# 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 COUNTYR 15 124 PM 2113 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 INFOR	MA	TION		井	1264556	
A. Nature of Application:	X New Licens	ense  ☐ Transfer of Location  ☐ Transfer of Ownership  ☐ Reclassification				
B. Entity on Whose Behalf Application is			oration <b>X</b> ⊐ Limited Liab	oility Compa	any □ Partnership □ Individual	
C. Class of License Applied For: Class BD - Beer, Wine & Liquo	r		D. Entity Name: Hospitality Guru C	CL, LLC		
E. Types of Permits Applied For:					r Café □ Refillable Container	
(See Appendix A)		X	□ Retail Delivery 🗆 Sp	1	oking □ Wine Corkage	
F. Trade Name of Facility: Elena James				G. Is Bus	iness a Franchise? □ YESX□ NO	
H. Address of Facility to be Licenses 8551 Connecticut Avenue, Chev			815		,	
SECTION 2: APPLICANT INFORM	ATIO	ON				
Applicant A Name: Colin McClimans	•	hdate: 4-1988	Personal Phone Num H: 202-321-7955		202-321-7955	
Full Address: 5316 Nevada Ave, NW, Washin	gton,	DC 20015	Years at this Address	s: Years as Maryland Resident: n/a		
Email Address: colin@ninamaydc.com	Sex Mal	-	Place of Birth: Washington, DC			
If applicant is foreign-born, state:						
Immigration Card Number: If Naturalized, Ci		If Naturalized, City,	/State:	Date of N	aturalization:	
·						
Applicant B Name: Danilo Simic		hdate: 28-1989	Personal Phone Number: H: 571-309-9490			
Full Address: 2956 Penny Lane, Fairfax, VA 2	2301		Years at this Address: Years as Maryland Resident: N/A			
Email Address: Danilo@ninamaydc.com	Sex Mal		Place of Birth: Serbia	MP = _		
If applicant is foreign-born, state:						
Immigration Card Number:If Naturalized, Cit208-035-362n/a		If Naturalized, City, n/a	y/State: Date of Naturalization: n/a		aturalization:	
Applicant C Name: Justin McClimans			Personal Phone Number: H: 202-253-4957 c 202-253-4957		202-253-4957	
Full Address: 3813 Williams Lane, Chevy Chase, MD 20815		Years at this Address: Years as Maryland Resident: 8		as Maryland Resident:		
Email Address: Sex: jmcclimans1985@gmail.com Male			Place of Birth: Washington, DC			
f applicant is foreign-born, state:						
Immigration Card Number: If Naturalized,			/State:	Date of N	aturalization:	

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

SECTION	3: CORP	PORATION	INFORMATION	
A. Qualif	ying Man	yland Resid	lent (Indicate with	X)

A. Qualifying Maryland Resident (Indica		☐ Applicant A ☐ Applicant B ☐ Applicant C				
B. Name and Full Address of Corporation:						
C to see a sected the des Chate Laure of			F2 B B 43 33			
C. Incorporated Under State Laws of: Maryland			D. Month and	Year:		
E. Authorized Capital:	F. Number of Shares	Authorized:	G. Number of S	hares Issued:		
Stockholders (Include all layers equaling 1	100% owned by individ	uals and/or pu	blicly traded, use a	dditional 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 CORP		TION				
A. Qualifying Maryland Resident (Indicar	te with X)			cant BXD Applicant C		
B. Name and Full Address of LLC:		C. Authorized	Persons of LLC Co			
Hospitality Guru CCL, LLC 3220 Fayette Road, Kensington, M	D 20895			nilo Simic stin McClimans		
D. Organized Under State Laws of:	B 20000	E Sandhand		Still McCimans		
Ma	aryland	E. Month and	Februar	y 2022		
Percentage of Ownership Interest of LLC (		necessary):				
Name (A): Colin McClimans	Full Address: 5316 Nevada Ave, N	NW, Washing	ton, DC 20015	Percentage: 37%		
Name (B): Danilo Simic	Full Address: 2956 Penny Lane, F	airfax, VA 22	2301	Percentage: 37%		
Name (C): Justin McClimans	Full Address: 3813 Williams Lane,	, Chevy Chas	se, MD 20815	Percentage: 0%		
		i				
SECTION 5: PARTNERSHIP INFORMA	TION					
A. Name and Full Address of Partnership	:					
C. Date on Which Partnership was Forme	nd:	In Which State	٠.			
a. Date on which rathership was fullit		www.iii Jecht	No. 4			
Percentage of Ownership Interest of Parti	nership (Use additional	Isheet if neces	sary):			
Name (A):	Full Address: Percentage:					
Name (B):	Full Address:			Percentage:		
Name (C):	Full Address:			Percentage:		
Indicate Who are the General Partners:	:					
Indicate Maryland Residents:						
	1					

CONTRACTOR OF STREET	pM .	you you make the	5	200 6 1 11 11	per pur direger	2 10 1 27	CARL BY BY	at the second of the second
SECTION	fra."	PALE	146	I V MITTER	1- EVI 1	LOUIS	-E HE IV	177 116 3171

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:	B. Date Facility Began Operating:	
1)		
2)		
C. Location of Current Licensed Facility:	D. Location to Which License is Be	ing Transferred:

#### SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	1
Chevy Chase B2 Retail, LLC	301-220-0100	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 to		<u> </u>

#### SECTION 9: APPLICANT QUESTIONAIRE

#### Has any applicant ever been:

1. Convicted of a felony?	□ YESX NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	□ YESX□ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	□ YESx□ 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?	□ YES⁄⁄□ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES <sub>X</sub> □ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages? COLIN McCLIMANS AND	XYES - NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it work opal - 5534 Connecticut Ave, NW, Washington, DC 11/22 to Present Nina May - 1337 11th Street, NW, Washington DC 8/19 to Present	as 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?	□ YESX⊒ NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dawas held:	tes the license
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?	X□ YES □ 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 herby grants perinission 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 true and correct to the best of my knowledge, information, a	under the penalties of perjury that the contents of the foregoing document are
Signature of Applicant  (B)  Signature of Applicant  Signature of Applicant  COlin McClimans  Danilo Simic  L. M.  (C)  Jack M. M.  Danilo Simic	
Signature of Applicant Justin McClimans	
(D)	
	(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
alcoholic beverage license and that I hereby consent to the ube permitted by law, and I do hereby grant permission to the Board of License Commissioners for Montgomery County, its County to inspect and search at any and all hours, without wifacility is to be conducted.  Affidavit:	I am the owner of the property named in the foregoing application for an use of the said property for the sale thereon of such alcoholic beverages as may a State Comptroller, his duly authorized deputies, inspectors and clerks, the duly authorized agents and employees, and any peace officer of Montgomery arrant, the premises and any and all parts thereof upon and in which said
"By signing this application, I do solemnly declare and affirm true and correct to the best of my knowledge, information, a	under the penalties of perjury that the contents of the foregoing document are and belief."
Signature of the Property Owner	
Printed Name of Property Owner	
Address of Property Owner P	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 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:				
	do solemnly declare and affirm f my knowledge, information, a	under the penalties of perjury t and belief."	hat the contents	of the foregoing document are
(A)				
Signature of Applicant	Colin McClimans			
(B)				
Signature of Applicant	Danilo Simic			
(C)				
Signature of Applicant	Justin McClimans			
	(D)			
		(FOR CORPORATION APPL	ICATIONS ONLY)	Corporate President Signature
be permitted by law, and I do Board of License Commissione County to inspect and search facility is to be conducted.  Affidavit:  "By signing this application, I do	hereby grant permission to the ers for Montgomery County, its at any and all hours, without w do solemnly declare and affirm	se of the said property for the sets that Comptroller, his duly authorized agents and emparrant, the premises and any an under the penalties of perjury to	norized deputies, ployees, and any d all parts thered	inspectors and clerks, the peace officer of Montgomery of upon and in which said
true and correct to the best of	f my knowledge, information, a	nd belief."		
Justin Kanaall				
Signature of the Property Own	ner			
Justin W. Kennell, Vice F	President, Bozzuto Develo Chevy Chase Retail	pment Co., as agent for		
Printed Name of Property Ow		DZ, LLO		
6406 Ivy Lane, Suite 7	00	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 # 2

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.

