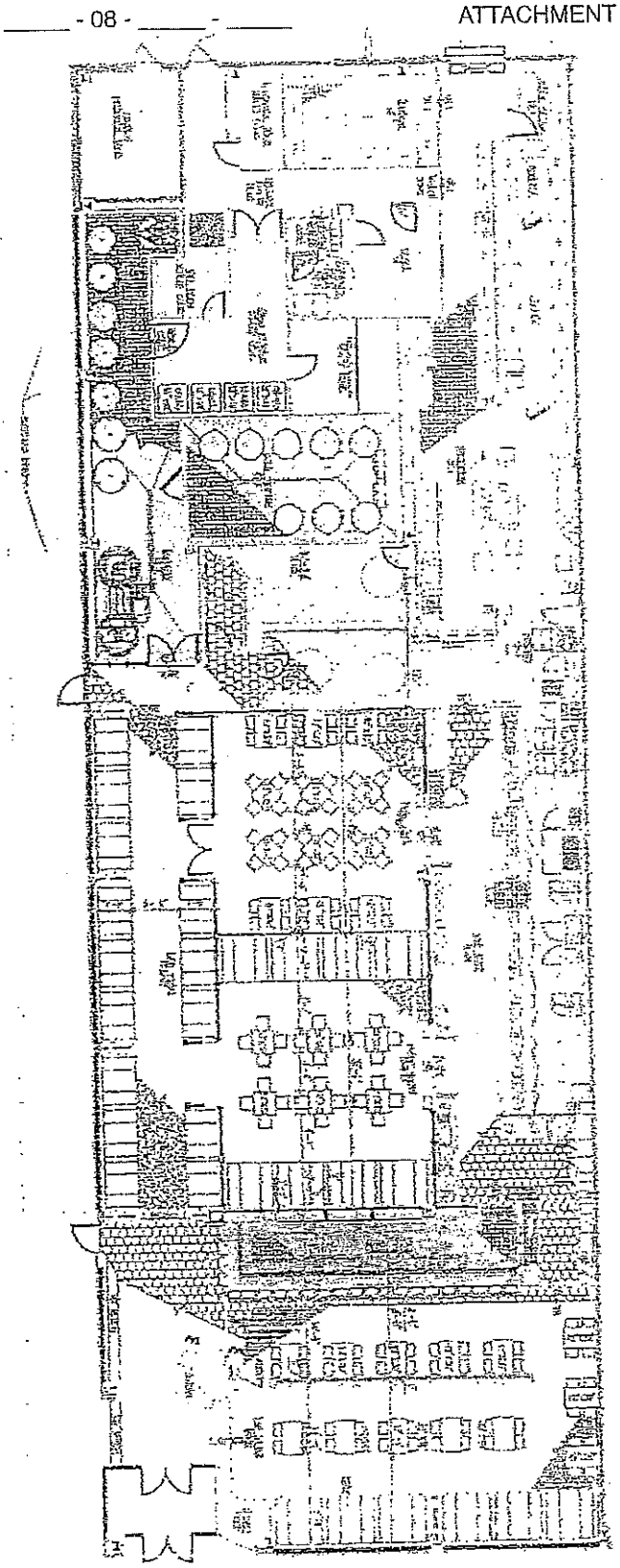
PRC Real Estate, LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address 486 Evesham Road, Suite 200
Number Street Name

P.O. Box # ____ Municipality Cherry Hill State NJ

Zip 08003 - 3367

STATE ASSIGNED LICENSE NUMBER _____ - 08 - _____ - _____ ATTACHMENT TO PAGE 3



Portion of premises highlighted in pink is the area to be licensed under the Restricted Brewery License; the balance of the premises is the restaurant licensed under Plenary Retail Consumption License No. 0319-33-008-007 issued by the Township Council of the Township of Maple Shade; the area in green is the bar area where growlers will be poured for off-premises sale.

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

4.1 IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 200 FEET OF THE NEAREST ENTRANCE OF ANY CHURCH OR SCHOOL? _____ Yes __x__ No

IF THE ANSWER IS "YES," IS A WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO THIS APPLICATION? _____ Yes _____ No

4.2 DOES THE APPLICANT INTEND TO USE ANY VEHICLES FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? _____ Yes __x__ No (A TRANSIT INSIGNIA IS NECESSARY BEFORE ALCOHOLIC BEVERAGES MAY BE TRANSPORTED.)

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

__x__ Yes _____ No

IF "YES," DATE FILED 7 / 17 / 09

4.4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED? __x__ Yes _____ No

IF THE ANSWER IS "YES," INDICATE THE NATURE OF THE BUSINESS AND WHO WILL CONDUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS:

__x__	Restaurant	__x__	Applicant	_____	Other
_____	Catering	_____	Applicant	_____	Other
_____	Hotel/Motel	_____	Applicant	_____	Other
_____	Amusements	_____	Applicant	_____	Other
_____	N.J. Lottery	_____	Applicant	_____	Other
_____	Grocery or Delicatessen	_____	Applicant	_____	Other
__x__	Other (specify) Brewery	__x__	Applicant	_____	Other

4.5 IF SOMEONE OTHER THAN THE APPLICANT WILL OPERATE THE OTHER BUSINESS ON THE LICENSED PREMISES, ANSWER THIS QUESTION. IF THERE IS MORE THAN ONE INDIVIDUAL OR COMPANY, ATTACH A SEPARATE PAGE LISTING THE REQUESTED INFORMATION FOR EACH OPERATOR.

Business to be operated _____

Name of company/individual _____
(Last Name, First Name or Corporate Name)

Street Address _____
Number Street Name

Municipality _____ State _____

Zip _____ - _____ NJ Sales Tax Certificate of Authority No. _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING

5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

____ Yes _x_ No

If the answer is "Yes," complete the following:

Name of individual _____
Last Name First Name Middle Initial

Title of position held _____

Name of Employing Agency _____

5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? ____ Yes _x_ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING:

Name of Individual _____
Last Name First Name Middle Initial

Title of Office _____

Municipality _____

5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE OR OTHERWISE?

_x_ Yes ____ No

IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING: (See attached affidavit)

A. New Jersey license number, if applicable 3403 - 08 - 384 - 001
3404 - 08 - 398 - 001

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

Name of entity conducting business (Corporation, Partnership or Individual)

_____
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

5.3. AFFIDAVIT TO EXPLAIN NATURE AND INTEREST IN BREWERY LICENSES:

STATE OF NEW JERSEY)
) ss.
COUNTY OF CAMDEN)

MARK D. EDELSON, of full age, being duly sworn according to law, upon oath deposses and says:

1. I am a Manager of the applicant LLC and a managing member of the applicant's parent LLC.

1. Chesapeake & Delaware Brewing Holdings, LLC, which is the parent of applicant, also has eight other subsidiares, six in the Commonwealth of Pennsylvania and two in the State of Delaware, each of which hold Micro Brewery licenses (the equivalent to New Jersey's Restricted Brewery License) permitting the brewing and sale in the restaurants adjactent to the micro breweries of the malt beverage product brewed in the micro brewery. Another sister subsidiary of applicant has also just applied for another Restricted Brewery License for a restaurant/micro brewery presently under renovation in Voorhees, New Jersey.

2. Applicant's parent LLC, its sister subsidiaries, and its members have no other interest in any other brewery, winery, distillery, rectifying and blending plant, importer or wholesale alcoholic beverage business as owner, part owner, landlord, tenant, mortgage holder or as a stockholder, officer, director, agent, employee or otherwise.

MARK D. EDELSON

Sworn to and subscribed
before me this 8th day
of May, 2013.

