

APPLICATION

1

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

STATE OF MARYLAND | MONTGOMERY COUNTY
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
 (PLEASE PRINT OR TYPE IN INK)

APR 16 '24 PM 2:13

1264556

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: Class BD - Beer, Wine & Liquor		D. Entity Name: Hospitality Guru CCL, LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input checked="" type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Elena James		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 8551 Connecticut Avenue, Chevy Chase, Maryland 20815			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Colin McClimans		Birthdate: 9-24-1988	Personal Phone Number: H: 202-321-7955 C: 202-321-7955	
Full Address: 5316 Nevada Ave, NW, Washington, DC 20015		Years at this Address: 4	Years as Maryland Resident: n/a	
Email Address: colin@ninamaydc.com	Sex: Male	Place of Birth: Washington, DC		

If applicant is foreign-born, state:

Immigration Card Number: 	If Naturalized, City/State: 	Date of Naturalization:
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Applicant B Name: Danilo Simic		Birthdate: 10-28-1989	Personal Phone Number: H: 571-309-9490 C: 571-309-9490	
Full Address: 2956 Penny Lane, Fairfax, VA 22301		Years at this Address: 1	Years as Maryland Resident: N/A	
Email Address: Danilo@ninamaydc.com	Sex: Male	Place of Birth: Serbia		

If applicant is foreign-born, state:

Immigration Card Number: 208-035-362	If Naturalized, City/State: n/a	Date of Naturalization: n/a
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Applicant C Name: Justin McClimans		Birthdate: 1-10-1985	Personal Phone Number: H: 202-253-4957 C: 202-253-4957	
Full Address: 3813 Williams Lane, Chevy Chase, MD 20815		Years at this Address: 2	Years as Maryland Resident: 8	
Email Address: jmcclimans1985@gmail.com	Sex: Male	Place of Birth: Washington, DC		

If applicant is foreign-born, state:

Immigration Card Number: 	If Naturalized, City/State: 	Date of Naturalization:
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(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation:		
C. Incorporated Under State Laws of: Maryland		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

Stockholders (include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A):	Full Address:	Title:
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input checked="" type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Hospitality Guru CCL, LLC 3220 Fayette Road, Kensington, MD 20895		C. Authorized Persons of LLC Colin McClimans Danilo Simic Justin McClimans
D. Organized Under State Laws of: Maryland		E. Month and Year: February 2022

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

Name (A): Colin McClimans	Full Address: 5316 Nevada Ave, NW, Washington, DC 20015	Percentage: 37%
Name (B): Danilo Simic	Full Address: 2956 Penny Lane, Fairfax, VA 22301	Percentage: 37%
Name (C): Justin McClimans	Full Address: 3813 Williams Lane, Chevy Chase, MD 20815	Percentage: 0%

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership:	
C. Date on Which Partnership was Formed:	D. In Which State:

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:
Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Approximately 4780 square feet of ground floor retail space in a mixed use retail and residential condominium building.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Colin McClimans	
C. Phone Number of Establishment: n/a	D. Type of Facility/Facility Concept: Full service American restaurant, and upscale cafe and market
E. Date Applicant will Begin to Operate: June 2024	F. Days and Hours of Operation: 7am to 11pm, 7 days per week

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders: 1) 3) 2)		B. Date Facility Began Operating:
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Chevy Chase B2 Retail, LLC	B. Phone Number of Property Owner: 301-220-0100	C. Full Address of Property Owner: 6406 Ivy Lane, Suite 700 Greenbelt, MD 20770
D. Date Lease Made: March 17, 2022		E. Date Lease Expires: Approximately June 2035
F. State Renewal Options, if any: Option to renew for one 5-year term		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: Opal - 5534 Connecticut Ave, NW, Washington, DC -- 11/22 to Present COLIN McCLIMANS AND DANILLO SIMIC Nina May - 1337 11th Street, NW, Washington DC -- 8/19 to Present	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name and the financial interest owned: [SEE ATTACHED]	

SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) Colin McClimans
Signature of Applicant Colin McClimans

(B) Danilo Simic
Signature of Applicant Danilo Simic

(C) Justin McClimans
Signature of Applicant Justin McClimans

(D) _____
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

[Redacted Signature]
Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner Phone of Property Owner

SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) _____
Signature of Applicant Colin McClimans

(B) _____
Signature of Applicant Danilo Simic

(C) _____
Signature of Applicant Justin McClimans

(D) _____
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

Justin Kennell

Signature of the Property Owner
Justin W. Kennell, Vice President, Bozzuto Development Co., as agent for
Chevy Chase Retail B2, LLC

Printed Name of Property Owner
6406 Ivy Lane, Suite 700 301-220-0100
Greenbelt, MD 20770
Address of Property Owner Phone of Property Owner

ADDENDUM

Alcoholic Beverage License Application of

ELENA JAMES

Chevy Chase, Maryland

Section 4 &

Section 9

The following individuals have a financial interest in the LLC on whose behalf the license is sought:

Steve Fennel	10.4%
Joe Greeves	7.8%
Joe LeMense	5.2%
John Rich	2.6%

APPLICATION

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Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

STATE OF MARYLAND | MONTGOMERY COUNTY
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

SECTION 1: LICENSE TYPE INFORMATION

1232496

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: Class B (beer, wine, & liquor, on sale) BBWLHR		D. Entity Name: Han Spot LLC (SDAT ID: W23973589)	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Han Spot		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 9811 Washingtonian Center Drive, Gaithersburg, MD 20878			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Chris Zhu	Birthdate: 7/22/1978	Personal Phone Number: H: C:(301) 928-0713	
Full Address: 8031 Cobble Creek Circle, Potomac, MD 20854		Years at this Address: 2 years, 5 months	Years as Maryland Resident: 23 years
Email Address: chriszhujan@gmail.com	Sex: female	Place of Birth: Guangdong, China	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore, MD	Date of Naturalization: 5/06/2005
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Applicant B Name:	Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name:	Birthdate:	Personal Phone Number: H: C	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of Corporation:			
C. Incorporated Under State Laws of:		D. Month and Year:	
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:	