# 1232 496

SECTION 1. LICENSE THE INFO	VIVIA I I OI	V		41 10-25-00	
A. Nature of Application:		■ New License  ☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification			
B. Entity on Whose Behalf Applicat	ion is	□ Corp	ooration 🔳 Limited Lia	bility Company □ Partnership □ Individual	
Made:				i i	
C. Class of License Applied For:		2	D. Entity Name:		
Class B (beer, wine, & liquor,	on sale			SDAT ID: W23973589)	
E. Types of Permits Applied For:				g ■ Outdoor Café □ Refillable Container	
(See Appendix A)			🗆 Retail Delivery 🗆 Sp	pirits for Cooking  Wine Corkage	
F. Trade Name of Facility: Han Spot				G. Is Business a Franchise? ☐ YES ■ NO	
H. Address of Facility to be License 9811 Washingtonian Center I			MD 20878		
SECTION 2: APPLICANT INFORM	IATION				
Applicant A Name:	Birthdat		Personal Phone Nur		
Chris Zhu	7/22/19	978	H:	C:(301) 928-0713	
Full Address: 8031 Cobble Creek Circle, Po	otomac,	MD 20854	Years at this Addres 2 years, 5 month		
Email Address:	Sex:		Place of Birth:		
chriszhujan@gmail.com	female		Guangdong, China		
If applicant is foreign-born, state:					
Immigration Card Number:		aturalized, City	/State:	Date of Naturalization:	
	timore, MD	more, MD 5/06/2005			
	T				
Applicant B Name:	Birthdat	te:	Personal Phone Nun H:	nber: C:	
Full Address:			Years at this Address: Years as Maryland Resident:		
				Table do Mary land Resident.	
Email Address:	Sex:		Place of Birth:		
If applicant is foreign-born, state:					
Immigration Card Number:	If N	aturalized, City	/State:	Date of Naturalization:	
Applicant C Name:	Birthdat	·a·	Personal Phone Nun	nhar:	
Applicant C Name.			H:	CC	
Full Address:			Years at this Address: Years as Maryland Resident:		
Email Address: Sex:		Place of Birth:			
If applicant is foreign-born, state:	L				
		aturalized, City	/State:	Date of Naturalization:	
(NOTE: ALL APPLICANTS WILL I	BE HEREA	FTER REFERRED	TO BY THE LETTER A.	B, OR C PRECEDING THEIR NAME ABOVE)	
•			1		

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

<b>SECTION 3: CORPORATION INFORM</b>				
A. Qualifying Maryland Resident (Indica	te with X)		☐ Applicant A ☐ A	pplicant B Applicant C
B. Name and Full Address of Corporatio	n:			
C. Incorporated Under State Laws of:			D. Month and Ye	ear:
E. Authorized Capital:	F. Number of Shares Author	zed:	G. Number of Sh	ares Issued:
Stockholders (Include all layers equaling 1	L00% owned by individuals and	or publi	icly traded, use add	ditional 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 CORP	OPATION INFORMATION			
A. Qualifying Maryland Resident (Indicat		- Δn	nlicant A - Annlica	ant D. T. Analisant C
B. Name and Full Address of LLC:			pricant A L Applica	ınt B □ Applicant C
Han Spot LLC; 8031 Cobble Creek Circle, Po			iu, LLC N	lanager
D. Organized Under State Laws of: Maryland	E. Mon May 20	th and Ye	ear:	-
Percentage of Ownership Interest of LLC (	Use additional sheet if necessa	ry):		
Name (A): Chris Zhu	Full Address: 8031 Cobble Creek Circle, Pot	omac, M	D 20854	Percentage: 100%
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
SECTION 5: PARTNERSHIP INFORMA	TION			
A. Name and Full Address of Partnership				
C. Date on Which Partnership was Forme	d: D. In Whic	State:		
Percentage of Ownership Interest of Partr	ership (Use additional sheet if	necessar	·v):	
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
Indicate Who are the General Partners:	□ Appli	cant A 🗆	Applicant B □ App	licant C
Indicate Maryland Residents:	□ Applicant A □ Applicant B □ Applicant C			

 $\square$  Applicant A  $\square$  Applicant B  $\square$  Applicant C

#### **SECTION 6: ESTABLISHMENT INFORMATION**

located in strip mall, restaurant, seating, b	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 Op Chris Zhu (Mgr.), Mei Xin Xie (Assis	perations (General Manager): stant 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:		B. Date Facility Began Operating:
1)	3)	
2)		
C. Location of Current Licensed Facility:	D. Location to Which License is Be	ing Transferred:

#### **SECTION 8: LEASED PREMISES**

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Rio Center Assoc., Ltd. Partnership	(703) 227-2000, The Peterson Companies	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 QUESTIONAIRE**

Has any applicant ever been:

1. Convicted of a felony?	□ YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	□ YES ■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	□ YES ■ 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?	□ YES ■ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	■ YES □ NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was	s 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	■ YES □ NO
for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the data	tes 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	□ YES ■ NO
applied for, or in the facility to be conducted under the current license?	
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 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 de	clare and affirm under the penalties of r	perjury that the contents of the foregoing document are
true and correct to the best of my knowledg		serjary that the contents of the foregoing document are
(A)		_
Signature of Applicant		
(B)		_
Signature of Applicant		
(C)		
Signature of Applicant		-
	(D)	
		ON APPLICATIONS ONLY) Corporate President Signature
	·	oly nature
be permitted by law, and I do hereby grant p Board of License Commissioners for Montgo	ermission to the State Comptroller, his omery County, its duly authorized agents	for the sale thereon of such alcoholic beverages as may duly authorized deputies, inspectors and clerks, the and employees, and any peace officer of Montgomery dany and all parts thereof upon and in which said
Affidavit:		
"By signing this application, I do solemnly detrue and correct to the best of my knowledge		perjury that the contents of the foregoing document are
Signature of the Property Owner		
Printed Name of Property Owner		
Address of Property Owner	Phone of Property Own	—– er

#### PROPERTY OWNER:

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

By:

Rio at Washingtonian, LLC

a Maryland limited liability company

Its:

General Partner

By: \_\_\_ Name:

Title:

Sind PROAS

Address:

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

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

4018 Brandywine St. NW

Washington, DC 20016 Telephone: (202) 237-9100

THEODORE PEDAS REVOCABLE TRUST/ RIO CENTER, LLC,

a Maryland limited liability company

By:

Theodore Pedas Revocable Trust

lts:

Member/Manager

Bv:

Theodore Pedas, Trustee

JAMES PEDAS REVOCABLE TRUST/ RIO CENTER, LLC,

a Maryland limited liability company

By:

James Pedas Revocable Trust

Its:

Member/Manager

By:

James Pedas, Trustee

PETERSON RIO CENTER, LLC a Maryland limited liability company

By:

MVP Management, LLC

a Virginia limited liability company

Its:

Manager

Name:

Title: Manage

Address:

Address:

12500 Fair Lakes Cir., Ste 400

Fairfax, VA 22033

Telephone: (703) 227-2000

# 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 seacements, 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. Tevised

#### 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 INFOR	MA <sup>·</sup>	TION			# 1238537
A. Nature of Application:		■ New License  ☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification			
B. Entity on Whose Behalf Application is Made:		☐ Corporation ■ Limited Liability Company ☐ Partnership ☐ Individual			ompany   Partnership   Individual
C. Class of License Applied For:  Beer, Wine and Liquo	r		D. Entity Name: 10 RULES, LLC		
E. Types of Permits Applied For:			· · · · · · · · · · · · · · · · · · ·		tdoor Café  Refillable Container
(See Appendix A) F. Trade Name of Facility:		■ K	etail Delivery - Spirit	S TC	or Cooking  Wine Corkage
COMUS INN					
G. Address of Facility to be Licensed 23900 Old Hundred Rd, Dickerson,					
SECTION 2: APPLICANT INFORMA	ATIC	ON			
Applicant A Name: Ian Hilton		thdate: rch 3, 1972	Personal Phone Num H: 843 442-709		C:
Full Address: 2413 N Vermont Street Arlington, V	A 22	2207	Years at this Address 6	<b>3:</b>	Years as Maryland Resident:
Email Address: ihilton1@gmail.com	Sex Mal		Place of Birth: Washington, DC. US	SA	
If applicant is foreign-born, state:					
Immigration Card Number:		If Naturalized, City,	/State:	Da	ate of Naturalization:
AL'	Pit-u	thdate:	Personal Phone Num		
Applicant B Name: Steven Ryan		rch 7, 1981	H: 843 442-709		C:
Full Address: 1304 Cassia Street, Herndon VA 20	)170		Years at this Address 3	<b>;:</b>	Years as Maryland Resident:
Email Address: steven@pub-partners.com	Sex Mal	·	Place of Birth: Dublin, Ireland		
f applicant is foreign-born, state:					
Immigration Card Number:		If Naturalized, City, MASON CREEK, \			ate of Naturalization: EPTEMBER, 12TH 2015
Applicant C Name: Jafaniah Staples		thdate: 1/1999	Personal Phone Num H: 843 442-709		r: C:
Full Address: 9392 Penrose St Frederick MD 217	704		Years at this Address 3	i:	Years as Maryland Resident:
Email Address: Jafaniah@gmail.com	Sex Ma		Place of Birth: Burma		
f applicant is foreign-born, state:					
Immigration Card Number:		If Naturalized, City, Fredrick, Maryland			ate of Naturalization: /5/2019
NOTE: ALL APPLICANTS WILL BE HER	EAF	TER REFERRED TO BY	THE LETTER A. B. OR	CP	PRECEDING THEIR NAME ABOVE)