John F. Vassallo, Jr.
An Attorney at Law of New Jersey

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING

6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY? _____ Yes _x_ No

IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLOWING:

Type of License or Permit Denied: _____ Retail _____ Wholesale _____ Transportation _____ Warehouse _____ Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

6.2 HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT? _____ Yes _x_ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Entity _____

Last Name First Name Middle Initial

Type of License or Permit Denied: _____ Retail _____ Wholesale _____ Transportation _____ Warehouse _____ Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION? _____ Yes _x_ No

IF THE ANSWER IS "YES," PROVIDE DETAILS OF EACH BELOW [Complete a separate Page 6 for each action]:

Name of Individual _____

Last Name First Name Middle Initial

DATE OF ACTION _____ / _____ / _____ DOCKET NO. _____

PENALTY WAS IMPOSED BY: _____

[Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

_____ FINED $ _____ [amount] _____ NOT RENEWED

_____ SUSPENDED _____ (number of days) _____ REVOKED _____ CANCELLED

_____ OTHER [explain] _____

_____

6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? _____ Yes _x_ No

A. IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Individual _____

Last Name First Name Middle Initial

Date of Birth _____ / _____ / _____ Conviction Date _____ / _____ / _____

State _____ Court of Jurisdiction _____

Description of offense (specific charge) _____

_____

Disposition (fine, penalty, etc.) _____

_____

Nature of interest in entity to be licensed _____

B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: _____ / _____ / _____. (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No. :[NN]- _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

x Yes _____ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number 3403 - 08 - 384 - 001

Name C&D Brewing Company of Marlton, LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Applicant

B. License Number 0434 - 33 - 002 - 007

Name C&D Brewing Company of Voorhees, LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Affiliate entity

C. License Number 3404 - 08 - 398 - 001

Name C&D Brewing Company of Voorhees, LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Affiliate entity

7.2 WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTERESTS IN OTHER LICENSES?

_____ Yes x No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION AND, IF AN INDIVIDUAL, THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____ *OR*

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING

8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW?

_____ Yes __x__ No

8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, FOR A HOTEL/MOTEL AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF R.S. 33:1-12.20?

_____ Yes __x__ No

IF THE ANSWER IS "YES," IS IT FOR A HOTEL/MOTEL FACILITY OF 50 OR 100 ROOMS?
CHECK ONE: _____ 50 ROOMS _____ 100 ROOMS

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (R.S. 33:1-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT? _____ Yes __x__ No

IF THE ANSWER IS "YES," CHECK ONE OF THE FOLLOWING: _____ HOTEL/MOTEL
_____ RESTAURANT _____ BOWLING ALLEY _____ INTERNATIONAL AIRPORT

THE FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.

8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED _____ - _____ - _____ - _____

8.5 IF THIS IS A REQUEST FOR A PERSON-TO-PERSON TRANSFER, INSERT NAME(S) OF PERSON (Last Name First), PARTNERSHIP OR CORPORATION CURRENTLY HOLDING THE LICENSE:

_____
(Last Name, First Name, Middle Initial or Corporate Name)

8.6 IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER OF A POCKET LICENSE (NO SITED PREMISES), MARK AN X HERE: _____

IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER OF A SITED LICENSE, INSERT THE ADDRESS OF THE CURRENT SITE FROM WHICH THE LICENSE IS TO BE TRANSFERRED.

Street Address _____
Number Street Name

Municipality _____ New Jersey

Zip _____ - _____

THE FOLLOWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.

8.7 INSERT THE ANTICIPATED DATES WHEN PUBLIC NOTICE OF APPLICATION WILL BE PUBLISHED. PUBLICATION MAY NOT BE SOONER THAN THE DATE OF FILING OF THIS APPLICATION.

Date of first notice _____ / _____ / _____

Date of second notice _____ / _____ / _____

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE _____

8.9 THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED).

Date of notice _____ / _____ / _____

Name of newspaper publishing notice _____

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR A LICENSE?

_____ Yes _____ No

8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?

_____ Yes _____ No

8.12 HAS THE CLUB HAD EXCLUSIVE POSSESSION AND USE OF CLUB QUARTERS FOR THREE CONTINUOUS YEARS?

_____ Yes _____ No

8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?

_____ Yes _____ No

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING

9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY? _____ Yes _x_ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

_____

(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____ *OR*

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR? _____ Yes _x_ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

_____

(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____ *OR*

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR? _____ Yes _x_ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

_____

Last Name First Name Middle Initial

Social Security Number _____ - _____ - _____ *OR*

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

APPLICANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS AND LIMITED LIABILITY COMPANIES COMPLETE PAGE 10.

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation C&D Brewing Company of Marlton, LLC

10.2 Street address of home office 2502 W. 6th Street
(Number / Street Name)

Municipality Wilmington

State DE Zip 19805 -

10.3 NJ Sales Tax Certificate of Authority Number 262-767-250/000

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address 124 Kings Highway
(Number / Street Name)

Municipality Maple Shade New Jersey

Zip 08052 - 5405

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? X Yes ____ No

10.6 DATE CHARTERED OR INCORPORATED 6 / 3 / 02 STATE NJ

10.7 CERTIFICATE OF INCORPORATION NUMBER 111695638

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ____ Yes ____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ____ Yes X No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name The Corporation Trust Company
(Last Name, First Name, Middle Initial or Corporation)

Street Address 820 Bear Tavern Road
(Number / Street Name)

Municipality West Trenton New Jersey

Zip 08628 - Telephone Number ( ) - -
(Area / Exchange / Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
C&D Brewing Company of Marlton, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Finn (Last Name) Kevin (First Name) P. (Middle Initial)

Home Street Address 633 North Church Street (Number / Street Name)

P.O. Box # _____ Municipality West Chester State PA

Zip 19380 -

Social Security Number [redacted] Date of Birth 9 / 9 / 61

Home telephone number (610) 431 - 1550 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Manager of Administrative Operations

Name of individual (last name first), stockholder, partner, officer or director:

Davies (Last Name) Kevin (First Name) M. (Middle Initial)

Home Street Address 501 Dunbarton Court (Number / Street Name)

P.O. Box # _____ Municipality Chadds Ford State PA

Zip 19317 -

Social Security Number [redacted] Date of Birth 9 / 24 / 56

Home telephone number (610) 388 - 1341 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Manager of Restaurant Operations

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
C&D Brewing Company of Marlton, LLC

Name of individual (last name first), stockholder, partner, officer or director:
Edelson (Last Name) Mark (First Name) D. (Middle Initial)

Home Street Address 116 Waterfall Lane (Number / Street Name)

P.O. Box # _____ Municipality Landenberg State PA

Zip 19350 -

Social Security Number [redacted] Date of Birth 3 / 11 / 64

Home telephone number (610) 274 - 3226 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Manager of Brewing Operations

Name of individual (last name first), stockholder, partner, officer or director:
Iron Hill Brewery, LLC (Last Name) (First Name) (Middle Initial)

Home Street Address 289 Greenwich Ave., 2nd Floor (Number / Street Name)

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 -

Social Security Number _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____ (Area / Exchange / Number)

Office telephone number (203) 742 - 5896 (Area / Exchange / Number)

% of business owned or controlled 100% Number of shares _____

Check position that applies: x Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation Iron Hill Brewery, LLC

10.2 Street address of home office 289 Greenwich Ave., 2nd Floor
(Number / Street Name)

Municipality Greenwich

State CT Zip 06830 -

10.3 NJ Sales Tax Certificate of Authority Number N/A

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address N/A
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes _____ No

10.6 DATE CHARTERED OR INCORPORATED 11 / 18 / 15 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER 5882834

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? _____ Yes _____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? _____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation _____ / _____ / _____

Beginning date _____ / _____ / _____

Ending date _____ / _____ / _____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
(Area / Exchange / Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
Iron Hill Brewery, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Finn (Last Name) Kevin (First Name) P. (Middle Initial)

Home Street Address 633 North Church Street (Number / Street Name)

P.O. Box # _____ Municipality West Chester State PA

Zip 19380 - _____

Social Security Number [redacted] Date of Birth 9 / 9 / 61

Home telephone number (610) 431 - 1550 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Board of Managers

