



City of Columbus Redevelopment Commission



Application For Columbus Riverfront District Permit

This ownership entity is: (Check one)

- Sole Owner
- Simple Partnership
- Corporation
- Limited Partnership Municipality
- Limited Liability Partnership Club Association Refund
- Limited Liability Company Club Corporation

Information Type: (Check all that apply)

Applicant  Property Owner  Tenant/Lessee

Name: JORDY'S INC.

Address: P.O. BOX 1647 COLUMBUS IN 47202  
(number) (street) (city) (state) (zip)

Phone No.: 812-376-8650 Fax No.: 812-376-8650

E-mail Address: GNAWBONE USA @TAHOO.COM

FOR OFFICE USE ONLY	
Date received	<u>12/30/13</u>
Reviewed by	<u>CHRIS SCHILLING</u>
Date reviewed	<u>1/9/14</u>
Local Board hearing date	<u>1/27/14</u>
Commission approved	
Remarks	

Additional Types: (Check all that apply)

Applicant  Property Owner  Tenant/Lessee

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Applicant  Property Owner  Tenant/Lessee

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Property Information:**

Property Size: \_\_\_\_\_ acres or 5511 square feet

Zoning: \_\_\_\_\_

Address: 301 WASHINGTON ST. COLUMBUS IN 47201  
(number) (street) (city) (state) (zip)

Or General Location (if no address has been assigned provide a street corner, subdivision lot number, etc):  
\_\_\_\_\_

Property ID Number: \_\_\_\_\_

**Please answer the following questions as Appendices:**

1. Describe how the restaurant will draw people to Columbus and, specifically, the riverfront area?
2. Describe how the restaurant focuses on a dining and entertainment experience rather than an alcohol consumption experience?
3. List the number and the nature of the jobs added to or retained in the Columbus employment base?
4. What type of reputation does the Applicant have in the Columbus community and, if from other than Columbus, the Applicant's reputation in other communities? Explain.
5. What kind of control and participation do the owners have in the day to day operation of the business?
6. What is the history of the operation?
7. Please include a business plan that includes financial and ownership strengths.
8. Submit a plan that includes the size, floor plan, and layout of the restaurant and exterior dining areas, if any.
9. What, if any, plans are there to improve the facility in which you will operate with the nature and architecture of the riverfront area?
10. What physical improvements, if any, are you making to the restaurant?
11. What is the expected timetable for work and business commencement?
12. Please outline any other factors which may aid the Redevelopment Commission in the consideration of your application.

## Riverfront Liquor License Permit Application

1. Jordy's is a family-friendly restaurant with an Irish / British theme. We expect to provide décor and an atmosphere that is reminiscent of Irish pubs, but at the same time providing that atmosphere and flavor in a modern American way. Because of Jordy's unique theme and concept it will draw people to Columbus and specifically to the downtown Columbus riverfront area.
2. Although Jordy's will have a bar and provide services for the over-21 crowd, Jordy's will primarily be a family-friendly restaurant. It will offer a special kid's menu and provide entertainment during the dinner hours which will promote the dining and entertainment experience as opposed to the late-night bar crowd experience for patrons.
3. Jordy's expects to employ approximately 70 – 80 individuals. We expect that approximately 20-30 of these individuals will be full-time employees. All of these positions will require varying levels of restaurant experience from entry level jobs up through skilled management positions.
4. Tim Rohrer has been doing business in Columbus for over 25 years. He has owned and operated a couple of businesses during that time, including two successful restaurants. He is a well-respected businessman in the community and has been involved with many charitable and school activities, as his children both graduated from Columbus schools. David Baker worked his way up through the ranks of the restaurant business in Shelbyville, Indiana where he grew up and continues to live today. His children attend Shelbyville schools and are very involved in sports, church, and other activities in the community there. David has been business partners with Tim for seven years. Together they have successfully owned and operated the Montana Mike's in Edinburg and two other locations. During this time, both Tim and David have been involved in many activities in the Columbus community through catering and sponsorship. They have also continued to build business and personal relationships with many other businessmen and businesswomen in the Columbus community.
5. Both Tim Rohrer and David Baker are very involved in the day-to-day operations. Although David is more “hands on” and Tim is more involved in the administrative side of the business, both plan on assisting the management team on handling all of the operations of the restaurant.
6. Tim and David have been working on the concept for Jordy's for a few years. They had been waiting for the perfect opportunity arise to pursue the concept further.
7. See attached.
8. See attached.
9. There will be no improvements to outside of the building. The inside, however, will be updated and redone to fit with the Irish / British theme and atmosphere we want to convey. Please see the photos submitted with the RFP for a better idea of the concepts and general look for the inside space.
10. Other than the updates to the look of the inside of the space as well as the reinstall of the kitchen equipment, there will be no further improvements done to the restaurant.
11. Arrangements for improvements for the space have already started taking place. Once the improvements have been done, we will need approximately two weeks for training of our staff before opening. At this time, we do not have an exact date for which we expect to be open but are working towards being open sometime in the month of April.
12. Please see RFP for further information regarding our concept for Jordy McTaggart's.