DocuSign Envelope ID: E3FD0B44-84B8-4527-884 C925A876A29

**Indicate Maryland Residents:** 

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

<b>SECTION 3: CORPORATION INFORMA</b>	ATION				
A. Qualifying Maryland Resident (Indicat	te with X)			□ Applicant A □ A	Applicant B □ Applicant C
B. Name and Full Address of Corporation	1:	•			
C. Incorporated Under State Laws of:				D. Month and Ye	ear:
E. Authorized Capital:	F. Number of Share	es Authorized:		G. Number of Shares Issued:	
Stockholders (Include all layers equaling 1	.00% owned by indivi	iduals and/or pu	ıblic	ly traded, use add	ditional 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 CORPO					
A. Qualifying Maryland Resident (Indicat	e with X)				ant B Applicant C
B. Name and Full Address of LLC: 10 Rule LLC - 23900 Old Hundred Road Dicker	rson Md. 20842	C. Authorized		rsons of LLC 1 Ryan, Jafaniah S	taples
D. Organized Under State Laws of:		E. Month and December 20		ar:	
Percentage of Ownership Interest of LLC (	Use additional sheet	if necessary):			
Name (A): Jibe LLC / Ian Hilton	Full Address: 2413 N Vermont Str	eet Arlington, VA	A 22	207	Percentage: 25%
Name (B): Richard Eric Hilton	Full Address: 2318 California St N	W Washington	DC	20008	Percentage: 25%
Name (C): Johnatan Staples	Full Address: 42264 Black Hops L	.n, Leesburg, VA	۹ 20	176	Percentage: 25%
Pub Partners LLC SECTION 5: PARTNERSHIP INFORMAT	1304 Cassia Street, H	lerndon VA 2017	70		25%
A. Name and Full Address of Partnership					
C. Date on Which Partnership was Forme	ed:	D. In Which Stat	e:		
Percentage of Ownership Interest of Partr	nership (Use addition	al sheet if neces	sary	<i>(</i> ):	
Name (A):	Full Address:				Percentage:
Name (B):	Full Address:				Percentage:
Name (C):	Full Address:				Percentage:
Indicate Who are the General Partners:		□ Applicant	A 🗆	Applicant B □ Ap	plicant C

□ Applicant A □ Applicant B □ Applicant C

#### **SECTION 6: ESTABLISHMENT INFORMATION**

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

#### **SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANFERRING A LICENSE)**

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

#### **SECTION 8: LEASED PREMISES**

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

#### **SECTION 9: APPLICANT QUESTIONAIRE**

Has any applicant ever been:

ids diff applicant ever seem	
1. Convicted of a felony?	□ YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	□ YES ■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	□ YES ■ 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?	□ YES ■ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	■ YES □ NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it w	as held:
Please see attached document labeled "Previous licenses"	
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?	1
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dawas held:	tes the license
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?	□ YES ■ 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 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.

employees, and any peace officer of Montgomery Cou any and all parts thereof upon and in which said facilit		y and all hours, without warrant, the premises and
Affidavit:		
"By signing this application, I do solemnly declare and a true and correct to the best of my knowledge, informat (A)  (A)  82CF82C43873437  Signature of Application by:  (B)  1142AFFC22ED450  Signature of Application by:  (C)  FFCA81E2D2844E5  Signature of Applicant		ury that the contents of the foregoing document are
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify alcoholic beverage license and that I hereby consent to be permitted by law, and I do hereby grant permission to	that I am the owner of the prop the use of the said property for to the State Comptroller, his dul	the sale thereon of such alcoholic beverages as may y authorized deputies, inspectors and clerks, the
Board of License Commissioners for Montgomery Count County to inspect and search at any and all hours, without facility is to be conducted.		
Affidavit:		
"By signing this application, I do solemnly declare and at true and correct to the best of my knowledge, informati		ury that the contents of the foregoing document are
Docusigned by:  JOHNAN STANK		
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 # 4

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 app	olicant su	bmits and certifi	es to the following infor	nation required by	said article.
SECTION 1: LICENSE TYPE INFOR	MATIO	N			
A. Nature of Application;		□ New Licen	se 🗆 Transfer of Locati	on 🗆 Transfer of (	Ownership Reclassification
B. Entity on Whose Behalf Applicati Made:	on is	■ Corp	ooration 🗆 Limited Liab	lity Company 🗆 P	artnership 🗆 Individual
C. Class of License Applied For:			D. Entity Name: The Village at Ro	ckville . The	C
E. Types of Permits Applied For:		□ Tast	ing (\$200) x Catering		
(See Appendix A)			x Retail Delivery x Spir		
F. Trade Name of Facility: The Village at Rockville				G. Is Business a	Franchise? ☐ YES ■ NO
H. Address of Facility to be Licensed 9701 Veirs Drive, Rockville, M.					
SECTION 2: APPLICANT INFORM	ATION				
Applicant A Name: Cynthia Walters	Birthda 12/13/		Personal Phone Number: H: N/A C:717-979-0317		
Full Address: 1785 Summerfield Drive, Mecha	anicsbu	rg, PA 17055	Years at this Address 25	: Years as Mary N/A	l <mark>and Resident:</mark>
Email Address: cwalters@nationallutheran.org	Sex: Female	e	Place of Birth: Camp Hill, PA		
If applicant is foreign-born, state:					
Immigration Card Number: N/A	If N	Naturalized, City A	r/State:	Date of Naturaliz N/A	ation:
[ - II	D' H		Personal Phone Num	hau.	
Applicant B Name: Craig Wagoner	Birthda	24/57	H: N/A		03-7697
Full Address: 17200 Riffle Ford Road, Germ	antowr	n, MD 20874	Years at this Address	Years as Mary	land Resident:
Email Address:  cwagoner@nationallutheran.org  Male		/	-Bi 161		
	Sex:	•	Place of Birth: Cumberland	1	
	Sex: Male		Cumberland	I, MD	
cwagoner@nationallutheran.org	Sex: Male	Naturalized, City	Cumberland	1	
cwagoner@nationallutheran.org If applicant is foreign-born, state:  Immigration Card Number: N/A	Sex: Male	Naturalized, City A	Cumberland //State:	Date of Naturaliz	
cwagoner@nationallutheran.org If applicant is foreign-born, state: Immigration Card Number:	Sex: Male	Naturalized, City A nte:	Personal Phone Num	Date of Naturaliz N/A ber: c 240-8	ration:
cwagoner@nationallutheran.org If applicant is foreign-born, state: Immigration Card Number: N/A  Applicant C Name:	Sex: Male If N// Birthda 09/19/0	Naturalized, City A lite: 63	Personal Phone Num H:410-707-1466 Years at this Address 10+	Date of Naturaliz N/A ber: c 240-8	ration:
cwagoner@nationallutheran.org If applicant is foreign-born, state: Immigration Card Number: N/A  Applicant C Name: Felicia Anthony Full Address:	Sex: Male If N N// Birthda 09/19/0	Naturalized, City A nte: 63	Personal Phone Num H:410-707-1466 Years at this Address	Date of Naturaliz N/A ber: c 240-8 : Years as Mary 20+	ration:

If Naturalized, City/State:

**Immigration Card Number:** 

N/A

Date of Naturalization:

N/A

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

<b>SECTION 3: CORPORATION INFORM</b>					
A. Qualifying Maryland Resident (Indica	•		Applicant A A	Applicant B  Applicant C	
B. Name and Full Address of Corporation The Village at Ro		nc.			
C. Incorporated Under State Laws of: (1) Washington, DC (2) Mary			D. Month and Yo (1) 1890 (2)	ear: 1) 1980	
E. Authorized Capital: N/A	F. Number of Share N/A	es Authorized:	G. Number of St N/A	nares Issued:	
Stockholders (Include all layers equaling	100% owned by indivi	duals and/or publ	icly traded, use ad	ditional sheet if necessary)	
Name (A): NLI	Full Address: 5275 Westview Driv	e, Suite 110, Fred	derick, 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, Mechanics	sburg, PA 17055	Title: President, CEO	
Name (B): Craig Wagoner		Road, Germanto	own, MD 20874	Title: Vice President of Operations	
Name (C): Felicia Anthony	Full Address: 5203 Woolton Co	unt Elkridge	MJ 21075	Title:	
SECTION 4: LIMITED LIABILITY CORP		•			
A. Qualifying Maryland Resident (Indica	te with X)	□ Ap	plicant A 🗆 Applica	ant B 🗆 Applicant C	
B. Name and Full Address of LLC:		C. Authorized Persons of LLC			
D. Organized Under State Laws of:		E. Month and Ye	ear;		
Percentage of Ownership Interest of LLC (		f necessary):			
Name (A): N/A	Full Address:			Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Fuli Address:			Percentage:	
SECTION 5: PARTNERSHIP INFORMA					
A. Name and Full Address of Partnership	:				
C. Date on Which Partnership was Forme	ed: E	). In Which State:			
Percentage of Ownership Interest of Partr	nership (Use addition:	al sheet if necessar	ry):		
Name (A):	Full Address:			Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
Indicate Who are the General Partners:		☐ Applicant A ☐	Applicant B 🗆 App	Dicant C	
Indicate Maryland Residents:			Applicant B App		
	- Approprie Carappoorie Carapp				