Name of individual (last name first), stockholder, partner, officer or director:

Davies (Last Name) Kevin (First Name) M. (Middle Initial)

Home Street Address 501 Dunbarton Court (Number / Street Name)

P.O. Box # _____ Municipality Chadds Ford State PA

Zip 19317 - _____

Social Security Number [redacted] Date of Birth 9 / 24 / 56

Home telephone number (602) 388 - 1341 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Board of Managers

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

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****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

Iron Hill Brewery, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Edelson (Last Name) Mark (First Name) D. (Middle Initial)

Home Street Address 116 (Number) Waterfall Lane (Street Name)

P.O. Box # _____ Municipality Landenberg State PA

Zip 19350 - _____

Social Security Number [redacted] Date of Birth 3 / 11 / 64

Home telephone number (610) 274 - 3226 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Board of Managers

Name of individual (last name first), stockholder, partner, officer or director:

Baird (Last Name) Drew (First Name) A. (Middle Initial)

Home Street Address 185 (Number) Plymouth St., Apt. 2N (Street Name)

P.O. Box # _____ Municipality Brooklyn State NY

Zip 11201 - _____

Social Security Number [redacted] Date of Birth 3 / 29 / 76

Home telephone number (_____) _____ - _____ (Area / Exchange / Number)

Office telephone number (_____) _____ - _____ (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Board of Managers

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

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****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

Iron Hill Brewery, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Lattanzio (Last Name) Paul (First Name) S. (Middle Initial)

Home Street Address 7 (Number) Lincoln Woods (Street Name)

P.O. Box # _____ Municipality Purchase State NY

Zip 10577 - _____

Social Security Number [redacted] Date of Birth 10 / 19 / 63

Home telephone number (_____) _____ - _____ (Area / Exchange / Number)

Office telephone number (_____) _____ - _____ (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Board of Managers

Name of individual (last name first), stockholder, partner, officer or director:

IHB HoldCo, LLC (Last Name / First Name / Middle Initial)

Home Street Address 289 (Number) Greenwich Ave., 2nd Floor (Street Name)

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 - _____

Social Security Number _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____ (Area / Exchange / Number)

Office telephone number (_____) _____ - _____ (Area / Exchange / Number)

% of business owned or controlled 65% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Member

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
Iron Hill Brewery, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Chesapeake and Delaware Brewing Company Holding, LLC
Last Name First Name Middle Initial

Home Street Address 2502 W. 6th Street
Number Street Name

P.O. Box # _____ Municipality Wilmington State DE

Zip 19805 - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (302) 888 - 2739
Area Exchange Number

% of business owned or controlled 35% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Member

Name of individual (last name first), stockholder, partner, officer or director:

Last Name First Name Middle Initial

Home Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled _____ Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

 PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation IHB HoldCo, LLC

10.2 Street address of home office 289 Greenwich Ave., 2nd Floor
(Number Street Name)

Municipality Greenwich

State CT Zip 06830 -

10.3 NJ Sales Tax Certificate of Authority Number N/A

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address N/A
(Number Street Name)

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes ____ No

10.6 DATE CHARTERED OR INCORPORATED 12 / 7 / 15 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER 20151233198

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ____ Yes ____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
(Number Street Name)

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
(Area Exchange Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
IHB HoldCo, LLC

Name of individual (last name first), stockholder, partner, officer or director:

A&M Capital Opportunities Fund, LP
Last Name First Name Middle Initial

Home Street Address 289 Greenwich Ave., 2nd Floor
Number Street Name

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled 13.882% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Member

Name of individual (last name first), stockholder, partner, officer or director:

AMCO IHB AIV, LP
Last Name First Name Middle Initial

Home Street Address 289 Greenwich Ave., 2nd Floor
Number Street Name

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled 86.118% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Member

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation Chesapeake and Delaware Brewing Holding, LLC

10.2 Street address of home office 2502 W. 6th St.
(Number Street Name)

Municipality Wilmington

State DE Zip 19805 - 2909

10.3 NJ Sales Tax Certificate of Authority Number _____

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address N/A
(Number Street Name)

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes _____ No

10.6 DATE CHARTERED OR INCORPORATED 12 / 1 / 2000 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER D01602720-3323925

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? _____ Yes _____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? _____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation _____ / _____ / _____

Beginning date _____ / _____ / _____

Ending date _____ / _____ / _____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
(Number Street Name)

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
(Area Exchange Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

Chesapeake and Delaware Brewing Holding, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Finn (Last Name) Kevin (First Name) P. (Middle Initial)

Home Street Address 633 North Church St. (Number / Street Name)

P.O. Box # _____ Municipality West Chester State PA

Zip 19380 -

Social Security Number [redacted] Date of Birth 9 / 9 / 61

Home telephone number (610) 431 - 1550 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 39.36% Number of shares _____

Check position that applies: ____ Sole owner ____ Partner ____ Stockholder

____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary x Other (specify) Managing Member

Name of individual (last name first), stockholder, partner, officer or director:

Davies (Last Name) Kevin (First Name) M. (Middle Initial)

Home Street Address 501 Dunbarton Court (Number / Street Name)

P.O. Box # _____ Municipality Chadds Ford State PA

Zip 19317 -

Social Security Number [redacted] Date of Birth 9 / 24 / 56

Home telephone number (610) 388 - 1341 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 30.32% Number of shares _____

Check position that applies: ____ Sole owner ____ Partner ____ Stockholder

____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary x Other (specify) Managing Member

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

Chesapeake and Delaware Brewing Holding, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Edelson (Last Name) Mark (First Name) D. (Middle Initial)

Home Street Address 116 (Number) Waterfall Lane (Street Name)

P.O. Box # _____ Municipality Landenberg State PA

Zip 19350 - _____

Social Security Number [redacted] - [redacted] - [redacted] Date of Birth 3 / 11 / 64

Home telephone number (610) 274 -3226
(Area) (Exchange) (Number)

Office telephone number (302) 888 - 2739
(Area) (Exchange) (Number)

% of business owned or controlled 30.32% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Managing Member

Name of individual (last name first), stockholder, partner, officer or director:

_____ (Last Name) _____ (First Name) _____ (Middle Initial)

Home Street Address _____ (Number) _____ (Street Name)

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
(Area) (Exchange) (Number)

Office telephone number (_____) _____ - _____
(Area) (Exchange) (Number)

% of business owned or controlled _____ Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation A&M Capital Opportunities Fund, LP

10.2 Street address of home office 289 Greenwich Ave., 2nd Floor
(Number / Street Name)

Municipality Greenwich

State CT Zip 06830 -

10.3 NJ Sales Tax Certificate of Authority Number N/A

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address N/A
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes ____ No

10.6 DATE CHARTERED OR INCORPORATED 7 / 1 / 15 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER 151000873

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ____ Yes ____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (____) ____ - ____
(Area / Exchange / Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
A&M Capital Opportunities Fund, LP

Name of individual (last name first), stockholder, partner, officer or director:
A&M Capital Opportunties-GP, LP

Last Name First Name Middle Initial

Home Street Address 289 Greenwich Ave., 2nd Floor
Number Street Name

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled 100% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) General Partner

Name of individual (last name first) , stockholder, partner, officer or director:

Last Name First Name Middle Initial

Home Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled _____ Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation AMCO IHB AIV, LP

10.2 Street address of home office 289 Greenwich Ave., 2nd Floor
(Number / Street Name)

Municipality Greenwich

State CT Zip 06830 -

10.3 NJ Sales Tax Certificate of Authority Number N/A

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address N/A
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes ____ No

10.6 DATE CHARTERED OR INCORPORATED 12 / 10 / 15 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER 20151287766

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ____ Yes ____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (____) ____ - ____
(Area / Exchange / Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
AMCO IHB AIV, LP

Name of individual (last name first), stockholder, partner, officer or director:
A&M Capital Opportunities-GP, LP