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A):	Full Address:	Title:
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: Han Spot LLC; 8031 Cobble Creek Circle, Potomac MD 20854	C. Authorized Persons of LLC Chris Zhu, LLC Manager	
D. Organized Under State Laws of: Maryland	E. Month and Year: May 2023	

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

Name (A): Chris Zhu	Full Address: 8031 Cobble Creek Circle, Potomac, MD 20854	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership:	
C. Date on Which Partnership was Formed:	D. In Which State:

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:
Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): A 6,817 sq. ft. full-service restaurant located in RIO/Washingtonian Center with outdoor seating, approx. 250 seats, selling beer, wine, and liquor.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Chris Zhu (Mgr.), Mei Xin Xie (Assistant Mgr.), and Min Yong Zheng (Assistant Mgr.)	
C. Phone Number of Establishment: Not yet open.	D. Type of Facility/Facility Concept: Full-service Chinese restaurant.
E. Date Applicant will Begin to Operate: Approx. May 1, 2024	F. Days and Hours of Operation: Sunday to Thursday, 11:00 AM to 1:00 AM; Friday and Saturday, 11:00 AM to 2:00 AM.

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders: 1) _____ 2) _____ 3) _____	B. Date Facility Began Operating: _____
C. Location of Current Licensed Facility: _____	D. Location to Which License is Being Transferred: _____

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Rio Center Assoc., Ltd. Partnership	B. Phone Number of Property Owner: (703) 227-2000, The Peterson Companies	C. Full Address of Property Owner: 12500 Fair Lakes Circle, Ste 400, Fairfax, VA 22033
D. Date Lease Made: May 24, 2023		E. Date Lease Expires: 10-year term from opening date
F. State Renewal Options, if any: One 5-year renewal option.		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: See attached supplemental response.	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held: See attached supplemental response.	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned: _____	

SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) _____

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____
(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

PROPERTY OWNER:

RIO CENTER ASSOCIATES, L.P.,
a Maryland limited liability company

Address:
4018 Brandywine St. NW
Washington, DC 20016
Telephone: (202) 237-9100

By: Rio at Washingtonian, LLC
a Maryland limited liability company
Its: General Partner

By: 
Name: JAMES PEDAS
Title: MANAGER

**THEODORE PEDAS REVOCABLE TRUST/
RIO CENTER, LLC,**
a Maryland limited liability company

Address:
4018 Brandywine St. NW
Washington, DC 20016
Telephone: (202) 237-9100

By: Theodore Pedas Revocable Trust
Its: Member/Manager

By: 
Theodore Pedas, Trustee
JAMES PEDAS, CO-TRUSTEE

**JAMES PEDAS REVOCABLE TRUST/
RIO CENTER, LLC,**
a Maryland limited liability company

Address:
4018 Brandywine St. NW
Washington, DC 20016
Telephone: (202) 237-9100

By: James Pedas Revocable Trust
Its: Member/Manager

By: 
James Pedas, Trustee

PETERSON RIO CENTER, LLC
a Maryland limited liability company

Address:
12500 Fair Lakes Cir., Ste 400
Fairfax, VA 22033
Telephone: (703) 227-2000

By: MVP Management, LLC
a Virginia limited liability company
Its: Manager

By: 
Name: Jon M. Peterson
Title: Manager

Supplemental Answers
New Alcohol License Application for Han Spot LLC

Section 9, Question #6:

Chris Zhu

Pandora Seafood House, Inc., d.b.a.: Pandora Seafood House

36-A Maryland Avenue

Rockville, MD 20850

License: BBWLHR30418

Period Held: 10/2017 to 10/2018 (approximately)

Section 9, Question #7:

Chris Zhu

China Garden of Virginia Inc., d.b.a: China Garden Han Gong

11333 Woodglen Drive

Rockville, MD 20852

Chris Zhu holds an 80% ownership interest in China Garden of Virginia Inc.

Shufen Zhu holds a 10% ownership interest in China Garden of Virginia Inc.

Shuyun Zhu holds a 10% ownership interest in China Garden of Virginia Inc.

License: BBWLHR42899

Period Held: 10/2018 to present (approximately)

APPLICATION

3

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

Revised

STATE OF MARYLAND | MONTGOMERY COUNTY
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
(PLEASE PRINT OR TYPE IN INK)

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SECTION 1: LICENSE TYPE INFORMATION

1238537

A. Nature of Application:	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: B - Beer, Wine and Liquor	D. Entity Name: 10 RULES, LLC
E. Types of Permits Applied For: (See Appendix A)	<input checked="" type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input checked="" type="checkbox"/> Refillable Container <input checked="" type="checkbox"/> Retail Delivery <input checked="" type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage
F. Trade Name of Facility: COMUS INN	
G. Address of Facility to be Licensed (No P.O. Box): 23900 Old Hundred Rd, Dickerson, MD 20842	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Ian Hilton	Birthdate: March 3, 1972	Personal Phone Number: H: 843 442-7090 C:	
Full Address: 2413 N Vermont Street Arlington, VA 22207		Years at this Address: 6	Years as Maryland Resident:
Email Address: ihilton1@gmail.com	Sex: Make	Place of Birth: Washington, DC. USA	
If applicant is foreign-born, state:			
Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:	

Applicant B Name: Steven Ryan	Birthdate: March 7, 1981	Personal Phone Number: H: 843 442-7090 C:	
Full Address: 1304 Cassia Street, Herndon VA 20170		Years at this Address: 3	Years as Maryland Resident:
Email Address: steven@pub-partners.com	Sex: Male	Place of Birth: Dublin, Ireland	
If applicant is foreign-born, state:			
Immigration Card Number:	If Naturalized, City/State: MASON CREEK, VA	Date of Naturalization: SEPTEMBER, 12TH 2015	

Applicant C Name: Jafaniah Staples	Birthdate: 1/11/1999	Personal Phone Number: H: 843 442-7090 C:	
Full Address: 9392 Penrose St Frederick MD 21704		Years at this Address: 3	Years as Maryland Resident: 14
Email Address: Jafaniah@gmail.com	Sex: Male	Place of Birth: Burma	
If applicant is foreign-born, state:			
Immigration Card Number:	If Naturalized, City/State: Fredrick, Maryland	Date of Naturalization: 11/5/2019	