SECTION 6: ESTABLISHMENT INFOR	MATIO	N	-	1.1.1.1	and the state of t
A. Detailed description and total squar located in strip mall, restaurant, seating 111 cottages, and 131 family apt.	Dunan	ig. There are common co.	g for Cres mmu	encompassing 160-bed unity spaces, including o	Health Ctr., utdoor seats
B. Who Will be in Charge of Day-to-Day Shayana Islam					
C. Phone Number of Establishment: 301-424-9560		Type of Facility/Facility Concept staurant	:		
E. Date Applicant will Begin to Operate:		Days and Hours of Operation:			
Already open - requesting reclassificati	ion Su	nday - Saturday, 11:00 a.r	n	11:00 p.m.	
Dec. 28, 2016					
SECTION 7: LICENSE TRANSFER (CO	MPLET	E ONLY IF TRANSFERRING A	LICE	NSE)	
A. Names of all Current License Holders	::			B. Date Facility Began Opera	ting:
1)	3)				
C. Location of Current Licensed Facility:		D. Location to Which License	is Bei	ng Transferred:	
SECTION 8: LEASED PREMISES	n Dhaw	e Number of Property Owner:	C F	ull Address of Property Owne	r:
A. Name of Property Owner:	B. Phon	le Mussiber of Property Owner.	U. 1	an Managara of Francis	
N/A - owned by The Village at Rockville					
D. Date Lease Made: N/A			E. D	ate Lease Expires:	
F. State Renewal Options, if any:					
SECTION 9: APPLICANT QUESTIONA Has any applicant ever been:	AIKE				
1. Convicted of a felony?					□ YES ■ NO
2. Found guilty of violating the laws gov	verning	the sale of alcohol in the State of	of Ma	ryland or the United States?	□ YES ■ NO
3. Found guilty of violating the laws for	preven	tion and gambling in the State of	of Ma	ryland or the United States?	□ YES ■ NO
4. Found guilty of any offense against t traffic offense?	he laws	of the State of Maryland or the	Unite	ed States other than a minor	□ YES ■ NO
5: Has any applicant ever had a license	for the	sale of alcoholic beverages susp	end	ed or revoked?	☐ YES ■ NO
6. Has any applicant ever had a license	for the	sale of alcoholic beverages?			■ YES □ NO
If VES, state name of annlicant, name of	f facility	address for which license was	held	, and the dates for which it wa	as held:
Felicia Anthony	- No	orth Oaks Re	tir	ement Comr	nunity
7: Does any applicant or person with a	n owne	rship interest in this facility hav	e a fi	nancial 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?					
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 ap	plicant	(s) have any financial interest i	in th	is alcoholic beverage license	□ YES ■ NO
applied for, or in the facility to be cond	ducted L	inder the current license?			
If YES, state name and the financial interest owned:					

	and TION				
ECTION 6: ESTABLISHMENT INFOR	re footage of the portion of the building	for which license is sought (ex. Fr	ee standing,		
A. Detailed description and total squa	te tootage of the portion of the menune		1		
located in strip mall, restaurant, seatin					
B. Who Will be in Charge of Day-to-Da	y 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 (CC	OMPLETE ONLY IF TRANSFERRING A	B. Date Facility Began Opera	ting:		
A. Names of all Current License Holder	rs:	, ,			
1)	3)				
2) C. Location of Current Licensed Facility	D. Location to Which License i	s Being Transferred:			
C. LUCANON C. LIN					
DELLES DELLES	•				
SECTION 8: LEASED PREMISES	B. Phone Number of Property Owner:	C. Full Address of Property Owner	r:		
A. Name of Property Owner:					
		E. Date Lease Expires:			
D. Date Lease Made:		E. Date Lease Expires			
F. State Renewal Options, if any:					
F. State Renewal Options, and					
	IAIDE				
SECTION 9: APPLICANT QUESTION	NAIRE				
Has any applicant ever been:			□ YES ₽NO		
1. Convicted of a felony?	overning the sale of alcohol in the State	of Maryland or the United States?	□ YES DNO		
		01 10121 1121	□ YES ®MO		
4. Found guilty of violating the laws i	t the laws of the State of Maryland or the	United States other than a minor	□ YES □ ANO		
			□ YES NO		
5: Has any applicant ever had a licens	se for the sale of alcoholic beverages sus		VES - NO		
6. Has any applicant ever had a licens	se for the sale of alcoholic beverages?	s held, and the dates for which it w	as held:		
If YES, state name of applicant, name	e of facility, address for which license was ement Community  Ane Mikescille MD a	S Held, and the dates let the service and	2 - 5		
775 ML WILSON 1	ane Pikescille, MD :	21208 2018,2019	12020		
7 De se any applicant or person with	an ownership interest in this facility ha	ve a financial interest in any other			
725 Mt. WILSON LANE TREESTITE STATE And A TREESTITE OF THE STATE OF TH					
for granted or issued under the Alc	oholic Beverages Article of the Annotate	ed Code of Iviaryland:	tes the license		
If YES, state the name of the application	oholic Beverages Article of the Affilotate ant, name and address of licensed prem	ises and ownership and add the de	ISOU ELLO HOUSE		
was held:					
		a al traballa bassaran lianna	T VEC - M		
8: Does any person other than the	applicant(s) have any financial interest	in this alcoholic peverage license	□ YES □ NO		
amplied for or in the facility to be co	onducted under the current heerist.				
If YES, state name and the financial	HIFELEST CANGES.				
-		Willage at Rock	10:11:0		
		$11/1/49$ $A \rightarrow 10/1$	~ ~ ~ ~ ~ ~ ~		

I was not working at 3 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 conveyor 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 thereofupon and in which said facility is to be conducted.

#### Affidavit:

Ailinavic	
"By signing this application, I do solemnly declare and affire	n under the penalties of perjury that the contents of the foregoing document are
true and correct to the best of my knowledge, information,  (A)	
Signature of Applicant	
IN COLO	
Signature of Applicant	
(c) Estage Congress	
Signature of Applicant	
(D)	Carett in Mathe
	(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 # 5

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 Juised

(PLEASE PRINT OR TYPE IN INK)

#### To the Board of License Commissioners for Montgomery County:

**SECTION 1: LICENSE TYPE INFORMATION** 

A Nature of Application:

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.

- All ration of Alphinession,		E Mew Men	26 m 11911	Siel OI LOCAL	ion in manster of	Ownership 🛭 i	Reciassification
, ,	ntity on Whose Behalf Application is Corp			poration  Limited Liability Company  Partnership  Individual			
Made:	ade:						
C. Class of License Applied For: B, BWHR				y Name: uffet Rock	ville LLC		
E. Types of Permits Applied For:		□ Tast	ing (\$200	catering	□ Outdoor Café	□ Refiliable Co	ntainer
(See Appendix A)			n Retail D	elivery 🗆 Sp	irits for Cooking	☐ Wine Corka	ze
F. Trade Name of Facility: Umi Sushi & Seafood Buffet					G. Is Business	a Franchise?	□ YES ■ NO
H. Address of Facility to be Licensed (No P.O. Box): 1471 Rockville Pike, Rockville, Maryland 20852							
SECTION 2: APPLICANT INFORM	ATIC	ON					
Applicant A Name: Tao Li		hdate: 24/1987	H: None		c;929-3	75-9230	
Full Address: 8102 Miner Street, Greenbelt,	MD	20770	Years at App. 1	this Address year	Years as Mar App. 8 yea	ryland Residen ITS	t:
Email Address: rakurockvillemd@gmail.com	Sex: Male	Sex: Place of Birth:					
If applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, City New York, New			Date of Natural 2009	ization:	
Applicant B Name: Fan Li		hdate: 20/1991	Personal Phone Number: H: None C:914-217-6199				
Full Address: 46 Jeanmoor Road, Buffalo,			Years at this Address: Years as Maryland Resident: App. 3 years N/A		i:		
0	Sex: Mal		Place of Birth: Chiпа				
if applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, City New York, NY	/State:		Date of Natural 12/23/2014	ization:	
Applicant C Name:	Birt	hdate:	Personal H:	onal Phone Number: C			
Full Address:			Years at this Address: Years as Maryland Resident:		'P		
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 E	SE HE	REAFTER REFERRED	TO BY TH	E LETTER A,	B, OR C PRECEDI	NG THEIR NAM	E ABOVE)