# APPLICATION FOR NEW OR TRANSFER PERMIT

State Form 51189 (R3 / 7-13)  
Approved by State Board of Accounts, 2013

- INSTRUCTIONS**
1. Type or print legibly.
  2. Submit in duplicate. Include payment.
  3. Do not complete shaded areas.
  4. Mail to the address at the end of this application form.
  5. If there is no opening for this applied permit or there is an omission, this application will be returned.

FOR OFFICE USE ONLY	
Date received	
Permit number	
Permit type	
Quota check	
Jurisdiction	
Checked by	
Base fee receipt number	
Balance due	
Refund	
Catering receipt number	
Balance due	
Refund	
Date reviewed	
Local Board hearing date	
Commission approved	
Permit issued	
Expiration date	
Permit released	
Remarks	

STEP 1. GENERAL INFORMATION		
This Permit Type will allow you to sell <input checked="" type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input checked="" type="checkbox"/> Liquor	This Permit Type is for? <input checked="" type="checkbox"/> On-premise consumption (Retailer) <input type="checkbox"/> Off-premise consumption (Dealer) <input type="checkbox"/> Other (Specify Below)	Application type? <input checked="" type="checkbox"/> New application <input type="checkbox"/> Transfer owner <input type="checkbox"/> Transfer location <input type="checkbox"/> Transfer stock
Please briefly describe your business that qualifies you for this permit type <b>Restaurant</b>		Permit number (Required for transfers)
This ownership entity is: (Check one)		
<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Municipality
<input type="checkbox"/> Simple Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Club Association
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Club Corporation
Business entity making this application <b>Jordy's Inc</b>		Business telephone number <b>812-376-8650</b>
Doing business as (DBA) <b>Jordy McTaggart's</b>		
Location where alcoholic beverages will be dispensed (number and street) <b>310 Washington St</b>		Premise telephone number
City / Town <b>Columbus</b>	State <b>IN</b>	ZIP code <b>47201</b>
Indiana retail merchant's certificate number	Home telephone number (including area code)	Email address
<b>General Questions Part 1</b>		
1. The proposed premise is located in what county?		<u>Bartholomew</u>
2. Is the proposed permit premise located inside the corporate limits of a city / town?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. If yes, please name the incorporated city / town.		<u>Columbus</u>
4. If no, please name the unincorporated community which has been known by that name for more than ten years. (This is only required for a beer or a beer and wine application.)		
5. Is there at least 200 feet between this premise and any church or school?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no mail receptacle at this location or you wish to have your correspondence sent to another address:		
Name <u>Jordy's Inc</u>		
Address <u>PO Box 1647</u>		
City, State, Zip <u>Columbus, IN 47202</u>		
<b>General Questions Part 2</b>		
1. Do you understand that you must apply for a Federal ID number?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you understand that you must apply for a Federal Stamp from the Bureau of Alcohol, Tobacco, and Firearms (BATF)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the permittee have an interest in any distiller, vintner, farm winery, rectifier, brewer, primary source of supply, or wholesaler permit?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. As owner do you manage the premise? If no, please complete the Manager's Questionnaire and attach it to this application.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you sell tobacco products?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Do you know that an Excise Officer may enter, inspect, and search your permit premise without a warrant or other process to determine if you are complying with the provisions of the Indiana alcoholic beverage laws / rules?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have the right to possess (rent, lease, mortgage, or own) the permit premise for the term of the permit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**STEP 2. ANNUAL FOOD SALES**

**\*\*FOR EXISTING BUSINESSES ONLY\*\***

Required for the following permits: Type 209 (except golf courses); All retail permits with less than 60% ownership by Indiana residents; Retail permits with limited bar / family room separation.