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation:		
C. Incorporated Under State Laws of:		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A):	Full Address:	Title:
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input checked="" type="checkbox"/> Applicant C
B. Name and Full Address of LLC: 10 Rule LLC - 23900 Old Hundred Road Dickerson Md. 20842	C. Authorized Persons of LLC Ian Hilton, Steven Ryan, Jafaniah Staples
D. Organized Under State Laws of: MD	E. Month and Year: December 2023

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

Name (A): Jibe LLC / Ian Hilton	Full Address: 2413 N Vermont Street Arlington, VA 22207	Percentage: 25%
Name (B): Richard Eric Hilton	Full Address: 2318 California St NW Washington DC 20008	Percentage: 25%
Name (C): Johnatan Staples	Full Address: 42264 Black Hops Ln, Leesburg, VA 20176	Percentage: 25%
Pub Partners LLC	1304 Cassia Street, Herndon VA 20170	25%

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership:	
C. Date on Which Partnership was Formed:	D. In Which State:

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:
Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	

SECTION 6: ESTABLISHMENT INFORMATION

<p>A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): 1. Square Footage of space: 5.25 acres 2. Strip Mall/Free standing building: Free Standing Building <small>garden and additional outdoor event space. Subsequent additions could include a brewery, tasting room, and larger, full service restaurant</small> Multi use space Steven Ryan</p>	
<p>C. Phone Number of Establishment: 202-813-3196</p>	<p>D. Type of Facility/Facility Concept: Multi use space containing a full service restaurant, indoor beer hall, outdoor patio and garden space, as well as event hosting space</p>
<p>E. Date Applicant will Begin to Operate: February 2024</p>	<p>F. Days and Hours of Operation: 7 days a week, 7am – 2am daily</p>

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRASFERRING A LICENSE)

<p>A. Names of all Current License Holders: 1) HSFT Comus, LLC 3) 2) Douglas Yurechko</p>	<p>B. Date Facility Began Operating: October 28, 2020</p>
<p>C. Location of Current Licensed Facility: 23900 Old Hundred Road, Dickerson, MD 20842</p>	<p>D. Location to Which License is Being Transferred:</p>

SECTION 8: LEASED PREMISES

<p>A. Name of Property Owner: WHARSH Properties LLC</p>	<p>B. Phone Number of Property Owner: 202-813-3196</p>	<p>C. Full Address of Property Owner: Address: 909 U Street NW, Washington DC 20001</p>
<p>D. Date Lease Made: December 30th, 2023</p>	<p>E. Date Lease Expires: December 31, 2028</p>	
<p>F. State Renewal Options, if any: 5 year option that would expire December 31, 2033 if exercised</p>		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<p>If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: Please see attached document labeled "Previous licenses"</p>	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p>If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:</p>	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<p>If YES, state name and the financial interest owned:</p>	

SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

DocuSigned by:

(A) _____
82CF82C43873437...

DocuSigned by:

(B) _____
1142AEFC22ED450...

DocuSigned by:

(C) _____
EFCA81E2D2844E5...

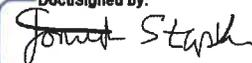
Signature of Applicant _____
(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

DocuSigned by:


Signature of the Property Owner
WHARSH Properties LLC

Printed Name of Property Owner
909 U Street NW, Washington DC 20001 202-813-3196

Address of Property Owner Phone of Property Owner

APPLICATION

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(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		Applicant A <input checked="" type="checkbox"/> Applicant B <input checked="" type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: The Village at Rockville, Inc.		
C. Incorporated Under State Laws of: (1) Washington, DC (2) Maryland		D. Month and Year: (1) 1890 (2) 1980
E. Authorized Capital: N/A	F. Number of Shares Authorized: N/A	G. Number of Shares Issued: N/A

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

Name (A): NLI	Full Address: 5275 Westview Drive, Suite 110, Frederick, MD 21703	Shares Owned: 100%
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A): Cynthia Walters	Full Address: 1785 Summerfield Drive, Mechanicsburg, PA 17055	Title: President, CEO
Name (B): Craig Wagoner	Full Address: 17200 Riffle Ford Road, Germantown, MD 20874	Title: Vice President of Operations
Name (C): Felicia Anthony	Full Address: 5263 Woolton Court Elkridge Md 21075	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: N/A		C. Authorized Persons of LLC N/A
D. Organized Under State Laws of:		E. Month and Year:

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

Name (A): N/A	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership: N/A	
C. Date on Which Partnership was Formed:	D. In Which State:

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): CCRC over 31 acres encompassing 160-bed Health Ctr., 111 cottages, and 131 family apt. building. There are common community spaces, including outdoor seats.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Shayana Islam	
C. Phone Number of Establishment: 301-424-9560	D. Type of Facility/Facility Concept: Restaurant
E. Date Applicant will Begin to Operate: Already open - requesting reclassification <i>Dec. 28, 2016</i>	F. Days and Hours of Operation: Sunday - Saturday, 11:00 a.m. - 11:00 p.m.

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders: 1) 3) 2)	B. Date Facility Began Operating:
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:

SECTION 8: LEASED PREMISES

A. Name of Property Owner: N/A - owned by The Village at Rockville	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
D. Date Lease Made: N/A	E. Date Lease Expires: N/A	
F. State Renewal Options, if any:		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: Felicia Anthony - North Oaks Retirement Community	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):	
B. Who Will be in Charge of Day-to-Day Operations (General Manager):	
C. Phone Number of Establishment:	D. Type of Facility/Facility Concept:
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders: 1) _____ 2) _____ 3) _____	B. Date Facility Began Operating:
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
D. Date Lease Made:	E. Date Lease Expires:	
F. State Renewal Options, if any:		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: North Oaks Retirement Community 725 Mt. Wilson Lane Pikesville, MD 21208 2018, 2019, 2020	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

I was not working at The Village at Rockville in 2019. I started June 19, 2023.

SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) 

Signature of Applicant
(B) 

Signature of Applicant
(C) 

Signature of Applicant
(D) _____


(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."