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

A. Qualitying Maryland Resident (Indica	te with X)		🗆 Applicant A 🗆 A	Applicant B 🗆 Applicant C
B. Name and Full Address of Corporation	n:	<b>'</b>		
C. Incorporated Under State Laws of:			D. Month and Y	ear:
E. Authorized Capital:	F. Number of Shares A	uthorized:	G. Number of Si	nares Issued:
Stockholders (Include all layers equaling 1	100% owned by individua	s and/or public	ly traded, use ad	ditional 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 CORPO A. Qualifying Maryland Resident (Indicat B. Name and Full Address of LLC: Umi Buffet Rockville LLC, 1471 Rockville Pik	te with X)	Authorized Pe	olicant A  Application Applications of LLC  and Fa	ant B 🗆 Applicant C
D. Organized Under State Laws of: Maryland		Month and Yes bruary 17, 2		
Percentage of Ownership Interest of LLC (	Use additional sheet if ne	cessary):		
Name (A): Tao Li	Full Address: 8102 Miner Street, G	reenbelt, Ma	ryland 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 INFORMA	TION			
A. Name and Full Address of Partnership	2			
C. Date on Which Partnership was Forme	ed: D. In	Which State:		
Percentage of Ownership Interest of Partr		eet if necessary	/):	
Name (A):	full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
Indicate Who are the General Partners:		Applicant A	Applicant B 🗆 App	plicant C
Indicate Maryland Residents:				
			اوان د درستساعات	

SECTION (	6: ESTA	BLISHMENT	INFORMATION
-----------	---------	-----------	-------------

	ootage of the portion of the building for which license is sought (ex. Free standing,			
located in strip mall, restaurant, seating, b Located in Congressional Plaza, R	eer/wine, etc.): ockville 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:		B. Date Facility Began Operating:
1)	3)	
2)		
C. Location of Current Licensed Facility:	D. Location to Which License is Bei	ng Transferred:

#### **SECTION 8: LEASED PREMISES**

SECTION OF FEWSEN LIKELAISES			
A. Name of Property Owner:	B. Phone Number of Property Owner:		C. Full Address of Property Owner:
Congressional North Associates LP	301-692-1900	x574	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 QUESTIONAIRE**

Has any applicant ever been:

THE WILL APPRICATION OF THE PROPERTY OF THE PR	
1. Convicted of a felony?	□ YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	■ YES □ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	□ YES ■ NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor	□ YES ■ NO
traffic offense?	
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	■ YES □ NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was	as held:
Tao Li - Class B, BLX, BWIL License, Latao Hot Pot, 8700 Baltimore Ave., Suites A&B, College Park, MD 20740 (stockholder and licensee since 8/2018); Fan Li, BWIL license for Aloha Krab of Buffalo, LLC, 1 Walden Galleria, #P103, Buffalo, NY 14225 (m	ember and licensee since 2/2021)
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?	
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the da	tes the license
was held:	
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 licenses	from 8/2018 to present)
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license	□ YES ■ NO
applied for, or in the facility to be conducted under the current license?	
If YES, state name and the financial interest owned:	

<sup>\*\*</sup> See attached statement for Tao Li.

#### SECTION 10: CERTIFICATES AND SIG TURES

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 conveyor 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:

C/o PMAS, LLC
121 Congressional Lane
Suite 200
Reckville, MD 20852

"By signing this application, I do solemnly declare at true and correct to the best of my knowledge, infor			rjury that the contents	of the foregoing document are
(0)	•	74 IT		
Cignature of Applicant		1000		
Signature of Applicant (B)		GALLT		
0		THON LL		
Signature of Applicant				
(C)				
Signature of Applicant				
$\lambda/A$	(D)			
		(FOR CORPORATION	APPLICATIONS ONLY)	Corporate President Signature
Board of License Commissioners for Montgomery County to inspect and search at any and all hours, we facility is to be conducted.  Affidavit:				
"By signing this application, I do solemnly declare are true and correct to the best of my knowledge, information and correct to the best of my knowledge and correct to the my			rjury that the contents	of the forego ing document are
			_	
Signature of the Property Owner				
Alan D. Cohen, Authorize	d Pe	rson	<del>_</del>	
Printed Name of Property Owner				
Congressional North Associates Limited	d Partnei	rship		
Address of Property Owner	Pho	one of Property Owner	•	
C/O PMAS IIC	2	301-692-190	00	

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

#### Facebook | mhlawyers.com

\*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. Kylis < 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

# 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)

To the Board of License Commissions Application is made by the undersig	ned undei	the provisions	of Alcoholic Beverage	s Ari	ticle of the Apporated Chapter	MAARLI EL
alcoholic beverage license and each a	pplicant s	ubmits and certi	fies to the following inf	orm	ation required by said article.	iviaryiand, for
SECTION 1: LICENSE TYPE INFO					# 125352	(g)
A. Nature of Application:		□ New Lice	ense  Transfer of Loc	atio	Transfer of Ownership 🗆 R	eclassification
B. Entity on Whose Behalf Applica Made:	tion is				ty Company 🗆 Partnership 🗆 l	
C. Class of License Applied For: Class D (On/Off Sale)	3/6	=1	D. Entity Name: TasteMakers N	lana	agement LLC	
E. Types of Permits Applied For:	,	□ Tas	sting (\$200) 🗆 Caterin	ıg 🗆	Outdoor Café 🗆 Refillable Co	ntainer
(See Appendix A)			☐ Retail Delivery ☐ S	pirit	s for Cooking D Wine Corkag	e
F. Trade Name of Facility: Seafood in The Buff in Whea	ton					□ YES ■ NO
H. Address of Facility to be License 12132 Georgia Avenue, Whe						
SECTION 2: APPLICANT INFORM	IATION					
Applicant A Name:	Birthda		Personal Phone Number:			
Lamont Howard Jackson Sr.	09/02/	1971	н: 410-935-1696 с:			
	Address: honda Ct.,Windsor Mill, Maryland 21244		Years at this Addres	ss:	Years as Maryland Resident: since 1971	
Email Address: bridgewaterworldwide@gmai	Sex: ail M		Place of Birth: Baltimore, MD			
fapplicant is foreign-born, state:						
Immigration Card Number:	If N	aturalized, City	//State:	Da	ate of Naturalization:	
Applicant B Name:	Birthdat	e:	Personal Phone Nun H:	nbei	r; C:	
Full Address:			Years at this Addres	s:	Years as Maryland Resident:	
Email Address: Sex:		Place of Birth:				
applicant is foreign-born, state:						
mmigration Card Number:	If N	aturalized, City	/State:	Da	te of Naturalization:	
Applicant C Name:	Birthdat	2:	Personal Phone Num	ber		
ull Address:			H: Years at this Address	s:	C Years as Maryland Resident:	
mail Address:	Sex:		Place of Birth:			
applicant is foreign-born, state:			•	-		

Date of Naturalization:

If Naturalized, City/State:

**Immigration Card Number:** 

#### APPLIES)

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS A
SECTION 3: CORPORATION INFORMATION
A. Qualifying Maryland Resident (Indicate with X)
B. Name and Full Address of Corporation:
•

C. Incorporated Under State	Laws of:	D. Month and Year:		
E. Authorized Capital:	G. Number of Shares Issued:			
Stockholders (Include all layer	s equaling 100% owned by individuals and/or pub	   licly 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:		

☐ Applicant A ☐ Applicant B ☐ Applicant C

A. Qualifying Maryland Resident (Indicate with X)	■ Applicant A □ Applicant B □ Applicant C
B. Name and Full Address of LLC: 12132 Georgia A	C. Authorized Persons of LLC
TasteMakers Management LLC Wheaton, Md	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):

Full Address:	Percentage: 100%
Full Address:	Percentage:
Full Address:	Percentage:
	Full Address:

#### **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:	☐ Applicant A ☐ Applicant B ☐ Applicant C		
Indicate Maryland Residents:	☐ Applicant A ☐ Applicant B ☐ Applicant C		

SECTION 6:	<b>ESTABLISHN</b>	AFMT INFOR	MATION

footage of the portion of the building for which license is sought (ex. Free standing			
beer/wine, etc.);			
ng strip shopping center with three business premises			
perations (General Manager):			
D. Type of Facility/Facility Concept: Restaurant			
E. Date Applicant will Begin to Operate: 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, M	D. Location to Which License is Bei 12132 Georgia Avenue, Whe	ng Transferred: eaton, MD 20902 (same as current ac

#### **SECTION 8: LEASED PREMISES**

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Hewitt Properties, LLC	3014690909	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 QUESTIONAIRE**

Has any applicant ever been:

Has any applicant ever been:	
1. Convicted of a felony?	
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	□ YES ■ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	
6. Has any applicant ever had a license for the sale of alcoholic beverages?	□ YES ■ NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it w	as 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?	□ YES ■ NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the da was held:	tes the license
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?	□ YES ■ NO
If YES, state name and the financial interest owned:	

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 conveyor 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.