Last Name First Name Middle Initial

Home Street Address 289 Greenwich Ave., 2nd Floor
Number Street Name

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled 100% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary X Other (specify) General Partner

Name of individual (last name first) , stockholder, partner, officer or director:

Last Name First Name Middle Initial

Home Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled _____ Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation A&M Capital Opportunities-GP, LP

10.2 Street address of home office 289 Greenwich Ave., 2nd Floor
(Number / Street Name)

Municipality Greenwich

State CT Zip 06830 -

10.3 NJ Sales Tax Certificate of Authority Number N/A

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address _____
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes ____ No

10.6 DATE CHARTERED OR INCORPORATED 7 / 1 / 15 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER 151000852

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ____ Yes ____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (____) ____ - ____
(Area / Exchange / Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
A&M Capital Opportunities-GP, LP

Name of individual (last name first), stockholder, partner, officer or director:

Baird (Last Name) Drew (First Name) A. (Middle Initial)

Home Street Address 185 Plymouth Street, Apt. 2N (Number / Street Name)

P.O. Box # _____ Municipality Brooklyn State NY

Zip 11201 - _____

Social Security Number [redacted] Date of Birth 3 / 29 / 76

Home telephone number (_____) _____ - _____ (Area / Exchange / Number)

Office telephone number (_____) _____ - _____ (Area / Exchange / Number)

% of business owned or controlled _____ Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee x Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

Name of individual (last name first), stockholder, partner, officer or director:

Lattanzio (Last Name) Paul (First Name) S. (Middle Initial)

Home Street Address 7 Lincoln Woods (Number / Street Name)

P.O. Box # _____ Municipality Purchase State NY

Zip 10577 - _____

Social Security Number [redacted] Date of Birth 10 / 19 / 63

Home telephone number (_____) _____ - _____ (Area / Exchange / Number)

Office telephone number (_____) _____ - _____ (Area / Exchange / Number)

% of business owned or controlled _____ Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee x Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM _____ TO _____

DATE:

State of _____)
) SS:
County of _____)

As provided by law (R.S. 33:1-35),

(Check One)

1. The Individual Applicant
2. Members of the Partnership Applicant
3. _____ (President/Vice-President) of C&D Brewing Company of Marlton, LLC (Corporation or Club Name)

consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duly authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of the fact, and that the contents of this application are true.

_____
(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)
Attestation by Corporate Secretary

_____
(Partnership Name)

_____
(Signature of Partner)

Attest: C&D Brewing Company of Marlton, LLC
Corporate Name

By _____
(Signature of Corporate President or Vice President)

_____
(Signature of Partner)

Secretary _____
Signature

_____
(Signature of Partner)

_____
(Signature of Partner)

Affix Corporate Seal

Sworn to and subscribed before me

this 5th day of January 2016

AFFIDAVIT MUST BE SIGNED HERE ----------► _____
(Signature of Officer Administering Oath)

RANDI MELISSA BELLO
NOTARY PUBLIC
STATE OF DELAWARE
MY COMMISSION EXPIRES SEP 23, 2019

BY DULY AUTHORIZED NOTARY PUBLIC

Randi Bello
(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW OF NEW JERSEY

Notary Public
(Title of Officer Administering Oath)

_____
(Date of Expiration of Commission, if applicable)

TR#: _____

FEE: _____

DATE: _____

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

RETAIL LIQUOR LICENSE APPLICATION

Action ID Code
[ ] [ ] [ ] [ ]
A W D U

STATE ASSIGNED LICENSE NUMBER

0319 - 38 - 008 - 007

[For DIVISION use only _____]

DATE APPLICATION FILED:
1 / 20 / 16

CODE TYPE OF LICENSE (CHECK ONE)

CLASS C LICENSES [R.S. 33:1-12]

31 ____ Club

32 ____ Plenary Retail Consumption w/Broad Package Privilege

33 (38) x Plenary Retail Consumption

36 ____ Plenary Retail Consumption (Hotel/Motel Exception)

37 ____ Plenary Retail Consumption (Theatre Exception)

35 ____ Seasonal Retail Consumption (November 15 through April 30)

34 ____ Seasonal Retail Consumption (May 1 through November 14)

44 ____ Plenary Retail Distribution

43 ____ Limited Retail Distribution

OTHER

14 ____ Annual State Permit (R.S. 33:1-42, NJAC 13:2-52)

40 ____ Special Permit for a Golf Facility (NJAC 13:2-5.3)

THIS APPLICATION IS FOR:

____ A New License

____ Person-to-Person Transfer (Including Partnership change, except Limited Partnership)

____ Place-to-Place Transfer (Including expansion of premises)

____ Change of Corporate Structure

____ Extension of License (to Executor, Receiver, Administrator, etc.)

____ Renewal of License

x Amendment of Application on File

____ Other _____

_____

This Area is Reserved for Municipal Use

Municipal Fee $ N/A

Effective Date ____ / ____ / ____
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee $_____

Date Denied ____ / ____ / ____
(As Stated in Resolution)

Refund Amount $_____

Special Conditions Attached: _____ Yes _____ No

DeGolia, Andrea T.
Type or Print Name (Last Name, First Name, Middle Initial) of Municipal Clerk or ABC Secretary

Andrea T. DeGolia, RMC
Signature of Municipal Clerk or ABC Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1319 - 38 - 008 - 007

Application is made on behalf of: 7

1 = An Individual
2 = Business Corporation
3 = A Partnership
4 = Unincorporated Club
5 = Incorporated Club
6 = Limited Partnership
7 = Limited Liability Company

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME): License may be held by Individual (Last Name, First Name, Middle Initial), Partnership or Corporation.

C&D Brewing Company of Marlton, LLC

(Last Name, First Name, Middle Initial or Corporate Name)

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address 124 E. Kings Highway (Store No. 301)
Number Street Name

Municipality Maple Shade Zip 08052 - 5405

Telephone number of business (856) 273 - 0300
Area Exchange Number

2.3 If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing addres (insert N/A if not applicable):

Street Address 2502 W. 6th St.
Number Street Name

P.O. Box # _____ Municipality Wilmington State DE

Zip 19805 - 2909 Telephone (302) 888 - 2739

2.4 New Jersey Sales Tax Certificate of Authority No. 262-767-250/000

2.5 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE [if a corporation] OR COUNTY CLERK [if a partnership or sole proprietor]:

Iron Hill Brewery & Restaurant

2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?
x Yes _____ No

B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):
_____ / _____ / _____

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?
_____ Yes _____ No

2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?
_____ Yes _____ No

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:
_____ / _____ / _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1319 - 38 - 008 - 007

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? 1

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building.

An up-to-date sketch of the entire licensed premises should be submitted for inclusion in the State ABC license file.

3.2 BUILDING NO. 1 OF 1 TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? X Yes _____ No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

3.4 Basement	_____ Yes _____ No	All of it _____ Yes _____ No
1st floor	_____ Yes _____ No	All of it _____ Yes _____ No
2nd floor	_____ Yes _____ No	All of it _____ Yes _____ No
3rd floor	_____ Yes _____ No	All of it _____ Yes _____ No

Specify each additional floor number to be included under this license: _____

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed areas from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?

_____ Yes X No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?

_____ Yes X No

IF THE ANSWER IS "YES," ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING?	_____ Yes X No
IF "YES," IS THERE A MORTGAGE ON THE BUILDING?	_____ Yes _____ No
DOES THE APPLICANT LEASE THE BUILDING?	X Yes _____ No

If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9.

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

_____
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

3.9 LANDLORD (HOLDER OF LEASE):

PRC Real Estate, LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address 486 Evesham Road, Suite 200
Number Street Name

P.O. Box # _____ Municipality Cherry Hill State NJ

Zip 08003 - 3367

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1319 - 38 - 008 - 007

The following questions identify information about the licensed premises. This describes the area or place which is to be licensed for the sale, service, consumption, delivery, receipt or storage of alcoholic beverages. If the license is inactive and NOT SITED AT A PLACE OF BUSINESS, answer question 3.1 only, entering N/A for "not applicable." [If you use N/A as a response to question 3.1, question 2.2 on Page 2 should also be answered N/A.]