Date of beginning report (month, day, year)		Date of ending report (month, day, year)
Gross food sales (excluding all carryout and catering sales)	Gross alcoholic beverage sales	Total gross food and beverage sales

**STEP 3. QUALIFICATIONS**

**SOLE OWNER / PARTNERSHIP PERMIT:**

If applying as a sole owner or partnership for any type of permit, answer the following questions:

Yes  No Are you now and have you been a continuous and bona fide resident of this state for five (5) years?

**CORPORATION PERMIT: (PLEASE ATTACH COPY OF "CERTIFICATE OF EXISTENCE" FROM THE INDIANA SECRETARY OF STATE)**

If applying as a corporation for any type permit, answer the following questions:

Yes  No Is at least 60% of the outstanding common stock owned by persons who have been continuous and bona fide residents of this State for five (5) years? (For exceptions, see IC 7.1-3-21-6.)

Yes  No If you are a corporate wholesaler, is at least one (1) of the stockholders a resident of the county in which the licensed premise is situated for at least one (1) year immediately prior to making application for the permit?

Yes  No Is the applicant a retailer corporation with 41% or more of the common stock held by out of state stockholders? (If the answer is yes, you must agree to and initial below.)

I hereby affirm that the annual gross food sales at the permit location currently exceed One Hundred Thousand Dollars (\$100,000) or in the case of a new applicant are expected to exceed Two Hundred Thousand Dollars (\$200,000) by the end of the two year period commencing on the date of issuance of the permit will, thereafter, exceed One Hundred Thousand Dollars (\$100,000) per annum.

**LLC / LLP PERMIT: (PLEASE ATTACH COPY OF "CERTIFICATE OF EXISTENCE" FROM THE INDIANA SECRETARY OF STATE)**

If applying as a limited partnership, limited liability company, or limited liability partnership for any type permit, answer the following questions:

Yes  No Is at least 60% of the ownership interest held by persons who have been continuous and bona fide residents of this State for five (5) years? (For exceptions, see IC 7.1-3-21-6.)

If a limited partnership, limited liability company, or limited liability partnership wholesaler, at least one (1) of the stockholders must have been a resident of the county in which the licensed premise is situated for at least one (1) year immediately prior to making application for the permit.

Yes  No Is the applicant a retailer limited partnership, limited liability company or limited liability partnership applying with 41% or more of the ownership interest held by out of state residents? (If the answer is yes, you must agree to and initial the statement below.)

I hereby affirm that the annual gross food sales at the permit location currently exceed One Hundred Thousand Dollars (\$100,000) or in the case the case must have of a new applicant are expected to exceed Two Hundred Thousand Dollars (\$200,000) by the end of the two (2) year period commencing on the date of issuance of the permit will, thereafter, exceed One Hundred Thousand Dollars (\$100,000) per annum.

**THE FOLLOWING QUESTIONS PERTAIN TO ALL INDIVIDUALS HAVING AN INTEREST IN THIS APPLICATION.**

Yes  No Have any individuals with an interest in this permit been convicted of a felony or a misdemeanor? (If yes, please attach letter with dates, court, conviction, and sentence of new conviction.)

Yes  No Have any individuals with an interest in this application ever been convicted of a violation of the Indiana Alcoholic Beverage laws, rules, regulations, or orders of the Commission?

Yes  No Are all individuals with an interest in this application citizens of the United States?

Yes  No Are all individuals with an interest in this application of sound mind, good moral character, and good repute in the community in which they reside?

Yes  No Are any individuals with an interest in this application a law enforcement officer, or an officer of a municipal corporation, or government subdivision, or of this state charged with any duty or function in the enforcement of this title?

Yes  No Have any individuals with an interest in this application held a permit under this title and has the permit been revoked within one year prior to the date of this application?