Signature of the Property Owner
Cynthia Walters

Printed Name of Property Owner
5275 Westview Drive, Suite 110, Frederick, MD 21703 717-979-0317

Address of Property Owner Phone of Property Owner

APPLICATION

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Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

STATE OF MARYLAND | MONTGOMERY COUNTY
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE *revised*
 (PLEASE PRINT OR TYPE IN INK)

JAN 3 2014

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

SECTION 1: LICENSE TYPE INFORMATION

1181494

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: B, BWHR		D. Entity Name: Umi Buffet Rockville LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Umi Sushi & Seafood Buffet		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 1471 Rockville Pike, Rockville, Maryland 20852			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Tao Li		Birthdate: 10/24/1987	Personal Phone Number: H: None C: 929-375-9230	
Full Address: 8102 Miner Street, Greenbelt, MD 20770		Years at this Address: App. 1 year	Years as Maryland Resident: App. 8 years	
Email Address: rakurockvillemd@gmail.com	Sex: Male	Place of Birth: China		
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City/State: New York, New York	Date of Naturalization: 2009	

Applicant B Name: Fan Li		Birthdate: 12/20/1991	Personal Phone Number: H: None C: 914-217-6199	
Full Address: 46 Jeanmoor Road, Buffalo, NY 14228		Years at this Address: App. 3 years	Years as Maryland Resident: N/A	
Email Address: ringsbusiness@gmail.com	Sex: Male	Place of Birth: China		
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City/State: New York, NY	Date of Naturalization: 12/23/2014	

Applicant C Name:		Birthdate:	Personal Phone Number: H: C	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:		
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City/State:	Date of Naturalization:	

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of Corporation:			
C. Incorporated Under State Laws of:		D. Month and Year:	
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:	

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A):	Full Address:	Title:
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: Umi Buffet Rockville LLC, 1471 Rockville Pike, Rockville, MD 20852	C. Authorized Persons of LLC Tao Li and Fan Li	
D. Organized Under State Laws of: Maryland	E. Month and Year: February 17, 2023	

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

Name (A): Tao Li	Full Address: 8102 Miner Street, Greenbelt, Maryland 20770	Percentage: 50.0%
Name (B): Fan Li	Full Address: 46 Jeanmoor Road, Buffalo, NY 14228	Percentage: 50.0%
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership:	
C. Date on Which Partnership was Formed:	D. In Which State:

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:
Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Located in Congressional Plaza, Rockville Pike; 8,110 SF	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Tao Li and Fan Li	
C. Phone Number of Establishment: Pending	D. Type of Facility/Facility Concept: Full service restaurant/buffet
E. Date Applicant will Begin to Operate: 3/2024	F. Days and Hours of Operation: M - Th: 11:00 am to 10:00 pm Fri - Sat: 11:00 am to 11:00 pm Sun: Noon to 10:00 pm

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders: 1) _____ 3) _____ 2) _____		B. Date Facility Began Operating:
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Congressional North Associates LP	B. Phone Number of Property Owner: 301-692-1900 x574	C. Full Address of Property Owner: 121 Congressional Lane, Suite 200, Rockville, MD 20852
D. Date Lease Made: 2/27/2023		E. Date Lease Expires: 12/31/2033
F. State Renewal Options, if any: One 5 year Option		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: <small>Tao Li - Class B, BLX, BWL License, Latao Hot Pot, 8700 Baltimore Ave., Suites A&B, College Park, MD 20740 (stockholder and licensee since 8/2018); Fan Li, BWL license for Aloha Krab of Buffalo, LLC, 1 Walden Galleria, #P103, Buffalo, NY 14225 (member and licensee since 2/2021)</small>	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held: <small>Tao Li, current licensee for a Class B, BLX, BWL license for Everland, Inc. t/a Latao Hot Pot, 8700 Baltimore Avenue, Suites A&B, College Park, Maryland 20740 (100% stockholder and licensee from 8/2018 to present)</small>	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

** See attached statement for Tao Li.

SECTION 10: CERTIFICATES AND SIGNATURES

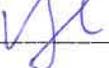
21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A)  _____ ZHO LI
Signature of Applicant

(B)  _____ FAN LI
Signature of Applicant

(C) _____
Signature of Applicant

N/A (D) _____
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."



Signature of the Property Owner
Alan D. Cohen, Authorized Person

Printed Name of Property Owner
Congressional North Associates Limited Partnership

Address of Property Owner
c/o PMAS, LLC
121 Congressional Lane
Suite 200
Rockville, MD 20852

Phone of Property Owner
301-692-1900

Section 9 - #6, #7

From: Robert J. Kim

Sent: Thursday, December 21, 2023 2:05 PM

To: Johns, Melissa <Melissa.Johns@montgomerycountymd.gov>

Subject: RE: Umi Buffet Rockville, LLC t/a Raku AYCE Sushi & Seafood Buffet - Application for New Class B, BWL License

Dear Missi:

Per your request, the additional requested information are as follows:

1. Section 6-A - Total square footage of Raku AYCE Sushi and Seafood Buffet is 8,110 SF;
2. Section 9 #6 - Tao Li, Everland, Inc. t/a Latao Hotpot College Park, 8700 Baltimore Avenue, Suites A & B, College Park, Maryland 20740; stockholder and licensee since August 2018 (to present);
 - Fan Li, Aloha Krab of Buffalo, LLC t/a Aloha Krab, 1 Walden Galleria, Unit P103, Buffalo, NY 14225; member and licensee since February 2021 (to present); and
3. Section 9 #7 – Tao Li, Everland, Inc. t/a Latao Hotpot College Park, 8700 Baltimore Avenue, Suits A & B, College Park, Maryland 20740; 100.0% Stockholder and licensee since August 2018 (to present).

I believe you now have all requested information.

Please confirm the hearing date and notify me when we can pick up the hearing notice poster. Thank you.



Robert J. Kim

*Principal**

We've moved – please note the new address for our Greenbelt offices.

McNamee Hosea

6404 Ivy Lane, Suite 820 ☎ 301.441.2420
Greenbelt, Maryland 20770 📠 301.982.9450

888 Bestgate Road, Suite 402 ☎ 410.266.9909
Annapolis, Maryland 21401 📠 410.266.8425

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**Admitted in Maryland and the District of Columbia*

The information contained herein is confidential and intended for the exclusive use of the addressee(s). If you are not the intended recipient, you are hereby notified that any review, use, dissemination, distribution or copying of this message is strictly prohibited. If you received this e-mail in error, please notify the sender immediately and delete the message.

