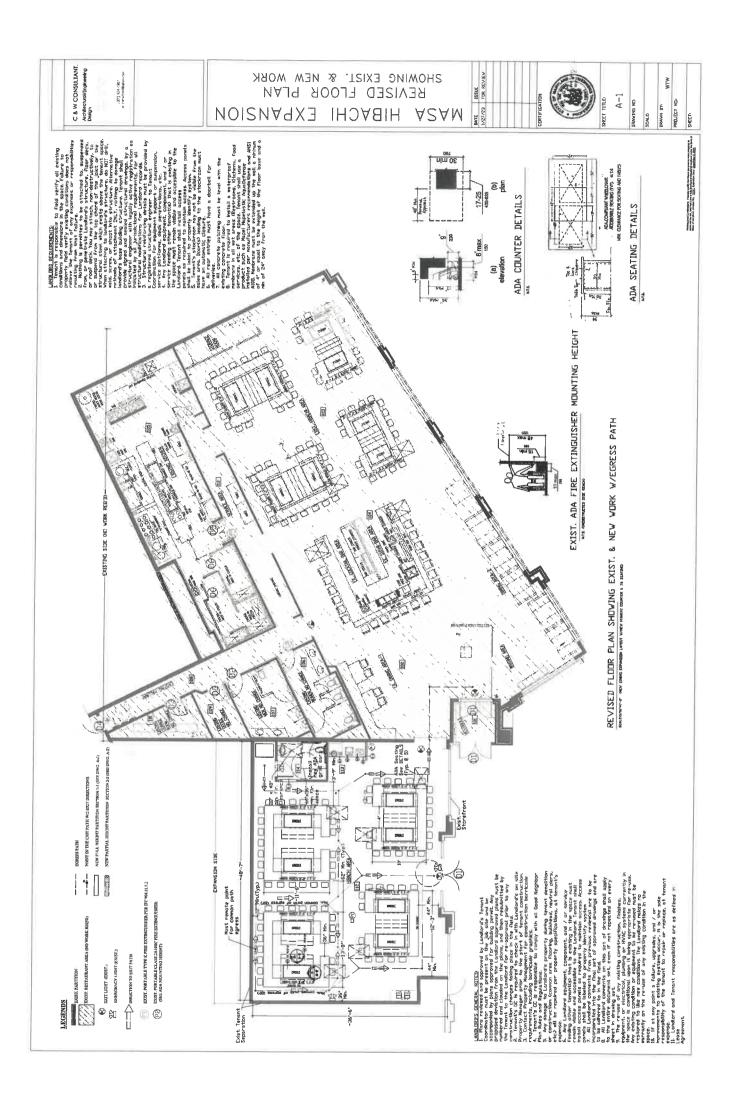
Ballard, Anjanette From: noreply@formstack.com Sent: Wednesday, February 21, 2024 11:21 AM #ABS.LRE.BusinessModification To: **ABS Business Modification Application** Subject: [EXTERNAL EMAIL] Formstack Submission For: Business Modification Submitted at 02/21/24 11:20 AM LICENSEE DETAILS LICENSEE EMAIL ADDRESS: mkmfd3s@gmail.com LICENSE NUMBER: BBWLHR705 LICENSEE NAME: Mark McGuire LICENSEE PHONE: (240) 475-2740 FACILITY NAME: Masa Hibachi Steakhouse and Sushi 921J Ellsworth Drive **FACILITY ADDRESS:** SILVER SPRING, MD 20910 **BUSINESS MODIFICATION PLAN DETAILS** 68 **DINING SEATS:** 0 **BAR SEATS:** TOTAL SEATS: 68 **RESTROOMS:** 1

FULL SERVICE KITCHEN:	NO	
FLOORS:	0	
ROOMS:	1	
WAIT SERVICE?:	YES	
OUTDOOR CAFE?:	NO	
OUTDOOR CAFE SEATS:	0	
36" BARRIER?:	NO	
ROOM SERVICE?:	NO	
WINE TASTING?:	NO	
OTHER:		
	DOCUMENTATION	
FLOOR PLAN:	View File	
	LICENSEE SIGNATURE	

Copyright © 2024 Formstack, LLC. All rights reserved. This is a customer service email. Formstack, 11671 Lantern Road, Suite 300, Fishers, IN 46038

LICENSEE SIGNATURE:

View Signature



Extract from Law: If any affidavit or oath requiring the provisions of this Act shall contain any false ements, 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)

o	the	Board	of	License	Comr	missioners	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	dicant	cubmits and certifie	es to the following infor	nation required by said article.		
alconolic beverage license and each app	nic an c	Submites and certain	and the following into	#1225508		
SECTION 1: LICENSE TYPE INFOR	MATI	ON				
A. Nature of Application:		□ New Licen	se □ Transfer of Locati	on XTransfer of Ownership □ Reclassification		
B. Entity on Whose Behalf Applicati	on is	■ Corp	oration 🗆 Limited Liab	ility Company 🗆 Partnership 🗅 Individual		
Made:			To C. Challenge			
C. Class of License Applied For: Beer, Wine & Liquor License.	Class	s B (On Sale)	D. Entity Name:	RC Arbaiza Enterprise, Inc		
E. Types of Permits Applied For:	Oldo	□ Tast	ing (\$200) ■ Catering	■ Outdoor Café □ Refillable Container		
(See Appendix A)			🗆 Retail Delivery 🗆 Sp	rits for Cooking 🗆 Wine Corkage		
F. Trade Name of Facility:		0 0	1	G. Is Business a Franchise? YES NO		
		Ramon Res	rteurant			
H. Address of Facility to be Licensed 13816 Old Columbia Pike Silv	ver S	pring, Maryland	20904			
10010 014 0014111514 7 115 01		, ,				
SECTION 2: APPLICANT INFORM	ATIO	N				
Applicant A Name:		date:	Personal Phone Num	ber: c: (240) 645-9647		
Inmar A. Lizama	09/1	7/1981	H: Years at this Address			
Full Address: 5011 Naples Avenue Beltsvil	e, M	D 20705	20 Years	29 Years		
Email Address: Sex: inmar0@yahoo.com Male			Place of Birth: La Union, El Salvador			
If applicant is foreign-born, state:						
Immigration Card Number:		If Naturalized, City Baltimore, Mar		Date of Naturalization: 04/21/2006		
N/A		Datumore, iviar	ylariu	U-17 & 17 & 00 U		
Applicant B Name:	Birth	date:	Personal Phone Num			
Alexander Rivera		01/1971	Н:	c: (240) 423-1036		
Full Address:	-1.4	4D 00740	Years at this Address: Years as Maryland Resi			
7604 Charlton Avenue Berwyn Hei	gnts, i		Place of Birth:			
Email Address: alexrivera1179@icloud.com	Mal		San Miguel, El Salvador			
If applicant is foreign-born, state:						
Immigration Card Number:		If Naturalized, City		Date of Naturalization: 04/17/2009		
N/A		Baltimore, Mar	yland	04/17/2009		
	Dirth	ndate:	Personal Phone Num	ber:		
Applicant C Name: Blanca R. Lizama		4/1981	H:	c (240) 645-9546		
Full Address:	. 45	00705	Years at this Address	s: Years as Maryland Resident: 26 years		
5011 Naples Avenue Beltsvill	1		20 years Place of Birth:	20 years		
Email Address: blanca f81@yahoo.com	Sex:		Intipuca, La Unio	n El Salvador		
If applicant is foreign-born, state:	1					
Immigration Card Number:		If Naturalized, City	aturalized, City/State: Date of Naturalization:			