Yes  No Have any individuals with an interest in this application made an application for a permit of any type which has been denied less than one year prior to this application for a permit? (unless the application was denied by reason of a procedural or technical defect )

Yes  No Do any individuals with an interest in this application hold any other permit of any kind connected with the sale of alcoholic beverages, or do they have any interest in any such permit directly or indirectly, through ownership of stock or otherwise? If yes, list permit numbers below:

Permit numbers  
RR3019370 RR0321292 RR4802354

Yes  No Are you indebted to a person or an officer or agent of that person, who holds a brewer's permit or wholesale permit, for a debt, secured by a lien, mortgage, or otherwise upon the premises for which the beer retailers permit is to be applicable or upon any of the property or fixtures in the premises, or used, or to be used in connection with the premises?

STEP 4. AFFIDAVIT OF OWNERSHIP			
Complete Name Tim Rohrer	Social Security Number 316-76-3107	Date of Birth (month, day, year) 09/08/61	Citizen of US <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code) 2572 Greasy Creek Rd, Nashville, IN 47448			
Nature of interest <input type="checkbox"/> Sole Owner <input checked="" type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership 50
Complete Name David Baker	Social Security Number 306-94-7390	Date of Birth (month, day, year) 02/25/1975	Citizen of US <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code) 1714 S Miller St, Shelbyville, IN 46176			
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input checked="" type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership 50
Complete Name	Social Security Number	Date of Birth (month, day, year)	Citizen of US <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)			
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership
Complete Name	Social Security Number	Date of Birth (month, day, year)	Citizen of US <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)			
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership

If you need more space, please attach additional sheets.

STEP 5. PERMIT TYPE SPECIFIC QUESTIONS	
<b>You must meet specific requirements to hold certain types of permits. Please answer only the following questions that are applicable to your permit application.</b>	
<b>LIQUOR RETAILER</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the proposed permit premise located in an incorporated city having a population of less than 5,000?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer is yes, have you attached to the application the enabling ordinance from the city consenting to the issuance of liquor retailer's permits?
<b>CATERING HALL</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you applying for a special three-way catering hall permit that will allow you to sell alcoholic beverages for on-premise consumption only on a premise that is used only for private catered events and has accommodations for at least 250 individuals?
<b>CLUBS</b>	
<input type="checkbox"/> Social Club <input type="checkbox"/> Fraternal Club	If you are applying for a club permit, please check the appropriate box.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If a social club, does your association or organization meet the general requirements of IC 7.1-3-20-1?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If your club permit premise is outside the corporate limits, do you meet the requirements of IC 7.1-3-20-3?
<b>HOTEL</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If you are applying as a hotel, do you meet the general requirements of IC 7.1-3-20-18?
<b>HISTORIC DISTRICT</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If you are applying for historic district permit, is the restaurant located in a facility that is on the National Register of Historic Places or is it located within the boundaries of a historic district established by ordinance? If yes, you must submit the appropriate verification.
<b>AIRPORT, REDEVELOPMENT, RIVERFRONT, RAILWAY STATION, CULTURAL CENTER</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If you are applying for a permit authorized by IC 7.1-3-20-16, do you meet the requirements for the designated permit? Specify the type of permit you are applying for: <u>Riverfront</u>
<b>NOTE:</b> If you are applying for a municipal riverfront development permit, you must also submit a letter indicating that the statutory requirements have been met and the mayor's approval of the permit.	

**STEP 5. PERMIT TYPE SPECIFIC QUESTIONS CONTINUED**

**DRUG STORE**

Yes  No If you are the proprietor of a drug store, do you hold a valid permit issued by the State Board of Pharmacy?

**NOTE:** You must designate on your floor plan the pharmacy area that has been submitted and approved by the State Board of Pharmacy.

Pharmacy Permit Number	Issuance Date	Expiration Date
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**RIVERBOAT**

Yes  No Are you applying for a riverboat / excursion permit and do you currently hold a valid riverboat owner's license issued by the Indiana Gaming Commission?

Riverboat Owner's License Number	Issuance Date	Expiration Date
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Yes  No Are you applying for an adjacent landsite permit?