Application for Alcohol License - Umi Buffet-Revised.pdf; Addition Amendment (Section 9.2 of Application)(22501-0001)

Robert J. Kim <rkim@mhlawyers.com>

Mon 1/22/2024 11:40 AM

To: Johns, Melissa <Melissa.Johns@montgomerycountymd.gov>

Cc: Kelly S. Kyllis <kkylis@mhlawyers.com>

📎 1 attachments (388 KB)

Application for Alcohol License - Umi Buffet-Revised.pdf;

[EXTERNAL EMAIL]

Dear Missi:

My apologies, but we need to further amend the application for Umi Buffet Rockville, LLC t/a Umi Sushi & Seafood Buffet (scheduled for Feb. 1, 2024).

Section 9.2 of the application should now state:

YES - Tao Li, one of the applicants for Umi Buffet Rockville, LLC (and current licensee for Everland, Inc. t/a LaTao Hot Pot, holder of Class B, BLX, BWL License in Prince George's County) admitted to the following violation on January 10, 2024 before the Board of License Commissioners for Prince George's County (for alleged violation on September 10, 2023) – purchasing alcoholic beverages from an unauthorized wholesaler and changing trade name without BLC's approval (operated the restaurant as LaTao Hot Pot when BLC's records showed the trade name as LaTao Sushi Cuisine).

This was the first violation since the restaurant was issued the Class B, BLX, BWL license is 2018.

Please confirm that this e-mail is sufficient to amend the application to notify the Board of License Commissioners for Montgomery County. Thank you.



Robert J. Kim

*Principal**

We've moved – please note the new address for our Greenbelt offices.

McNamee Hosea

6404 Ivy Lane, Suite 820

Greenbelt, Maryland 20770

📞 301.441.2420

📠 301.982.9450

888 Bestgate Road, Suite 402

Annapolis, Maryland 21401

📞 410.266.9909

📠 410.266.8425

APPLICATION

6

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

STATE OF MARYLAND | MONTGOMERY COUNTY
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
(PLEASE PRINT OR TYPE IN INK)

APR 1 12 24 PM 1987

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

1253524

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: Class D (On/Off Sale) <i>Blw</i>		D. Entity Name: TasteMakers Management LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Seafood in The Buff in Wheaton		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 12132 Georgia Avenue, Wheaton, MD 20902			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Lamont Howard Jackson Sr.		Birthdate: 09/02/1971	Personal Phone Number: H: 410-935-1696 C:	
Full Address: 6 Rhonda Ct., Windsor Mill, Maryland 21244		Years at this Address: 18yrs	Years as Maryland Resident: since 1971	
Email Address: bridgewaterworldwide@gmail	Sex: M	Place of Birth: Baltimore, MD		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
--------------------------	-----------------------------	-------------------------

Applicant B Name:		Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name:		Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
--------------------------	-----------------------------	-------------------------

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation:		
C. Incorporated Under State Laws of:		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A):	Full Address:	Title:
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: 12132 Georgia Ave TasteMakers Management LLC Wheaton, Md 20902		C. Authorized Persons of LLC Lamont Howard Jackson Sr.
D. Organized Under State Laws of: Maryland		E. Month and Year: March 2024

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

Name (A): Lamont Howard Jackson Sr.	Full Address:	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership:	
C. Date on Which Partnership was Formed:	D. In Which State:

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:
Indicate Who are the General Partners:		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
Indicate Maryland Residents:		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): 1378 sqf contained in a free standing strip shopping center with three business premises	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Lamont Howard Jackson Sr.	
C. Phone Number of Establishment: 3019629700	D. Type of Facility/Facility Concept: Restaurant
E. Date Applicant will Begin to Operate: 5/1/2024	F. Days and Hours of Operation: 10AM-10PM (Mon-Sun)

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders: 1) Taesan Inc. 2) Sunhee Lee 3) Andrew Lee	B. Date Facility Began Operating: 03/10/2017 2/15/2017
C. Location of Current Licensed Facility: 12132 Georgia Avenue, Wheaton, MD	D. Location to Which License is Being Transferred: 12132 Georgia Avenue, Wheaton, MD 20902 (same as current at

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Hewitt Properties, LLC	B. Phone Number of Property Owner: 3014690909	C. Full Address of Property Owner: 6701 Democracy Blvd., Suite 303, Beth
D. Date Lease Made: 3/1/2017		E. Date Lease Expires: 2027
F. State Renewal Options, if any: 5 year option to extend		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

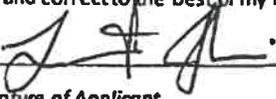
SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

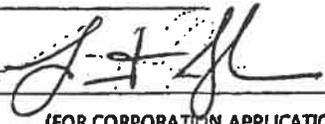
Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) 
Signature of Applicant

(B) _____
Signature of Applicant

(C) _____
Signature of Applicant

(D) 
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."


Signature of the Property Owner

David G Morgan, Agent
Printed Name of Property Owner

Hewitt Properties, LLC

Address of Property Owner
6701 Democracy Blvd #303
Bethesda, MD 20817

Phone of Property Owner
301-469-0900

APPLICATION

7

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

STATE OF MARYLAND | MONTGOMERY COUNTY
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
 (PLEASE PRINT OR TYPE IN INK)

8/24/12/49

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

#1258529

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: B(BLW)		D. Entity Name: Well Kisco The Carnegie Tenant, LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: The Carnegie at Washingtonian Center		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 10100 Washingtonian Blvd., Gaithersburg, MD 20878			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Jennifer C. Murray		Birthdate: 10/11/1985	Personal Phone Number: H: n/a C: 510-685-2990	
Full Address: 5 Battery Bend, Montgomery Village, MD 20886		Years at this Address: 8 months	Years as Maryland Resident: 8 months	
Email Address: jennifer.pastora@kiscosl.com	Sex: Female	Place of Birth: San Francisco, CA		

If applicant is foreign-born, state:

Immigration Card Number: n/a	If Naturalized, City/State: n/a	Date of Naturalization: n/a
--	---	---------------------------------------