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3.3 IS THE ENTIRE BUILDING TO BE LICENSED? X Yes x No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

3.4 Basement ___ Yes x No — All of it ___ Yes ___ No

1st floor x Yes ___ No — All of it ___ Yes x No

2nd floor ___ Yes x No — All of it ___ Yes ___ No

3rd floor ___ Yes x No — All of it ___ Yes ___ No

Specify each additional floor number to be included under this license: ___

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed areas from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES?

___ Yes x No

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS?

___ Yes x No

IF THE ANSWER IS "YES," ATTACH A SKETCH OF THE LICENSED AND UNLICENSED AREAS SHOWING DIMENSIONS IN FEET.

3.7 DOES THE APPLICANT OWN THE BUILDING? ___ Yes x No

IF "YES," IS THERE A MORTGAGE ON THE BUILDING? ___ Yes ___ No

DOES THE APPLICANT LEASE THE BUILDING? x Yes ___ No

If there is a mortgage on the property, answer question 3.8. If the licensed premise is leased, answer question 3.9.

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

___

(Last Name, First Name, Middle Initial or Corporate Name)

Street Address ___ (Number / Street Name)

P.O. Box # ___ Municipality ___ State ___

Zip ___ - ___

3.9 LANDLORD (HOLDER OF LEASE):

PRC Real Estate, LLC

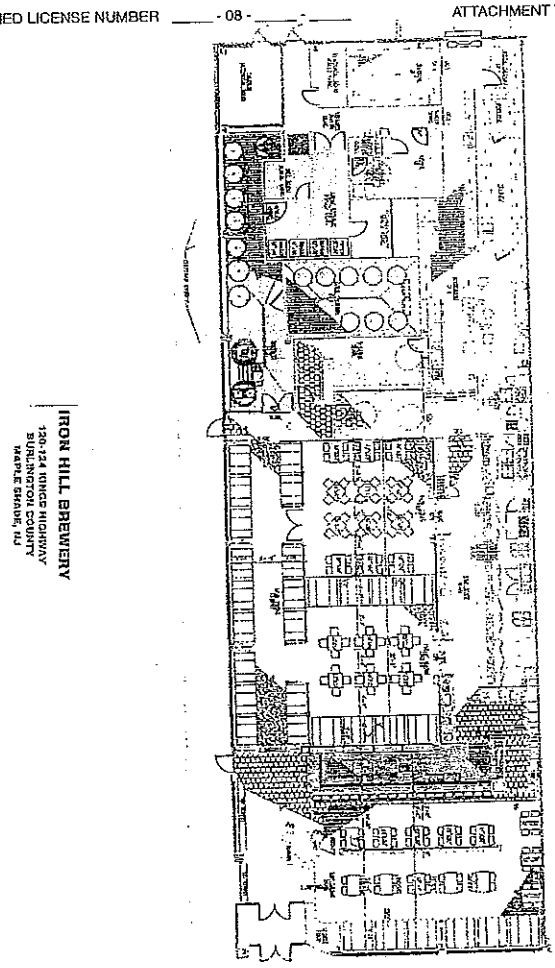
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address 486 Evesham Road, Suite 200 (Number / Street Name)

P.O. Box # ___ Municipality Cherry Hill State NJ

Zip 08003 - 3367

STATE ASSIGNED LICENSE NUMBER ____ - 08 - ____ - ____ ATTACHMENT TO PAGE 3



Portion of premises highlighted in pink is the area to be licensed under the Restricted Brewery License; the balance of the premises is the restaurant licensed under Plenary Retail Consumption License No. 0319-33-008-007 issued by the Township Council of the Township of Maple Shade; the area in green is the bar area where growlers will be poured for off-premises sale.

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1319 - 38 - 008 - 007

4.1 IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 200 FEET OF THE NEAREST ENTRANCE OF ANY CHURCH OR SCHOOL? _____ Yes __x__ No

IF THE ANSWER IS "YES," IS A WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO THIS APPLICATION? _____ Yes _____ No

4.2 DOES THE APPLICANT INTEND TO USE ANY VEHICLES FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES? _____ Yes __x__ No (A TRANSIT INSIGNIA IS NECESSARY BEFORE ALCOHOLIC BEVERAGES MAY BE TRANSPORTED.)

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

__x__ Yes _____ No

IF "YES," DATE FILED 7 / 17 / 09

4.4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED? __x__ Yes _____ No

IF THE ANSWER IS "YES," INDICATE THE NATURE OF THE BUSINESS AND WHO WILL CONDUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS:

__x__ Restaurant	__x__ Applicant	_____ Other
_____ Catering	_____ Applicant	_____ Other
_____ Hotel/Motel	_____ Applicant	_____ Other
_____ Amusements	_____ Applicant	_____ Other
_____ N.J. Lottery	_____ Applicant	_____ Other
_____ Grocery or Delicatessen	_____ Applicant	_____ Other
__x__ Other (specify) Brewery	__x__ Applicant	_____ Other

4.5 IF SOMEONE OTHER THAN THE APPLICANT WILL OPERATE THE OTHER BUSINESS ON THE LICENSED PREMISES, ANSWER THIS QUESTION. IF THERE IS MORE THAN ONE INDIVIDUAL OR COMPANY, ATTACH A SEPARATE PAGE LISTING THE REQUESTED INFORMATION FOR EACH OPERATOR.

Business to be operated _____

Name of company/individual _____
(Last Name, First Name or Corporate Name)

Street Address _____
Number Street Name

Municipality _____ State _____

Zip _____ - _____ NJ Sales Tax Certificate of Authority No. _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING

5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

____ Yes _x_ No

If the answer is "Yes," complete the following:

Name of individual _____ (Last Name, First Name, Middle Initial)

Title of position held _____

Name of Employing Agency _____

5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? ____ Yes _x_ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING:

Name of Individual _____ (Last Name, First Name, Middle Initial)

Title of Office _____

Municipality _____

5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE OR OTHERWISE?

x Yes ____ No

IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING: (See attached affidavit)

A. New Jersey license number, if applicable 3403 - 08 - 384 - 001
3404 - 08 - 398 - 001

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

Name of entity conducting business (Corporation, Partnership or Individual)

_____ (Last Name, First Name, Middle Initial or Corporate Name)

Street Address _____ (Number, Street Name)

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Type of Business _____

5.3. AFFIDAVIT TO EXPLAIN NATURE AND INTEREST IN BREWERY LICENSES:

STATE OF NEW JERSEY)
) ss.
COUNTY OF CAMDEN)

MARK D. EDELSON, of full age, being duly sworn according to law, upon oath deposses and says:

1. I am a Manager of the applicant LLC and a managing member of the applicant's parent LLC.

1. Chesapeake & Delaware Brewing Holdings, LLC, which is the parent of applicant, also has eight other subsidiares, six in the Commonwealth of Pennsylvania and two in the State of Delaware, each of which hold Micro Brewery licenses (the equivalent to New Jersey's Restricted Brewery License) permitting the brewing and sale in the restaurants adjactent to the micro breweries of the malt beverage product brewed in the micro brewery. Another sister subsidiary of applicant has also just applied for another Restricted Brewery License for a restaurant/micro brewery presently under renovation in Voorhees, New Jersey.

2. Applicant's parent LLC, its sister subsidiaries, and its members have no other interest in any other brewery, winery, distillery, rectifying and blending plant, importer or wholesale alcoholic beverage business as owner, part owner, landlord, tenant, mortgage holder or as a stockholder, officer, director, agent, employee or otherwise.

MARK D. EDELSON

Sworn to and subscribed
before me this 8th day
of May, 2013.