**HORSE TRACK**

Yes  No Are you applying for a horse track permit and do you currently hold a valid recognized meeting permit issued by the Indiana Gaming Commission?

Recognized Meeting Permit Number	Issuance Date	Expiration Date
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Yes  No Are you applying for a satellite permit?

Satellite Facility License	Issuance Date	Expiration Date
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**BOAT (SEASONAL)**

Yes  No If you are applying for a boat permit, do you engage in regular passenger service which makes regular runs in seasonal weather between established locations?

**BEER WHOLESALER**

Yes  No Do you have available for investment capital and cash or property necessary and useful in your business, exclusively as a beer wholesaler, of at least \$15,000 (exclusive of motor vehicles), and do you agree that you will, if the application is granted, actually make the investment and submit proof to the Commission before you engage in business as a beer wholesaler?

**BREWER**

Yes  No I certify that the projected number of barrels of beer to be manufactured during the permit year will not exceed 20,000 barrels. (A barrel equals 31 gallons.) (*Small Brewer*)

Yes  No I certify that the projected number of barrels of beer to be manufactured during the permit year will exceed 20,000 barrels. (A barrel equals 31 gallons.) (*Brewer*)

**WINERY / DISTILLERY**

Check if you qualify and are applying for one of the following permits:

- |  |  |
|--|--|
| <input type="checkbox"/> Vintner (IC 7.1-3-12-1)                       | <input type="checkbox"/> Distiller (IC 7.1-3-7-2)          |
| <input type="checkbox"/> Farm Winery (IC 7.1-3-12-3)                   | <input type="checkbox"/> Artisan Distiller (IC 7.1-3-27-2) |
| <input type="checkbox"/> Farm Winery Brandy Distiller (IC 7.1-3-7.5-2) |  |

**BOND REQUIREMENTS**

The following applicants are required to file with this application the appropriate non-revocable surety bond, made payable to the State of Indiana. Check the appropriate bond amount if applicable:

- Brewer (\$10,000)
- Distiller (\$10,000)
- Liquor Wholesaler (\$10,000)
- Rectifier (\$15,000)
- Vintner (excludes farm winery) (\$1,000)

**STEP 6. MANAGER'S QUESTIONNAIRE**

Name of Manager (last, first, middle initial)				Social Security Number		
ATC Employee permit number	Expiration Date	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Height	Weight
Home Address (number and street)						
City, state, zip						
Are you a citizen of the United States?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least twenty-one (21) years old?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it true that you are not an officer or employee of a person engaged in the alcoholic beverage traffic, which person is a non-resident of this state, or is engaged in carrying on any phase of manufacture of, traffic in, or transportation of alcoholic beverages without a permit when one is required?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a State law enforcement officer, or a non-elected officer of a municipal corporation or government subdivision charged with any duty or function in the enforcement of Alcoholic Beverage Laws?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your alcoholic beverage permit been revoked within one year prior to the date of this application for a permit?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made an application for a permit of any type which has been denied less than one year prior to this application for a permit? (Unless the application was denied by a reason of a procedural or technical defect.)						<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now, and have you been for the last five years a continuous and bona fide resident of the State of Indiana? If no, does the permit premise you are managing have a minimum annual gross food sales of at least \$100,000?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a permit of any kind for the sale of alcoholic beverages in Indiana, or do you have any interest in any such permit, directly or indirectly, through ownership of stock or otherwise? If yes, explain below:						<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony? If yes, attach places and dates of arrest, court of record, and conviction and attach relevant court record.						<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a violation of the Indiana Alcoholic Beverage Laws, rules, regulations, or orders of the Commission? If yes, explain on a separate attachment.						<input type="checkbox"/> Yes <input type="checkbox"/> No
Signatures of manager or agent(s) referred to in this schedule						

**STEP 7. FLOOR PLAN**

**INSTRUCTIONS:** Applicant must submit four (4) drawings on letter size paper (8 1/2" x 11"). These drawings must show dimensions and identifications of any existing family room(s), seating arrangement(s), ballroom(s), service bar(s), dance floor area(s), kitchen area(s), restrooms, storage and office areas, exits, and alcoholic beverage display areas for all types of permits. Please sign and date each drawing.