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
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."
Dand G. Moregan Agent
Signature of the Property Owner
DAVID G MORGON, Agent
Printed Name of Property Owner
Howitt Properties, LLC
Address of Property Owner Phone of Property Owner SOI-469-0900
Berthesda MW 20817

# 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.

# 

(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.

alcoholic beverage license and each app			es to the following infor	mat	l $258529$	
SECTION 1: LICENSE TYPE INFOR	MATI			_		Poclacsification
A. Nature of Application:						
B. Entity on Whose Behalf Applicati Made:	on is	□ Corp	oration <b>E</b> Limited Liab	ility	/ Company □ Partnership □	individual
C. Class of License Applied For: B(BLW)			D. Entity Name: Well Kisco The Car			
E. Types of Permits Applied For:		□ Tast	ing (\$200) <b>E</b> Catering		Outdoor Café 🗆 Refillable Co	ontainer
(See Appendix A)			🗆 Retail Delivery 🗆 Sp	irits	s for Cooking Wine Corka	
F. Trade Name of Facility: The Carnegie at Washingtonian Ce	nter			G	i. Is Business a Franchise?	□ YES ■ NO
H. Address of Facility to be Licensed 10100 Washingtonian Blvd., Gaithe	(No Persburg	<b>.O. Box):</b> g, MD 20878				
SECTION 2: APPLICANT INFORM	ATIOI	V				
Applicant A Name: Jennifer C. Murray		date: /1985	Personal Phone Num H: n/a	be	<b>C</b> : 510-685-2990	
Full Address: 5 Battery Bend, Montgomery Villag	Full Address: 5 Battery Bend, Montgomery Village, MD 20886		Years at this Address 8 months	- 1	Years as Maryland Resident: 8 months	
Email Address: jennifer.pastora@kiscosl.com	Sex:		Place of Birth: San Francisco, CA			
If applicant is foreign-born, state:					3	
Immigration Card Number: n/a	If Naturalized, City		/State: Date of Naturalization: n/a			
Applicant B Name: Mitchell J. Ritschel	Birthdate: 03/03/1962		Personal Phone Num H: n/a	- TOO OCC OFD4		
Full Address: 107 Via Monte Picayo, San Clemente, CA 92673		Years at this Address	s: Years as Maryland Resident: n/a		t:	
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 n/a	/State:	Date of Naturalization:		
Applicant C Name: Russell J. Simon		thdate: Personal Phone 13/1989 H:n/a		ne Number: C 734-846-2641		
Full Address: 2116 Dorset Road, Ann Arbor, MI 48104		Years at this Address 4 months	•		t:	
Email Address: rsimon@welltower.com	Sex: Male		Place of Birth: Ypsilanti, MI			
If applicant is foreign-born, state:						
Immigration Card Number:			py/State: Date of Naturalization: n/a			

# (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 🗆 A	pplicant B □ Applicant C	
B. Name and Full Address of Corporatio	B. Name and Full Address of Corporation:					
n/a						
C. Incorporated Under State Laws of:				D. Month and Ye	ear:	
E. Authorized Capital:	F. Number of Shar	res Authorized	:	G. Number of Sh	nares Issued:	
Stockholders (Include all layers equaling 3	100% owned by indiv	viduals and/or	public	ly traded, use ad	ditional 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 CORP	ORATION INFORM	TATION				
	A. Qualifying Maryland Resident (Indicate with X)  ■ Applicant A □ Applicant B □ Applicant C					
B. Name and Full Address of LLC:  C. Authorized Persons of LLC						
Well Kisco The Carnegie Tenant, LLC; 4500 Dorr St, Toledo, OH 43615 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 (		t if necessary):				
Name (A): Well Kisco Dev Ridea Master Tenant, LLC	Full Address: 4500 Dorr Street, T	oledo, OH 43	615		Percentage: 100	
Name (B):	Full Address:	ull Address:		Percentage:		
Name (C):	Full Address:	ull Address:			Percentage:	
SECTION 5: PARTNERSHIP INFORMATION						
A. Name and Full Address of Partnership:						
n/a						
C. Date on Which Partnership was Forme	ed:	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:   □ Applicant A □ Applicant B □ Applicant C						
Indicate Maryland Residents:				Applicant B □ App		

### **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, b			
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:	D. Type of Facility/Facility Concept:		
240-690-0726	Continuing care retirement community.		
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:		
Bistro 7-2 PM daily Main Dining room 4-3 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:			B. Date Facility Began Operating:
1) n/a	3)		
2)			
C. Location of Current Licensed Facility:		D. Location to Which License is Bei	ng Transferred:

### **SECTION 8: LEASED PREMISES**

		[ a = 0 a 1 3		
A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:		
Well Kisco The Carnegie Landlord, LLC	419-247-2800	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 QUESTIONAIRE**

Has any applicant ever been:

rias any applicant even been.	
1. Convicted of a felony?	□ YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	□ YES ■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	□ YES ■ 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?	□ YES ■ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	□ YES ■ NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it w	as 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?	□ YES ■ NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dawas held:	tes the license
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?	■ YES □ NO
If YES, state name and the financial interest owned:	
See attached structure chart.	

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.

employees, and any peace officer of Montgome any and all parts thereof upon and in which said	ery County to inspect and search a facility is to be conducted.	t any and all hours, with	norized agents and out warrant, the premises and
Affidavit:			
"By signing this application, I do solemnly declare true and correct to the best of my knowledge, in	e and affirm under the penalties of formation, and belief."	perjury that the content	of the foregoing document a
(A)	Jennifer C. Murray	_	
Signature of Applicant		-	
(8)	Mitchel J. Ritschel	_	
Signature of Applicant			
(C)	Russell J. Simon	-	
Signature of Applicant			
	(D)	n/a	
22. CERTIFICATE OF PROPERTY OWNER: I hereby alcoholic beverage license and that I hereby const be permitted by law, and I do hereby grant permit Board of License Commissioners for Montgomery County to inspect and search at any and all hours, facility is to be conducted.  Affidavit:  "By signing this application, I do solemnly declare true and correct to the host of my knowledge in the sand correct to the host of my knowledge in the sand correct to the host of my knowledge."	certify that I am the owner of the pent to the use of the said property is sion to the State Comptroller, his county, its duly authorized agents without warrant, the premises and	roperty named in the for for the sale thereon of su- duly authorized deputies, and employees, and any dany and all parts thereo	ch alcoholic beverages as may inspectors and clerks, the peace officer of Montgomery fupon and in which said
Signature of the Property Owner Well Kisco The Carnegie Landlord, LLC Printed Name of Property Owner	rmation, and belief."		water to ego nig document are
4500 Dorr Street, Toledo, OH 43615	419-247-2800		
Address of Property Owner	Phone of Property Owne	<del></del> er	

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 declar true and correct to the best of my knowledge, in		of perjury that the contents	of the foregoing document ar
(A)	Jennifer C. Murray	·	
Signature of Applicant			
(B)	Mitchel J. Ritschel		
Signature of Applicant	Russell J. Simon		
(C)	RUSSELLA CHILOTI		
Signature of Applicant	(D)	n/a	
		TION APPLICATIONS ONLY	Corporate President Signatur
Board of License Commissioners for Montgomer County to inspect and search at any and all hour facility is to be conducted.  Affidavit:			
"By signing this application, I do solemnly declar true and correct to the best of my knowledge, in		of perjury that the contents o	of the foregoing document ar
Signature of the Property Owner  Well Kisco The Carnegie Landlord, LLC			
Printed Name of Property Owner			
4500 Dorr Street, Toledo, OH 43615		a rafatika telah batu	
	419-247-2800		

Address 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 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.