Baltimore, Maryland

N/A

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

SECTION 3: CORPORATION INFORMATION

SECTION S. COMPONATION INTONIVI				
A. Qualifying Maryland Resident (Indica			■ Applicant A ■	Applicant B Applicant C
B. Name and Full Address of Corporation	n:			
RC Arbaiza Enterprise, Inc 13816	Old Columbia P	ike Silver Spring		
C. Incorporated Under State Laws of: Maryland			D. Month and 2/13/2015	l Year:
E. Authorized Capital: \$1	F. Number of Shar 1,000	es Authorized:	G. Number of 1,000	Shares Issued:
Stockholders (Include all layers equaling 1	100% owned by indiv	viduals and/or publi	cly traded, use	additional sheet if necessary)
Name (A): Inmar A. Lizama	Full Address: 5011 Naples Avenu	e Beltsville, Maryla	nd 20705	Shares Owned: 34%
Name (B): Alexander Rivera	Full Address: 7604 Charlton Ave	nue Berwyn Heights	s, MD 20740	Shares Owned: 33%
Name (C): Blanca R. Lizama	Full Address: 5011 Naples Avenu	e Beltsville, Marylar	nd 20705	Shares Owned: 33%
Corporate Officers:				
Name (A): Inmar A. Lizama	Full Address: 5011 Naples Avenu	e Beltsville, Marylar	nd 20705	Title: President
Name (B): Alexander Rivera	Full Address: 7604 Charlton Aver	nue Berwyn Heights	s, MD 20740	Title: Vice-President
Name (C): Blanca R. Lizama	Full Address: 5011 Naples Avenue	e Beltsville, Marylar	nd 20705	Title: Secretary
SECTION 4: LIMITED LIABILITY CORPO	DRATION INFORM	ATION		
A. Qualifying Maryland Resident (Indicat			nlicant A □ Annl	icant B □ Applicant C
B. Name and Full Address of LLC:		C. Authorized Pe		пенте в подрисание
D. Organized Under State Laws of:		E. Month and Ye	ar:	
Percentage of Ownership Interest of LLC (I	Jse additional sheet	if necessary):		
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
SECTION 5: PARTNERSHIP INFORMAT	ION			
A. Name and Full Address of Partnership:				
-				
C. Date on Which Partnership was Forme	d: 1	D. In Which State:		
Percentage of Ownership Interest of Partn	ership (Use addition	al 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:		☐ Applicant A ☐	Applicant B 🗆 A	pplicant C
Indicate Maryland Residents:		☐ Applicant A ☐		

SECTION 6: ESTABLISHMENT INFO	RMA	TIO	N				
A. Detailed description and total squi	are fo	otag	ge of the portion of the buildin	g for	which license is sought (ex.	Free standing,	
located in strip mall, restaurant, seati	ng, be	er/\	wine, etc.):	_			
Restaurant: Tex-Mex \$ 501	ador	ria	n Restaurant	20	000 59 FT		_
B. Who Will be in Charge of Day-to-Da Alexander Rivera	у Ор				·		
C. Phone Number of Establishment: (301) 989-0202			Type of Facility/Facility Concept staurant	t: 			
E. Date Applicant will Begin to Operat	e:	F. D	ays and Hours of Operation:		00111		
	- 1	Sur	nday - Thursday 10:00AM	- 2;	00AM		
02/15/2024		Fric	lay and Saturday 10:00Al	VI - 3	3:UUAM		
				-	The state of the s		_
SECTION 7: LICENSE TRANSFER (CO	OMPI	LETE	ONLY IF TRANSFERRING A	LICE	NSE)		
A. Names of all Current License Holde					B. Date Facility Began Oper	ating:	
1)		3)					
2)							
C. Location of Current Licensed Facility	7:		D. Location to Which License	is Bei	ng Transferred:		
SECTION 8: LEASED PREMISES				0.5	all Address of Duny nature Course		_
A. Name of Property Owner:	B. P	hon	Number of Property Owner:	(C. F	ull Address of Property Owne	200	
G&G Old Columbia Associates LLC	301	-95	57-1000	P.O.	Box 2261 , Rockville , Maryl	and , 20847	
D. Date Lease Made:					ate Lease Expires:		
April 1, 2023				Jur	ne, 30 2030		
F. State Renewal Options, if any: 5 Year Option							
SECTION 9: APPLICANT QUESTION	AIRE						
Has any applicant ever been:						100 100	-
1. Convicted of a felony?				1		□ YES ■ NO	-
2. Found guilty of violating the laws go	verni	ing t	he sale of alcohol in the State o	t Ma	ryland or the United States?	XYES VO	_
3. Found guilty of violating the laws fo	r prev	/ent	ion and gambling in the State o	f Mai	ryland or the United States?	□ YES ■ NO	_
4. Found guilty of any offense against traffic offense?	the la	ws c	f the State of Maryland or the	Unite	ed States other than a minor	□ YES ■ NO	
5: Has any applicant ever had a license	for t	he s	ale of alcoholic beverages susp	ende	ed or revoked?	☐ YES ■ NO	
6. Has any applicant ever had a license						■ YES □ NO	
If YES, state name of applicant, name				held,	, and the dates for which it wa	as held: 5/1/21	0
Alexander Rivera - Don Ramon						Link Ch	r
7: Does any applicant or person with a	in ow	ner	ship interest in this facility have	e a fir	nancial interest in any other		
facility in Montgomery County or the	State	of N	Maryland where an alcoholic b	evera	age license has been applied	□ YES ■ NO	
for, granted, or issued under the Alcol	nolic E	Beve	rages Article of the Annotated	Load	e or iviaryland:	taa tha ligawaa	-
If YES, state the name of the applican	t, nar	ne a	nd address of licensed premis	es an	g ownership and add the da	tes the license	
was held:							
8: Does any person other than the a	pplica	nt(s) have any financial interest in	1 this	s alcoholic beverage license	□ YES ■ NO	Ī
applied for, or in the facility to be con	ducte	d ur	ider the current license?				
If VEC state name and the financial int							1