Applicant B Name: Mitchell J. Ritschel		Birthdate: 03/03/1962	Personal Phone Number: H: n/a C: 760-688-9591	
Full Address: 107 Via Monte Picayo, San Clemente, CA 92673		Years at this Address: 4	Years as Maryland Resident: n/a	
Email Address: mitch.ritschel@kiscosl.com	Sex: Male	Place of Birth: Gardena, CA		

If applicant is foreign-born, state:

Immigration Card Number: n/a	If Naturalized, City/State: n/a	Date of Naturalization: n/a
--	---	---------------------------------------

Applicant C Name: Russell J. Simon		Birthdate: 06/13/1989	Personal Phone Number: H: n/a C: 734-846-2641	
Full Address: 2116 Dorset Road, Ann Arbor, MI 48104		Years at this Address: 4 months	Years as Maryland Resident: n/a	
Email Address: rsimon@welltower.com	Sex: Male	Place of Birth: Ypsilanti, MI		

If applicant is foreign-born, state:

Immigration Card Number: n/a	If Naturalized, City/State: n/a	Date of Naturalization: n/a
--	---	---------------------------------------

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of Corporation: n/a			
C. Incorporated Under State Laws of:		D. Month and Year:	
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:	

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A):	Full Address:	Title:
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: Well Kisco The Carnegie Tenant, LLC; 4500 Dorr St, Toledo, OH 43615		C. Authorized Persons of LLC Jennifer Murray, Mitchell Ritschel & Russell Simon	
D. Organized Under State Laws of: Delaware		E. Month and Year: September 2021	

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Well Kisco Dev Ridea Master Tenant, LLC	4500 Dorr Street, Toledo, OH 43615	100
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership: n/a	
C. Date on Which Partnership was Formed:	D. In Which State:

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:
Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Entire free standing complex, up to seven stories with outdoor courtyard. Approximately 189,000 square feet.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Jennifer Murray	
C. Phone Number of Establishment: 240-690-0726	D. Type of Facility/Facility Concept: Continuing care retirement community.
E. Date Applicant will Begin to Operate: August 2024	F. Days and Hours of Operation: Bistro 7-2 PM daily Main Dining room 4-8 PM daily Bar 2-9 PM daily AL Dining room 7-7 PM daily MC Dining room 7-7 PM daily Room Service 7-7 PM daily

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders: 1) n/a 2) 3)		B. Date Facility Began Operating:
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Well Kisco The Carnegie Landlord, LLC	B. Phone Number of Property Owner: 419-247-2800	C. Full Address of Property Owner: 4500 Dorr St, Toledo, OH 43615
D. Date Lease Made: 08/15/2024		E. Date Lease Expires: 08/30/2029
F. State Renewal Options, if any: Thereafter automatically renews for successive 1-year periods.		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name and the financial interest owned:	
See attached structure chart.	

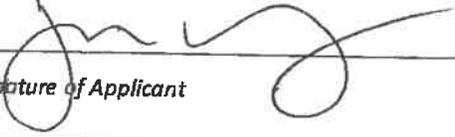
SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A)  _____
Signature of Applicant Jennifer C. Murray

(B) _____
Signature of Applicant Mitchel J. Ritschel

(C) _____
Signature of Applicant Russell J. Simon

(D) _____ n/a
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

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"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

Signature of the Property Owner
Well Kisco The Carnegie Landlord, LLC

Printed Name of Property Owner
4500 Dorr Street, Toledo, OH 43615 419-247-2800

Address of Property Owner Phone of Property Owner

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(A) _____ Jennifer C. Murray

Signature of Applicant

(B) _____ Mitchel J. Ritschel

Signature of Applicant

(C) _____ Russell J. Simon

Signature of Applicant

(D) _____ n/a

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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4500 Dorr Street, Toledo, OH 43615

419-247-2800

Address of Property Owner

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Signature of Applicant

(B) _____ Mitchel J. Ritschel

Signature of Applicant

(C) Russell J. Simon _____ Russell J. Simon

Signature of Applicant

(D) _____ n/a

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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Well Kisco The Carnegie Landlord, LLC

Printed Name of Property Owner

4500 Dorr Street, Toledo, OH 43615

419-247-2800

Address of Property Owner

Phone of Property Owner

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Signature of Applicant

(C) _____ Russell J. Simon

Signature of Applicant

(D) _____ n/a

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Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

DocuSigned by:


785D38FEC8A57424

Signature of the Property Owner

Well Kisco The Carnegie Landlord, LLC

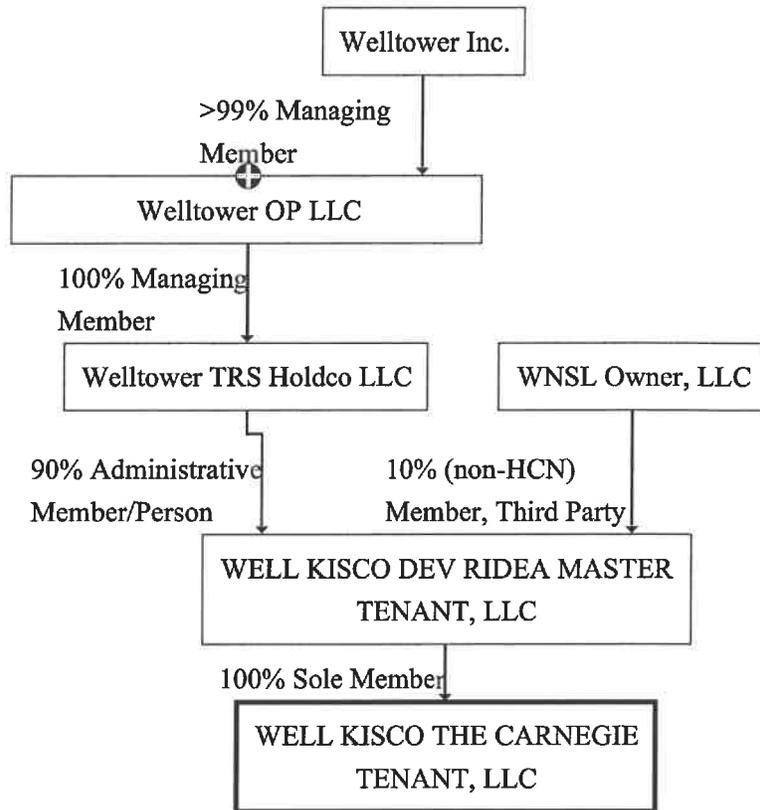
Printed Name of Property Owner

4500 Dorr Street, Toledo, OH 43615

419-247-2800

Address of Property Owner

Phone of Property Owner



APPLICATION

8

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

Revised

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

APR 4 '24 at 2:43

1245527

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: B (B/W/L)	D. Entity Name: Kusshi Rockville Town Square LLC
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input checked="" type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage
F. Trade Name of Facility: Kusshi	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H. Address of Facility to be Licensed (No P.O. Box): 36-G Maryland Ave Rockville, MD 20850	