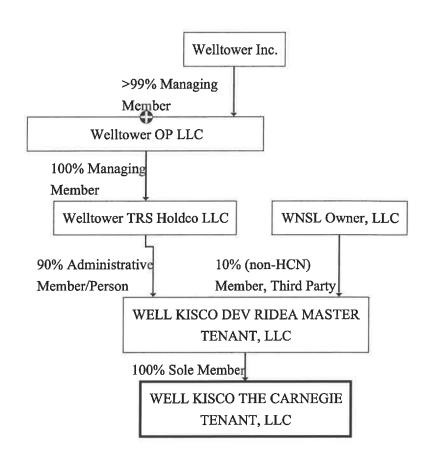
any and an parto the or apoli and in this one		
Affidavit:		
"By signing this application, I do solemnly declare a true and correct to the best of my knowledge, info		perjury that the contents of the foregoing document are
(A)	Jennifer C. Murray	-
Signature of Applicant		
(B)	Mitchel J. Ritschel	4.
Signature replicant  Russell Simon  (C)  **BASEC CROZEBCA48**	Russell J. Simon	
Signature of Applicant		
	(D)	n/a
	(FOR CORPORATION	ON APPLICATIONS ONLY) Corporate President Signature
be permitted by law, and I do hereby grant permiss	nt to the use of the said property sion to the State Comptroller, his County, its duly authorized agents	for the sale thereon of such alcoholic beverages as may duly authorized deputies, inspectors and clerks, the and employees, and any peace officer of Montgomery
"By signing this application, I do solemnly declare a true and correct to the best of my knowledge, info		perjury that the contents of the foregoing document are
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	

Phone of Property Owner

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 true and correct to the best of my knowledge, info		perjury that the contents	of the foregoing document are
(A)	Jennifer C. Murray	_	
Signature of Applicant			
(B)	Mitchel J. Ritschel	-	
Signature of Applicant			
(C)	Russell J. Simon		
Signature of Applicant			
	(D)	n/a	
22. CERTIFICATE OF PROPERTY OWNER: I hereby calcoholic beverage license and that I hereby conse be permitted by law, and I do hereby grant permis Board of License Commissioners for Montgomery County to inspect and search at any and all hours, facility is to be conducted.  Affidavit:	ent to the use of the said property to ssion to the State Comptroller, his of County, its duly authorized agents	for the sale thereon of sud duly authorized deputies, and employees, and any	ch alcoholic beverages as may inspectors and clerks, the peace officer of Montgomery
"By signing this application, I do solemnly declare true and correct to the best of my knowledge, info		erjury that the contents o	of the foregoing document are
765D38FC8A57424			
Signature of the Property Owner Well Kisco The Carnegie Landlord, LLC			
Printed Name of Property Owner		<del></del>	
4500 Dorr Street, Toledo, OH 43615	419-247-2800		
Address of Property Owner	Phone of Property Own	er	



# APPLICATION # 8

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false seatements, 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)



Application is made by the undersigned under the provisions of Alcoho alcoholic beverage license and each applicant submits and certifies to the	
SECTION 1: LICENSE TYPE INFORMATION	# 1245527

To the Board of License Commissioners for Montgomery County:

A. Nature of Application:	■ New Licen	■ New License  ☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification					
B. Entity on Whose Behalf Applicat Made:	ion i	s □ Corp	□ Corporation ■ Limited Liability Company □ Partnership □ Individual				
C. Class of License Applied For: B (B/W/L)			D. Entity Name: Kusshi Rockville T				
E. Types of Permits Applied For:		□ Tast	ing (\$200) 🗷 Caterin	g 🔳	Outdoor Café Refillable Container		
(See Appendix A)			Retail Delivery - S		ts for Cooking  Wine Corkage		
F. Trade Name of Facility: Kusshi			No must some	-	G. Is Business a Franchise? ☐ YES ■ NO		
H. Address of Facility to be License 36-G Maryland Ave Rockville, MD			ONE				
SECTION 2: APPLICANT INFORM	IATI	ON					
Applicant A Name:		thdate:	Personal Phone Nui	mbe	er:		
Tone Chow	12/	26/1986	H:		C: 240-506-1901		
Full Address: 11849 Emerald Green Dr. Clarksb	urg,	MD 20871	Years at this Address 10	ss:	Years as Maryland Resident: 29		
Email Address: tonechowmail@gmail.com	Sex M	K:	Place of Birth: Chicago, IL				
If applicant is foreign-born, state:							
Immigration Card Number:	If Naturalized, City	ralized, City/State:		Date of Naturalization:			
Applicant B Name: Kevin A Lin		thdate: 12/1988	Personal Phone Number: H: C: 240-707-1705				
Full Address: 2305 McAuliffe Dr, Rockville, MD 2	2085	1	Years at this Address: Years as Maryland Residen 20		Years as Maryland Resident: 20		
Email Address:	Sex	ς:	Place of Birth:				
anlin35@gmail.com	М		Fuzhou, China				
If applicant is foreign-born, state:							
Immigration Card Number: 078-613-194		If Naturalized, City, Memphis, TN	laturalized, City/State: nphis, TN		Date of Naturalization: 07/09/2002		
Applicant C Name:	Died	thdate:	Personal Phone Nur				
Applicant c Name:	DIF	inuate:	H:	nbe	r: C		
Full Address:			Years at this Address: Years as Maryland Resident:		Years as Maryland Resident:		
Email Address:		Place of Birth:					
f applicant is foreign-born, state:							
Immigration Card Number:	If Naturalized, City,	/State:	Da	ate of Naturalization:			
(NOTE: ALL APPLICANTS WILLE	BE HE	REAFTER 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)

**Indicate Maryland Residents:** 

SECTION 3: CORPORATION INFORMA								
A. Qualifying Maryland Resident (Indicat	☐ Applicant A ☐ Applicant B ☐ Applicant C							
B. Name and Full Address of Corporation	1:							
C. Incorporated Under State Laws of:			D. Month and Y	ear:				
E. Authorized Capital:	F. Number of Shares	Authorized:	G. Number of S	nares Issued				
Stockholders (Include all layers equaling 1		uals and/or publ	icly traded, use ad	ditional 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:				
				L				
SECTION 4: LIMITED LIABILITY CORPO								
A. Qualifying Maryland Resident (Indicat  B. Name and Full Address of LLC:	e with X)	■ Ap C. Authorized P		ant B □ Applicant C				
		_						
Kusshi Rockville Town Square LLC. 20251 Century Blvd Ste	e 140. Germantown, MD 20874	Tone Cr	now, An L	-in				
D. Organized Under State Laws of: Maryland		E. Month and You 10/17/2023	ear:					
Percentage of Ownership Interest of LLC (		necessary):						
Name (A): Tone Chow	Full Address: 11849 Emerald Greei	n Dr. Clarksburg	MD 20871	Percentage: 40				
Name (B): An Lin	Full Address: 2305 McAuliffe Dr, Ro	ockville MD 208	51	Percentage: 20				
	Full Address:	ockville, IVID 200	31	Percentage:				
• /	5718 MAYFAIR MANOR DR	NW #101, NORTH B	ETHESDA, MD 20852					
SECTION 5: PARTNERSHIP INFORMAT	ΓΙΟΝ							
A. Name and Full Address of Partnership								
C. Date on Which Partnership was Forme	d: D.	In Which State:						
Percentage of Ownership Interest of Partn	ership (Use additional	sheet if necessa	ry):					
Name (A):	Full Address:			Percentage:				
Name (B):	Full Address:			Percentage:				
Name (C):	Full Address:	Full Address: Percentage:						

□ Applicant A □ Applicant B □ 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

F. Days and Hours of Operation:
5/1/2024

Sunday-Thursday 11AM-2AM; Friday-Satuday: 11AM-3AM;

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:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:					
Morguard Rockville Retail LLC	(240) 791-0734	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 QUESTIONAIRE**

Has any applicant ever been:

1. Convicted of a felony?	☐ YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	yes No
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	□ YES ■ 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?	□ YES ■ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	■ YES □ NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it w Tone Chow & An Lin: 1) Hanaro; 7820 Norfolk Ave, Bethesda, MD 20814; 2016-Present 2) Kusshi; 11 Street, North Bethesda, MD 20852; 2019-Present 3) Kusshi; 8512 Fenton St, Silver Spring, MD 20910; 2	826 Trade
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?	■ YES □ NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dawas held: Tone Chow (20% for all entities listed) & An Lin (20% for all entities listed): 1) Hanaro; 7820 Norfolk Ave, Bethesda, MD 20814; 2016-P.	
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?	■ YES □ NO
If YES, state name and the financial interest owned:	
Wesley Yao (40%)	

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 conveyor 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	icense Commissioners for Montgomery County, its duly authorize the State Comptioner, his duly active to the State Compt	d agents and
Affidavit:		
"By signing this application, I do solemnly declaring and correct to the best of my knowledge,	are and affirm under the penalties of perjury that the contents of the nformation, and belief."	e foregoing document are
(A)		
Signature of Applicant		
(B)		
Signature of Applicant		
(C)		
Signature of Applicant		
	(D)	
alcoholic beverage license and that I hereby co be permitted by law, and I do hereby grant per Board of License Commissioners for Montgome County to inspect and search at any and all hou facility is to be conducted.	re and affirm under the penalties of perjury that the contents of the	coholic beverages as may ectors and clerks, the e officer of Montgomery on and in which said
true and correct to the best of my knowledge, i		. Toregoing document, are
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