- Yes     No    If a restaurant or a restaurant located in a hotel or motel, will anyone under the age of 21 be guests to the permit premise?  
If the answer to the above question is "yes," it should be understood that there must be COMPLETE SEPARATION of the barroom from the room or rooms where individuals under the age of 21 will be present.
- Yes     No    Are you requesting approval for limited separation?

**NOTE:** ALL DRAWINGS MUST BE APPROVED BY THE COMMISSION BEFORE THE PERMIT IS ISSUED. WE RECOMMEND YOU RECEIVE APPROVAL BEFORE CONSTRUCTION BEGINS. CONTACT YOUR LOCAL EXCISE DISTRICT OFFICE.

(Please attach all drawings to this application)

**STEP 8. AFFIRMATION OF APPLICANT**Name of applicant (*individual, corporation, partnership, LLC, LLP*)

Jordy's Inc.

I certify that this application was completed by myself or by the preparer identified herein. I certify that all information provided herein and on any attachments are true and correct. **I UNDERSTAND THAT IT IS A FELONY TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.**

I hereby consent for the duration of the permit term to inspection and search by an enforcement officer, without a warrant or other process, of my licensed premise and vehicles to determine compliance with the provisions of I.C. 7.1.

Printed name and title of applicant

Tim Rohrer - President Jordy's Inc.

Signature

Date (*month, day, year*)

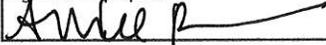
12/18/2013

**NOTE: The applicant MUST sign this application unless the proper Power of Attorney forms are attached to this application.**

**STEP 9. SIGNATURE OF PREPARER (IF APPLICABLE)**

I certify that I have examined this application and the accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature of preparer

Telephone number (*including area code*)

812-374-7425

Date (*month, day, year*)

12/18/2013

**STEP 10. FEES**

Please remit business, certified checks, or money order - application will not be processed without payment

**MAIL TO:**

**One-way** (beer only) = \$500  
**Two-way** (beer & wine only) = \$750  
**Three-way** (beer, wine, & liquor) = \$1,000  
 Except Fraternal Clubs = \$250  
**Catering** = \$150  
**Transfer of Permit**= \$250 Each transfer type

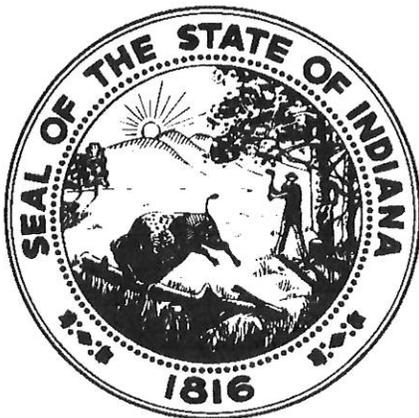
INDIANA ALCOHOL & TOBACCO COMMISSION  
 302 W. Washington Street, Room E114  
 Indianapolis, IN 46204  
 (317) 232-2430  
<http://www.state.in.us/atc>

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF INCORPORATION  
of  
**JORDY'S INC.**

I, Connie Lawson, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above For-Profit Domestic Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, December 09, 2013.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 09, 2013

*Connie Lawson*

CONNIE LAWSON,  
SECRETARY OF STATE

APPROVED AND FILED  
CONNIE LAWSON  
INDIANA SECRETARY OF STATE  
12/9/2013 2:13 PM

**ARTICLES OF INCORPORATION**

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Formed pursuant to the provisions of the Indiana Business Corporation Law.

**ARTICLE I - NAME AND PRINCIPAL OFFICE**

---

JORDY'S INC.

PO BOX 1647, COLUMBUS, IN 47202

**ARTICLE II - REGISTERED OFFICE AND AGENT**

---

TIMOTHY D ROHRER  
2572 GREASY CREEK RD, NASHVILLE, IN 47448

**ARTICLE III - INCORPORATORS**

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TIMOTHY ROHRER  
2572 GREASY CREEK RD, NASHVILLE, IN 47448  
Signature: TIMOTHY ROHRER

**ARTICLE IV - GENERAL INFORMATION**

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Number of Shares: 120,000  
Effective Date: 12/9/2013