John F. Vassallo, Jr.
An Attorney at Law of New Jersey

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING

6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY? _____ Yes _x_ No

IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLOWING:

Type of License or Permit Denied: _____ Retail _____ Wholesale _____ Transportation
_____ Warehouse _____ Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

6.2 HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT? _____ Yes _x_ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Entity _____
Last Name First Name Middle Initial

Type of License or Permit Denied: _____ Retail _____ Wholesale _____ Transportation
_____ Warehouse _____ Manufacturer

Unit of Government which denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION? _____ Yes _x_ No

IF THE ANSWER IS "YES," PROVIDE DETAILS OF EACH BELOW [Complete a separate Page 6 for each action]:

Name of Individual _____
Last Name First Name Middle Initial

DATE OF ACTION _____ / _____ / _____ DOCKET NO. _____

PENALTY WAS IMPOSED BY: _____
[Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

_____ FINED $ _____ _____ NOT RENEWED
[amount]

_____ SUSPENDED _____ _____ REVOKED _____ CANCELLED
(number of days)

_____ OTHER [explain] _____

6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? _____ Yes _x_ No

A. IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Individual _____
Last Name First Name Middle Initial

Date of Birth _____ / _____ / _____ Conviction Date _____ / _____ / _____

State _____ Court of Jurisdiction _____

Description of offense (specific charge) _____

Disposition (fine, penalty, etc.) _____

Nature of interest in entity to be licensed _____

B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: _____ / _____ / _____. (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No. :[NN]- _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

x Yes ____ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number 3403 - 08 - 384 - 001

Name C&D Brewing Company of Marlton, LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Applicant

B. License Number 0434 - 33 - 002 - 007

Name C&D Brewing Company of Voorhees, LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Affiliate entity

C. License Number 3404 - 08 - 398 - 001

Name C&D Brewing Company of Voorhees, LLC
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant Affiliate entity

7.2 WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTERESTS IN OTHER LICENSES?

____ Yes x No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION AND, IF AN INDIVIDUAL, THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number ____ - ____ - ____ *OR*

NJ Sales Tax Certificate of Authority No. _____

Date of Birth ____ / ____ / ____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING

8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW?

_____ Yes _x_ No

8.2 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, FOR A HOTEL/MOTEL AS AN EXCEPTION TO THE POPULATION RESTRICTION UNDER THE PROVISIONS OF R.S. 33:1-12.20?

_____ Yes _x_ No

IF THE ANSWER IS "YES," IS IT FOR A HOTEL/MOTEL FACILITY OF 50 OR 100 ROOMS?
CHECK ONE: _____ 50 ROOMS _____ 100 ROOMS

8.3 HAS THE LICENSE BEEN ISSUED, OR IS IT BEING REQUESTED TO BE ISSUED, AS AN EXCEPTION TO THE TWO LICENSE LIMITATION LAW (R.S. 33:1-12.32) FOR A HOTEL/MOTEL, RESTAURANT, BOWLING ALLEY OR INTERNATIONAL AIRPORT? _____ Yes _x_ No

IF THE ANSWER IS "YES," CHECK ONE OF THE FOLLOWING: _____ HOTEL/MOTEL _____ INTERNATIONAL AIRPORT
_____ RESTAURANT _____ BOWLING ALLEY

THE FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER.

8.4 LICENSE NUMBER SOUGHT TO BE TRANSFERRED _____ - _____ - _____ - _____

8.5 IF THIS IS A REQUEST FOR A PERSON-TO-PERSON TRANSFER, INSERT NAME(S) OF PERSON (Last Name First), PARTNERSHIP OR CORPORATION CURRENTLY HOLDING THE LICENSE:

_____
(Last Name, First Name, Middle Initial or Corporate Name)

8.6 IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER OF A POCKET LICENSE (NO SITED PREMISES), MARK AN X HERE: _____

IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER OF A SITED LICENSE, INSERT THE ADDRESS OF THE CURRENT SITE FROM WHICH THE LICENSE IS TO BE TRANSFERRED.

Street Address _____
Number Street Name

Municipality _____ New Jersey

Zip _____ - _____

THE FOLLOWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.

8.7 INSERT THE ANTICIPATED DATES WHEN PUBLIC NOTICE OF APPLICATION WILL BE PUBLISHED. PUBLICATION MAY NOT BE SOONER THAN THE DATE OF FILING OF THIS APPLICATION.

Date of first notice _____ / _____ / _____

Date of second notice _____ / _____ / _____

8.8 NAME OF NEWSPAPER TO PUBLISH NOTICE _____

8.9 THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN 1 PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED).

Date of notice _____ / _____ / _____

Name of newspaper publishing notice _____

THE FOLLOWING QUESTIONS ARE FOR CLUB LICENSE APPLICANTS ONLY:

8.10 HAS THE CLUB BEEN IN ACTIVE OPERATION IN THE STATE OF NEW JERSEY FOR AT LEAST THREE YEARS CONTINUOUSLY IMMEDIATELY PRIOR TO THE SUBMISSION OF ITS APPLICATION FOR A LICENSE?

_____ Yes _____ No

8.11 IS THE APPLICANT A CONSTITUENT UNIT, CHARTERED OR OTHERWISE DULY ENFRANCISED CHAPTER OR MEMBER CLUB OF A NATIONAL OR STATE ORDER?

_____ Yes _____ No

8.12 HAS THE CLUB HAD EXCLUSIVE POSSESSION AND USE OF CLUB QUARTERS FOR THREE CONTINUOUS YEARS?

_____ Yes _____ No

8.13 DOES THE CLUB HAVE AT LEAST 60 VOTING MEMBERS?

_____ Yes _____ No

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING

9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY? ____ Yes __x__ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation _____

(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____ *OR*

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR? ____ Yes __x__ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation _____

(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____ *OR*

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR? ____ Yes __x__ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation _____

Last Name First Name Middle Initial

Social Security Number _____ - _____ - _____ *OR*

NJ Sales Tax Certificate of Authority Number _____

Street Address _____

Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

APPLICANTS THAT ARE SOLE PROPRIETORS OR PARTNERSHIPS GO TO PAGE 10A. CORPORATIONS AND LIMITED LIABILITY COMPANIES COMPLETE PAGE 10.

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation C&D Brewing Company of Marlton, LLC

10.2 Street address of home office 2502 W. 6th Street
(Number / Street Name)

Municipality Wilmington

State DE Zip 19805 -

10.3 NJ Sales Tax Certificate of Authority Number 262-767-250/000

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address 124 Kings Highway
(Number / Street Name)

Municipality Maple Shade New Jersey

Zip 08052 - 5405

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes ____ No

10.6 DATE CHARTERED OR INCORPORATED 12 / 30 / 15 STATE NJ

10.7 CERTIFICATE OF INCORPORATION NUMBER 0450040255

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ____ Yes ____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name The Corporation Trust Company
(Last Name, First Name, Middle Initial or Corporation)

Street Address 820 Bear Tavern Road
(Number / Street Name)

Municipality West Trenton New Jersey

Zip 08628 - Telephone Number ( ) ____ - ____
(Area / Exchange / Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

Page 10A

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
C&D Brewing Company of Marlton, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Finn (Last Name) Kevin (First Name) P. (Middle Initial)

Home Street Address 633 North Church Street (Number / Street Name)

P.O. Box # _____ Municipality West Chester State PA

Zip 19380 - _____

Social Security Number [redacted] Date of Birth 9 / 9 / 61

Home telephone number (610) 431 - 1550 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Manager of Administrative Operations

Name of individual (last name first), stockholder, partner, officer or director:

Davies (Last Name) Kevin (First Name) M. (Middle Initial)

Home Street Address 501 Dunbarton Court (Number / Street Name)

P.O. Box # _____ Municipality Chadds Ford State PA

Zip 19317 - _____

Social Security Number [redacted] Date of Birth 9 / 24 / 56

Home telephone number (610) 388 - 1341 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Manager of Restaurant Operations