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

### RE: Kusshi Rockville Town Square

### Tony Chow <tonechowmail@gmail.com>

Wed 5/15/2024 8:17 PM

To:Johns, Melissa < MelissaJohns@montgomerycountymd.gov > Cc:'Kevin Lin' < anlin35@gmail.com >

### [EXTERNAL EMAIL]

Missi:

### As requested:

Name of	Name of			Dates License
Applicant	Premises	Address of Premises	Ownership	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	40%	2022-Present
		1201 South Joyce St Ste C3 Arlington, VA 22202; Arlington		
Tone Chow	Kusshi	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	20%	2022-Present
		1201 South Joyce St Ste C3 Arlington, VA 22202; Arlington		
Kevin A Lin	Kusshi	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

### DocuSign Envelope ID: 2E9ADDB1-9289-4D18-827B-B60FEEA6BABB

Ments, the offender shall be deemed without

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 COUNTRY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

MAY 17 24 44 1193

To	the Board	of	License Comm	issioners	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 IN	FORMA	TION			# 第122	owas			
A. Nature of Application:			■ New License  ☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification						
B. Entity on Whose Behalf Appl Made:				lity Company 🗆 Partnership 🗀					
C. Class of Licease Applied For	- B/W				D. Entity Name: Salud Takoma, LLC				
E. Types of Permits Applied For: (See Appendix A)	A	Retail Delivery	ing c	o Outdoor Café o Refillable C its for Cooking o Wine Corka	ontainer				
F. Trade Name of Facility: SALUD! Beer & Wine					G. Is Business a Franchise?	□ YES NO			
H. Address of Facility to be Licer 1173-C University Blvd, Takom	rsed (No a Park, A	P.O. Box): //d. 20912							
SECTION 2: APPLICANT INFO	RIMATIC	N							
Applicant A Name:		hdate:	Personal Phone N	umb					
Rodney Gregory Full Address:	1170	2/1991	H:	_	C: (240) 906-1777				
1520 Dilston Road, Silver Sprin	g, Md. 2	0903	Years at this Addr	dress: Years as Maryland Resident:		t:			
Email Address: rodneyngregory1991@gmail.com		Place of Birth: United States							
f applicant is foreign-born, state									
Immigration Card Number:		If Naturalized, Silver Spri	City/State:	0	Date of Naturalization:				
Applicant B Name: Rohit Shaw		ndate: 6/1985	Personal Phone No	umbo	er: C: (240) 595-9368				
Full Address: 9200 Edward Way, #308 Adelph	il Md, 20	783	Years at this Addr	ess:	Years as Maryland Resident	:			
Email Address: rohitsonu999@gmail.com	Sex		Place of Birth: India						
fapplicant is foreign-born, state:									
Immigration Card Number: 0916190710		If Naturalized,	City/State:	D	ate of Naturalization:				
Applicant C Name: Birthdate: dercules Rozario 09/13/1991			Personal Phone Number: H: C (240) 636-7702						
Full Address: 9502 Mount Pisgah Road, Sliver	Spring,	MD. 20903	Years at this Addre	2 <b>5</b> 5:	Years as Maryland Resident:				
mail Address: Sex: erculesrozarioj@gmail.com M			Place of Birth: United States						
applicant is foreign-born, state:			,		-				
Immigration Card Number:	1	f Naturalized, C	Ity/State:	D	ate of Naturalization: October 18 2022				
former and a second and a second					- C - b stat				

DocuSign Envelope ID: 2E9ADDB1-9289-4D1 /B-B60FEEA6BABB

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

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SECTION 3: CORPORATION INFORM					
A. Qualifying Maryland Resident (Indica	te with X)		□ Applicant A (	□ Applicant B □ Applicant C	
B. Name and Full Address of Corporation	n:				
C. Incorporated Under State Laws of:			D. Month and	i Year:	
E. Authorized Capital:	G. Number of	Shares Issued:			
Stockholders (Include all layers equaling 1	100% owned by indi	viduals and/or pu	blicly 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):	Fuli Address:			Title:	
Name (B):	Full Address:			Title:	
Name (C):	Full Address:			Title:	
B. Name and Full Address of LLC: Salud Takoma, LLC 1173-C University Blvd, T  D. Organized Under State Laws of: Maryland Percentage of Ownership Interest of LLC (I		Rodney G  E. Month and October 2023	Year:	Shaw, Hercules Rozario	
Name (A):	Full Address:	t ii necessary).		Percentage:	
Rehit Shaw	9200 Edward Way	#308 Adelphi M	d. 20783	60	
Name (B):	Full Address: 1520 Dilston Road			Percentage:	
Name (C): Hercules Rozario	Full Address: 9502 Mount Pshag	Road, Silver Spr	ring, Md. 20903	Percentage:	
SECTION 5: PARTNERSHIP INFORMA	TION				
A. Name and Full Address of Partnership	:				
C. Date on Which Partnership was Forme	d:	D. In Which State	e:		
Percentage of Ownership Interest of Partn	ership (Use additio	nal sheet if neces	sагу):		
Name (A):	Full Address:			Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
Indicate Who are the General Partners:		☐ Applicant A	A □ Applicant B □ A	Applicant C	
Indicate Maryland Residents:	☐ Applicant A ☐ Applicant B ☐ Applicant C				

### **SECTION 6: ESTABLISHMENT INFORMATION**

A. Detailed description and total square for located in strip mail, restaurant, seating, blocated in Strip Mail - 3000 sq ft	ootage of the portion of the building for which license is sought (ex. Free standing neer/wine, etc.):
B. Who Will be in Charge of Day-to-Day Op Rodney Gregory (Member)	perations (General Manager):
C. Phone Number of Establishment: (240) - 908-1777	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:		8. Date Facility Began Operating:
1)	3)	
2)		
C. Location of Current Licensed Facility:	D. Location to Which License is Bei	ing Transferred:

### **SECTION 8: LEASED PREMISES**

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Saul Subsidiary I Limited Partnership	(301) 986-6021	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 QUESTIONAIRE Has gay applicant ever been:

2. found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?  3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?  4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?  5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?  6. Has any applicant ever had a license for the sale of alcoholic beverages?  6. Has any 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?  If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the lice was held:	2. found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?  3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	□ YES ■ NC □ YES ■ NC
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?  4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?  5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?  6. Has any applicant ever had a license for the sale of alcoholic beverages?  6. Has any applicant ever had a license for the sale of alcoholic beverages?  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?  1 YES  1 YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the lice was held:  8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license   1 YES  2 PYES  2 PYES  3 PYES  4 PYES  5	3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?  5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?  6. Has any applicant ever had a license for the sale of alcoholic beverages?  7: Does any 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?  If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the lice 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?		D YES IN NO
traffic offense?  5: Has any applicant ever had a license for the sale of alcoholic beverages suspendedor revoked?  6. Has any applicant ever had a license for the sale of alcoholic beverages?  6. Has any applicant ever had a license for the sale of alcoholic beverages?  6. Has any applicant ever had a license for the sale of alcoholic beverages?  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?  If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the lice 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?		
6. Has any applicant ever had a license for the sale of alcoholic beverages?  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?  If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the lice 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?	* · · · =	□ YES ■ NO
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If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the lice was held:  8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license pylicant pylic	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	□ YES ■ NO
	If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dat was held:  8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license	es the license
it YES, state name and the interest owner:		
	It 169' 2f8f6 usus and the misural microst owner:	

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### **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 derks, 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 untrue and correct to the best of my knowledge, information, and Robits May (A) make simplicity and IT a series (A) make simplicity and IT a series (A)	nder the penalties of perjury that the contents of the foregoing document are d belief."
Signature of Applicant  (B) Reduction (Unit State Edges)	
(C) Signature: Empty: frontulesrozarioj@grhail.com	
(D)	
	(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
Board of License Commissioners for Montgomery County, its du	of the said property for the sale thereon of such alcoholic beverages as may late Comptroller, his duly authorized deputies, inspectors and clerks, the ally authorized agents and employees, and any peace officer of Montgomery ant, the premises and any and all parts thereof upon and in which said
	der the penalties of perjury that the contents of the foregoing document are belief."
Saul Subsidiary i Limited Partnership By: Saul Centers, Inc., General Partner	_ B3
By: Butting T. Gurrara  OIESSENGTGTAS Signature of the Property Owner	
Bettina T. Guevara, Executive Vice President, Chief Legal and A	dmInistrative Officer
Printed Name of Property Owner	
7501 Wisconsin Avenue, Suite 1500E, Bethesda, MD 20814 3	
	01-986-6200
	ne of Property Owner