No - should be approved app

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Tone Chow	Birthdate: 12/26/1986	Personal Phone Number: H: C: 240-506-1901	
Full Address: 11849 Emerald Green Dr. Clarksburg, MD 20871		Years at this Address: 10	Years as Maryland Resident: 29
Email Address: tonechowmail@gmail.com	Sex: M	Place of Birth: Chicago, IL	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
---------------------------------	------------------------------------	--------------------------------

Applicant B Name: Kevin A Lin	Birthdate: 01/12/1988	Personal Phone Number: H: C: 240-707-1705	
Full Address: 2305 McAuliffe Dr, Rockville, MD 20851		Years at this Address: 3	Years as Maryland Resident: 20
Email Address: anlin35@gmail.com	Sex: M	Place of Birth: Fuzhou, China	

If applicant is foreign-born, state:

Immigration Card Number: 078-613-194	If Naturalized, City/State: Memphis, TN	Date of Naturalization: 07/09/2002
--	---	--

Applicant C Name:	Birthdate:	Personal Phone Number: H: C	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
---------------------------------	------------------------------------	--------------------------------

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation:		
C. Incorporated Under State Laws of:		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A):	Full Address:	Title:
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Kusshi Rockville Town Square LLC. 20251 Century Blvd Ste 140. Germantown, MD 20874		C. Authorized Persons of LLC Tone Chow, An Lin
D. Organized Under State Laws of: Maryland		E. Month and Year: 10/17/2023

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Tone Chow	11849 Emerald Green Dr. Clarksburg, MD 20871	40
Name (B): An Lin	Full Address: 2305 McAuliffe Dr, Rockville, MD 20851	Percentage: 20
Name (C): Wesley R Yao	Full Address: 5718 MAYFAIR MANOR DR NW #101, NORTH BETHESDA, MD 20852	Percentage: 40

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership:	
C. Date on Which Partnership was Formed:	D. In Which State:

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:
Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Approximately 2,822 square feet unit on the first level of a mixed use building where first level is retail and upper levels are residential.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): An Lin	
C. Phone Number of Establishment: 301-301-9099	D. Type of Facility/Facility Concept: Full service restaurant
E. Date Applicant will Begin to Operate: 5/1/2024	F. Days and Hours of Operation: Sunday-Thursday 11AM-2AM; Friday-Saturday: 11AM-3AM;

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders: 1) 3) 2)		B. Date Facility Began Operating:
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Morguard Rockville Retail LLC	B. Phone Number of Property Owner: (240) 791-0734	C. Full Address of Property Owner: 20 Maryland Avenue. Rockville, MD 20850
D. Date Lease Made: 10/25/2023		E. Date Lease Expires: 7/2/2034
F. State Renewal Options, if any: 5 year option exercisable in year 2033		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: Tone Chow & An Lin: 1) Hanaro; 7820 Norfolk Ave, Bethesda, MD 20814; 2016-Present 2) Kusshi; 11826 Trade Street, North Bethesda, MD 20852; 2019-Present 3) Kusshi; 8512 Fenton St, Silver Spring, MD 20910; 2022-Present	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held: Tone Chow (20% for all entities listed) & An Lin (20% for all entities listed): 1) Hanaro; 7820 Norfolk Ave, Bethesda, MD 20814; 2016-Present 2) Kusshi; 11826 Trade Street, North Bethesda, MD 20852; 2019-Present 3) Kusshi; 8512 Fenton St, Silver Spring, MD 20910; 2022-Present	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name and the financial interest owned: Wesley Yao (40%)	

SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A)  _____

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

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Signature of the Property Owner

Heather Andrade

Printed Name of Property Owner

20 Maryland Avenue, Rockville, MD 20850

(301) 279-0999

Address of Property Owner

Phone of Property Owner

KUSSHI ROCKVILLE TOWN SQUARE LLC

Schedule A

<i>Member</i>	<i>Capital Contribution</i>	<i>Membership Interest</i>	<i>Voting Interest</i>
<i>Tone Chow Revocable Trust</i>	\$1.00	40%	51%
<i>Wesley Yao</i>	\$1.00	40%	49%
<i>An Lin</i>	\$1.00	20%	0%
<i>Totals</i>	<i>\$1.00</i>	<i>100%</i>	<i>100%</i>

RE: Kusshi Rockville Town Square

Admitted @ hearing
5-16-24 *mlg*

Tony Chow <tonechowmail@gmail.com>

Wed 5/15/2024 8:17 PM

To: Johns, Melissa <Melissa.Johns@montgomerycountymd.gov>

Cc: 'Kevin Lin' <anlin35@gmail.com>

[EXTERNAL EMAIL]

Missi:

As requested:

Name of Applicant	Name of Premises	Address of Premises	Ownership	Dates License Held
Tone Chow	Hanaro	7820 Norfolk Ave, Bethesda, MD 20814	40%	2016-Present
Tone Chow	Kusshi	11826 Trade Street, North Bethesda, MD 20852	40%	2019-Present
Tone Chow	Kusshi	8512 Fenton St, Silver Spring, MD 20910	40%	2022-Present
Tone Chow	Kusshi	8365 Leesburg Pike, Vienna, VA 22182; Fairfax County 1201 South Joyce St Ste C3 Arlington, VA 22202; Arlington County	40%	2022-Present
Tone Chow	Kusshi	2309 Wisconsin Ave NW, Washington, DC 20007	40%	2024-Present
Kevin A Lin	Hanaro	7820 Norfolk Ave, Bethesda, MD 20814	20%	2016-Present
Kevin A Lin	Kusshi	11826 Trade Street, North Bethesda, MD 20852	20%	2019-Present
Kevin A Lin	Kusshi	8512 Fenton St, Silver Spring, MD 20910	20%	2022-Present
Kevin A Lin	Kusshi	8365 Leesburg Pike, Vienna, VA 22182; Fairfax County 1201 South Joyce St Ste C3 Arlington, VA 22202; Arlington County	20%	2022-Present
Kevin A Lin	Kusshi	2309 Wisconsin Ave NW, Washington, DC 20007	20%	2024-Present

Tony Chow
(240) 506-1901

From: Johns, Melissa <Melissa.Johns@montgomerycountymd.gov>
Sent: Tuesday, May 14, 2024 11:30 PM
To: Tony Chow <tonechowmail@gmail.com>; 'Kevin Lin' <anlin35@gmail.com>
Subject: Re: Kusshi Rockville Town Square

That is correct.
Question #6 does ask if any applicant has had a license for alcohol (this means anywhere prior or current.)

Get [Outlook for iOS](#)

From: Tony Chow <tonechowmail@gmail.com>
Sent: Tuesday, May 14, 2024 9:01:33 PM
To: Johns, Melissa <Melissa.Johns@montgomerycountymd.gov>; 'Kevin Lin' <anlin35@gmail.com>
Subject: RE: Kusshi Rockville Town Square

[EXTERNAL EMAIL]

The application Section 9, Question 7 asks only for those licenses "in Montgomery County or the State of Maryland".
Nevertheless, you want a listing of restaurants we have ownership of, having an alcohol license, outside of Maryland?

APPLICATION

9

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

revised

MAY 17 '24 @ 11:03

122025

STATE OF MARYLAND | MONTGOMERY COUNTY
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: <i>A-D-B(w)</i>		D. Entity Name: Salud Takoma, LLC	
E. Types of Permits Applied For: (See Appendix A)		<input checked="" type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage <i>Wasting (\$200)</i> <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container	
F. Trade Name of Facility: SALUDI Beer & Wine		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 1173-C University Blvd, Takoma Park, Md. 20912			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Rodney Gregory		Birthdate: 11/02/1991	Personal Phone Number: H: C: (240) 906-1777	
Full Address: 1520 Dilston Road, Silver Spring, Md. 20903		Years at this Address: 9	Years as Maryland Resident: 12	
Email Address: rodneyngregory1991@gmail.com	Sex: M	Place of Birth: United States		
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City/State: Silver Spring, Maryland		Date of Naturalization: August 15, 2016
Applicant B Name: Rohit Shaw		Birthdate: 12/26/1985	Personal Phone Number: H: C: (240) 595-9368	
Full Address: 9200 Edward Way, #308 Adelphi Md, 20783		Years at this Address: 1	Years as Maryland Resident: 5	
Email Address: rohitsonu999@gmail.com	Sex: M	Place of Birth: India		
If applicant is foreign-born, state:				
Immigration Card Number: 0916190710		If Naturalized, City/State:		Date of Naturalization:
Applicant C Name: Hercules Rozario		Birthdate: 09/13/1991	Personal Phone Number: H: C: (240) 636-7702	
Full Address: 9502 Mount Pisgah Road, Silver Spring, MD. 20903		Years at this Address: 5	Years as Maryland Resident: 13	
Email Address: herculesrozarioj@gmail.com	Sex: M	Place of Birth: United States		
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City/State: Silver Spring, Maryland		Date of Naturalization: October 18, 2022

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation:		
C. Incorporated Under State Laws of:		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A):	Full Address:	Title:
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Salud Takoma, LLC 1173-C University Blvd, Takoma Park, Md. 20912		C. Authorized Persons of LLC Rodney Gregory, Rohit Shaw, Hercules Rozario
D. Organized Under State Laws of: Maryland		E. Month and Year: October 2023

Percentage of Ownership Interest of LLC (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Rohit Shaw	9200 Edward Way, #308 Adelphi Md, 20783	60
Rodney Gregory	1520 Dilston Road Silver Spring, Md. 20903	20 50
Hercules Rozario	9502 Mount Pshag Road, Silver Spring, Md. 20903	20 50

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership:	
C. Date on Which Partnership was Formed:	D. In Which State:

Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): located in Strip Mall - 3000 sq ft	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Rodney Gregory (Member)	
C. Phone Number of Establishment: (240) - 906-1777	D. Type of Facility/Facility Concept: Beer and Wine Store
E. Date Applicant will Begin to Operate: January 1, 2024 (or as soon as license is approved)	F. Days and Hours of Operation: Sunday to Thursday: 10:00 AM to 10:00 PM Friday and Saturday: 10:00 AM to 11:00 PM

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders:		B. Date Facility Began Operating:
1)	3)	
2)		
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Saul Subsidiary I Limited Partnership	B. Phone Number of Property Owner: (301) 986-6021	C. Full Address of Property Owner: 7501 Wisconsin Ave Suite 1500E Bethesda Md. 20814
D. Date Lease Made: 12/28/23	E. Date Lease Expires: 12/28/33	
F. State Renewal Options, if any: 1 option for additional 5 years		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name and the financial interest owned:	

SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) Rohit Shaw
Rohit Shaw (Lic. S, 2004 1723 EST)

Signature of Applicant
(B) Rodney Anthony
Rodney Anthony (Lic. S, 2004 1159 EST)

Sig
(C) Signature: [Signature]
Email: herculesrozaario@gmail.com
Sig

(D) _____
(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

Saul Subsidiary I Limited Partnership
By: Saul Centers, Inc., General Partner

By: Bettina T. Guevara
0189052467874AS...
Signature of the Property Owner

DS
[Signature]

Bettina T. Guevara, Executive Vice President, Chief Legal and Administrative Officer

Printed Name of Property Owner
7501 Wisconsin Avenue, Suite 1500E, Bethesda, MD 20814 301-986-6200

Address of Property Owner Phone of Property Owner