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
C&D Brewing Company of Marlton, LLC

Name of individual (last name first), stockholder, partner, officer or director:
Edelson (Last Name) Mark (First Name) D. (Middle Initial)

Home Street Address 116 Waterfall Lane (Number / Street Name)

P.O. Box # _____ Municipality Landenberg State PA

Zip 19350 - _____

Social Security Number [redacted] Date of Birth 3 / 11 / 64

Home telephone number (610) 274 - 3226 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Manager of Brewing Operations

Name of individual (last name first), stockholder, partner, officer or director:
Iron Hill Brewery, LLC (Last Name) (First Name) (Middle Initial)

Home Street Address 289 Greenwich Ave., 2nd Floor (Number / Street Name)

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 - _____

Social Security Number _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____ (Area / Exchange / Number)

Office telephone number (203) 742 - 5896 (Area / Exchange / Number)

% of business owned or controlled 100% Number of shares _____

Check position that applies: x Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation Iron Hill Brewery, LLC

10.2 Street address of home office 289 Greenwich Ave., 2nd Floor
(Number / Street Name)

Municipality Greenwich

State CT Zip 06830 -

10.3 NJ Sales Tax Certificate of Authority Number N/A

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address N/A
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes ____ No

10.6 DATE CHARTERED OR INCORPORATED 11 / 18 / 15 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER 5882834

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ____ Yes ____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
(Area / Exchange / Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

Page 10A

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

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****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
Iron Hill Brewery, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Finn (Last Name) Kevin (First Name) P. (Middle Initial)

Home Street Address 633 North Church Street (Number / Street Name)

P.O. Box # _____ Municipality West Chester State PA

Zip 19380 - _____

Social Security Number [redacted] Date of Birth 9 / 9 / 61

Home telephone number (610) 431 - 1550 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: ____ Sole owner ____ Partner ____ Stockholder

____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary __x__ Other (specify) Board of Managers

Name of individual (last name first), stockholder, partner, officer or director:

Davies (Last Name) Kevin (First Name) M. (Middle Initial)

Home Street Address 501 Dunbarton Court (Number / Street Name)

P.O. Box # _____ Municipality Chadds Ford State PA

Zip 19317 - _____

Social Security Number [redacted] Date of Birth 9 / 24 / 56

Home telephone number (602) 388 - 1341 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: ____ Sole owner ____ Partner ____ Stockholder

____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary __x__ Other (specify) Board of Managers

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

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****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

Iron Hill Brewery, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Edelson (Last Name) Mark (First Name) D. (Middle Initial)

Home Street Address 116 (Number) Waterfall Lane (Street Name)

P.O. Box # _____ Municipality Landenberg State PA

Zip 19350 - _____

Social Security Number [redacted] - [redacted] - [redacted] Date of Birth 3 / 11 / 64

Home telephone number (610) 274 - 3226
(Area) (Exchange) (Number)

Office telephone number (302) 888 - 2739
(Area) (Exchange) (Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _x_ Other (specify) Board of Managers

Name of individual (last name first), stockholder, partner, officer or director:

Baird (Last Name) Drew (First Name) A. (Middle Initial)

Home Street Address 185 (Number) Plymouth St., Apt. 2N (Street Name)

P.O. Box # _____ Municipality Brooklyn State NY

Zip 11201 - _____

Social Security Number [redacted] - [redacted] - [redacted] Date of Birth 3 / 29 / 76

Home telephone number (_____) _____ - _____
(Area) (Exchange) (Number)

Office telephone number (_____) _____ - _____
(Area) (Exchange) (Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _x_ Other (specify) Board of Managers

Page 10A

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

Iron Hill Brewery, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Lattanzio (Last Name) Paul (First Name) S. (Middle Initial)

Home Street Address 7 (Number) Lincoln Woods (Street Name)

P.O. Box # _____ Municipality Purchase State NY

Zip 10577 - _____

Social Security Number [redacted] Date of Birth 10 / 19 / 63

Home telephone number (_____) _____ - _____ (Area / Exchange / Number)

Office telephone number (_____) _____ - _____ (Area / Exchange / Number)

% of business owned or controlled 0% Number of shares _____

Check position that applies: ____ Sole owner ____ Partner ____ Stockholder

____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary x Other (specify) Board of Managers

Name of individual (last name first), stockholder, partner, officer or director:

IHB HoldCo, LLC (Last Name / First Name / Middle Initial)

Home Street Address 289 (Number) Greenwich Ave., 2nd Floor (Street Name)

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____ (Area / Exchange / Number)

Office telephone number (_____) _____ - _____ (Area / Exchange / Number)

% of business owned or controlled 65% Number of shares _____

Check position that applies: ____ Sole owner ____ Partner ____ Stockholder

____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary x Other (specify) Member

Page 10A

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

Iron Hill Brewery, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Chesapeake and Delaware Brewing Company Holding, LLC

Last Name / First Name / Middle Initial

Home Street Address 2502 W. 6th Street

Number / Street Name

P.O. Box # _____ Municipality Wilmington State DE

Zip 19805 - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____

Area / Exchange / Number

Office telephone number (302) 888 - 2739

Area / Exchange / Number

% of business owned or controlled 35% Number of shares _____

Check position that applies: ____ Sole owner ____ Partner ____ Stockholder

____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary x Other (specify) Member

Name of individual (last name first), stockholder, partner, officer or director:

_____

Last Name / First Name / Middle Initial

Home Street Address _____

Number / Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____

Area / Exchange / Number

Office telephone number (_____) _____ - _____

Area / Exchange / Number

% of business owned or controlled _____ Number of shares _____

Check position that applies: ____ Sole owner ____ Partner ____ Stockholder

____ President ____ Vice-President ____ Secretary ____ Treasurer ____ Director

____ Trustee ____ Manager ____ Agent ____ Executor/Administrator ____ Receiver

____ Beneficiary ____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation IHB HoldCo, LLC

10.2 Street address of home office 289 Greenwich Ave., 2nd Floor
(Number / Street Name)

Municipality Greenwich

State CT Zip 06830 -

10.3 NJ Sales Tax Certificate of Authority Number N/A

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address N/A
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes _____ No

10.6 DATE CHARTERED OR INCORPORATED 12 / 7 / 15 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER 20151233198

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? _____ Yes _____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? _____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation _____ / _____ / _____

Beginning date _____ / _____ / _____

Ending date _____ / _____ / _____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
(Area / Exchange / Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

Page 10A

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

IHB HoldCo, LLC

Name of individual (last name first), stockholder, partner, officer or director:

A&M Capital Opportunities Fund, LP
Last Name / First Name / Middle Initial

Home Street Address 289 Greenwich Ave., 2nd Floor
Number / Street Name

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area / Exchange / Number

Office telephone number (_____) _____ - _____
Area / Exchange / Number

% of business owned or controlled 13.882% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Member

Name of individual (last name first), stockholder, partner, officer or director:

AMCO IHB AIV, LP
Last Name / First Name / Middle Initial

Home Street Address 289 Greenwich Ave., 2nd Floor
Number / Street Name

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area / Exchange / Number

Office telephone number (_____) _____ - _____
Area / Exchange / Number

% of business owned or controlled 86.118% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Member

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation Chesapeake and Delaware Brewing Holding, LLC

10.2 Street address of home office 2502 W. 6th St.
(Number / Street Name)

Municipality Wilmington

State DE Zip 19805 - 2909

10.3 NJ Sales Tax Certificate of Authority Number _____

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address N/A
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes _____ No

10.6 DATE CHARTERED OR INCORPORATED 12 / 1 / 2000 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER D01602720-3323925

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? _____ Yes _____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? _____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation _____ / _____ / _____

Beginning date _____ / _____ / _____

Ending date _____ / _____ / _____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
(Area / Exchange / Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

Chesapeake and Delaware Brewing Holding, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Finn (Last Name) Kevin (First Name) P. (Middle Initial)

Home Street Address 633 North Church St. (Number / Street Name)

P.O. Box # _____ Municipality West Chester State PA

Zip 19380 - _____

Social Security Number [redacted] Date of Birth 9 / 9 / 61

Home telephone number (610) 431 - 1550 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 39.36% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Managing Member

Name of individual (last name first), stockholder, partner, officer or director:

Davies (Last Name) Kevin (First Name) M. (Middle Initial)

Home Street Address 501 Dunbarton Court (Number / Street Name)

P.O. Box # _____ Municipality Chadds Ford State PA

Zip 19317 - _____

Social Security Number [redacted] Date of Birth 9 / 24 / 56

Home telephone number (610) 388 - 1341 (Area / Exchange / Number)

Office telephone number (302) 888 - 2739 (Area / Exchange / Number)

% of business owned or controlled 30.32% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary x Other (specify) Managing Member

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
Chesapeake and Delaware Brewing Holding, LLC

Name of individual (last name first), stockholder, partner, officer or director:

Edelson (Last Name) Mark (First Name) D. (Middle Initial)

Home Street Address 116 (Number) Waterfall Lane (Street Name)

P.O. Box # _____ Municipality Landenberg State PA

Zip 19350 - _____

Social Security Number [redacted] - [redacted] - [redacted] Date of Birth 3 / 11 / 64

Home telephone number (610) 274 -3226
Area Exchange Number

Office telephone number (302) 888 - 2739
Area Exchange Number

% of business owned or controlled 30.32% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary x Other (specify) Managing Member

Name of individual (last name first) , stockholder, partner, officer or director:

_____ (Last Name) _____ (First Name) _____ (Middle Initial)

Home Street Address _____ (Number) _____ (Street Name)

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled _____ Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary _____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation A&M Capital Opportunities Fund, LP

10.2 Street address of home office 289 Greenwich Ave., 2nd Floor
(Number Street Name)

Municipality Greenwich

State CT Zip 06830 -

10.3 NJ Sales Tax Certificate of Authority Number N/A

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address N/A
(Number Street Name)

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes _____ No

10.6 DATE CHARTERED OR INCORPORATED 7 / 1 / 15 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER 151000873

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? _____ Yes _____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? _____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation _____ / _____ / _____

Beginning date _____ / _____ / _____

Ending date _____ / _____ / _____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
(Number Street Name)

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
(Area Exchange Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
A&M Capital Opportunities Fund, LP

Name of individual (last name first), stockholder, partner, officer or director:
A&M Capital Opportunties-GP, LP
Last Name First Name Middle Initial

Home Street Address 289 Greenwich Ave., 2nd Floor
Number Street Name

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled 100% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary _x_ Other (specify) General Partner

Name of individual (last name first) , stockholder, partner, officer or director:

Last Name First Name Middle Initial

Home Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled _____ Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder
_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director
_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver
_____ Beneficiary _____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation AMCO IHB AIV, LP

10.2 Street address of home office 289 Greenwich Ave., 2nd Floor
(Number / Street Name)

Municipality Greenwich

State CT Zip 06830 -

10.3 NJ Sales Tax Certificate of Authority Number N/A

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address N/A
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes _____ No

10.6 DATE CHARTERED OR INCORPORATED 12 / 10 / 15 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER 20151287766

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? _____ Yes _____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? _____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation _____ / _____ / _____

Beginning date _____ / _____ / _____

Ending date _____ / _____ / _____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
(Number / Street Name)

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
(Area / Exchange / Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
AMCO IHB AIV, LP

Name of individual (last name first), stockholder, partner, officer or director:
A&M Capital Opportunities-GP, LP

Last Name First Name Middle Initial

Home Street Address 289 Greenwich Ave., 2nd Floor
Number Street Name

P.O. Box # _____ Municipality Greenwich State CT

Zip 06830 - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled 100% Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _x_ Other (specify) General Partner

Name of individual (last name first), stockholder, partner, officer or director:

Last Name First Name Middle Initial

Home Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home telephone number (_____) _____ - _____
Area Exchange Number

Office telephone number (_____) _____ - _____
Area Exchange Number

% of business owned or controlled _____ Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee _____ Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

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QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation A&M Capital Opportunities-GP, LP

10.2 Street address of home office 289 Greenwich Ave., 2nd Floor
(Number / Street Name)

Municipality Greenwich

State CT Zip 06830 -

10.3 NJ Sales Tax Certificate of Authority Number N/A

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address
(Number / Street Name)

Municipality New Jersey

Zip -

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION? x Yes ____ No

10.6 DATE CHARTERED OR INCORPORATED 7 / 1 / 15 STATE DE

10.7 CERTIFICATE OF INCORPORATION NUMBER 151000852

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? ____ Yes ____ No N/A

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? ____ Yes x No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation ____ / ____ / ____

Beginning date ____ / ____ / ____

Ending date ____ / ____ / ____

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name N/A
(Last Name, First Name, Middle Initial or Corporation)

Street Address
(Number / Street Name)

Municipality New Jersey

Zip - Telephone Number ( ) - -
(Area / Exchange / Number)

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITITES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

Page 10A PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

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****

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):
A&M Capital Opportunities-GP, LP

Name of individual (last name first), stockholder, partner, officer or director:

Baird (Last Name) Drew (First Name) A. (Middle Initial)

Home Street Address 185 Plymouth Street, Apt. 2N (Number / Street Name)

P.O. Box # _____ Municipality Brooklyn State NY

Zip 11201 -

Social Security Number [redacted] Date of Birth 3 / 29 / 76

Home telephone number ( ) _____ - _____ (Area / Exchange / Number)

Office telephone number ( ) _____ - _____ (Area / Exchange / Number)

% of business owned or controlled _____ Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee x Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

Name of individual (last name first), stockholder, partner, officer or director:

Lattanzio (Last Name) Paul (First Name) S. (Middle Initial)

Home Street Address 7 Lincoln Woods (Number / Street Name)

P.O. Box # _____ Municipality Purchase State NY

Zip 10577 -

Social Security Number [redacted] Date of Birth 10 / 19 / 63

Home telephone number ( ) _____ - _____ (Area / Exchange / Number)

Office telephone number ( ) _____ - _____ (Area / Exchange / Number)

% of business owned or controlled _____ Number of shares _____

Check position that applies: _____ Sole owner _____ Partner _____ Stockholder

_____ President _____ Vice-President _____ Secretary _____ Treasurer _____ Director

_____ Trustee x Manager _____ Agent _____ Executor/Administrator _____ Receiver

_____ Beneficiary _____ Other (specify) _____

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0319 - 38 - 008 - 007

AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM _____ TO _____

DATE:

State of _____)
) SS:
County of _____)

As provided by law (R.S. 33:1-35),

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. _____ of C&D Brewing Company of Marlton, LLC
(President/Vice-President) (Corporation or Club Name)

consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duly authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of the fact and that the contents of this application are true.

_____
(Signature of Individual Agent / Sole Proprietor)

(Corporations Only)
Attestation by Corporate Secretary

_____
(Partnership Name)

_____
(Signature of Partner)

Attest: C&D Brewing Company of Marlton, LLC
Corporate Name

By _____
(Signature of Corporate President or Vice President)

_____
(Signature of Partner)

Secretary _____
Signature

_____
(Signature of Partner)

Affix Corporate Seal

_____
(Signature of Partner)

Sworn to and subscribed before me

this 11 day of January 20 16

AFFIDAVIT MUST BE SIGNED HERE ----------► _____
(Signature of Officer Administering Oath)

BY DULY AUTHORIZED NOTARY PUBLIC

Randi Bello
(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW OF NEW JERSEY

Public Notary
(Title of Officer Administering Oath)

RANDI MELISSA BELLO NOTARY PUBLIC STATE OF DELAWARE MY COMMISSION EXPIRES SEP 23, 2019

_____
(Date of Expiration of Commission, if applicable)