Address 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 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) MM A
(c) Blama R. Jean-a
Signature of Applicant (FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted. Affidavit: "By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."
Signature of the Property Owner
Printed Name of Property Owner

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 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 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 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) Many A. A. Mascama Signature of Applicant (C) Dawn A. Signature of Applicant (C) Dawn A. Mascama (D) Many A. Mascama (FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
(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." GEGOL COLINDOR ASSICIATES LLC BY BRONETS Reads Wanagement, LLC
Signature of the Property Owner
B. Don Brevits
Printed Name of Property Owner
Address of Property Owner Phone of Property Owner

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:

SECTION 1: LICENSE TYPE INFORMATION

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.

A. Nature of Application:		New Licen	se 🗆 Transfer of Locat	ion 🗆 Transfer of Ownership 🗆 Reclassification	
B. Entity on Whose Behalf Applicati Made:	□ Corp	oration Limited Liab	oility Company 🗆 Partnership 🗆 Individual		
	38BV			ls lounge LLC Cloud 9	
E. Types of Permits Applied For:		□ Tast	ing (\$200) 🗆 Catering	□ Outdoor Café □ Refillable Container! Spec	
(See Appendix A)			🗆 Retail Delivery 🗆 Sp	irits for Cooking □ Wine Corkage Geau	
F. Trade Name of Facility: Cloudy Nails lo	unge			G. Is Business a Franchise?	
H. Address of Facility to be Licensed 20940 Frederick 2d. STE	(No P.C	0.Box): Germantowi	1, MD, 20876		
SECTION 2: APPLICANT INFORM	ATION				
Applicant A Name: MeHi Tiang	Birthda 3(10	ate: / ণে৪%	Personal Phone Num H:	ober: C: 484 764 3364	
Full Address:		20878	Years at this Address 4 Tears	s: Years as Maryland Resident: 8 પુરવાડ	
Email Address: Meltiyou Wyahoo. Com Sex:		Ŧ	Place of Birth: Medan, Indonesia		
If applicant is foreign-born, state:					
Immigration Card Number:	lf	Naturalized, City Baltimore,		Date of Naturalization: 1 /28 /2020	
Applicant B Name: Birthdate		ate:	Personal Phone Num	nber: C:	
Full Address:			Years at this Address	s: Years as Maryland Resident:	
Email Address: Sex:			Place of Birth:		
If applicant is foreign-born, state:					
Immigration Card Number: If N		Naturalized, City	/State:	Date of Naturalization:	
	20.11.1		m led of		
Applicant C Name: Birthdate:		ate:	Personal Phone Num H:	mber: C	
Full Address:			Years at this Address	s: Years as Maryland Resident:	
Email Address:	Sex:		Place of Birth:	•	
If applicant is foreign-born, state:					
Immigration Card Number:	lf	Naturalized, City	/State:	Date of Naturalization:	

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicat			□ Applicant A □ A	pplicant B □ Applicant C
B. Name and Full Address of Corporation				ppileant B Applicant C
C. Incorporated Under State Laws of:			D. Month and Ye	ar:
E. Authorized Capital:	F. Number of Shares Aut	thorized:	G. Number of Sh	ares Issued:
Stockholders (Include all layers equaling 1		and/or publi	cly traded, use add	
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:
A. Qualifying Maryland Resident (Indicat B. Name and Full Address of LLC: Cloud 20940 Frederick Rd. Ste. E. 67 20876 D. Organized Under State Laws of:	g Nails Lounge LLC c.	Appauthorized Pa Melti Jian Month and Yo	ersons of LLC	ant B □ Applicant C
Percentage of Ownership Interest of LLC (aryland	ressary):	July 20	23
Name (A): Melti Jiang	Full Address: 4 Acline ct. bathers		20878	Percentage: 75%
Name (B): Hanh Bao Le	Full Address:	ln, German	town, MD, 20874	Percentage: 25%
Name (C):	Full Address:			Percentage:
SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership				
C. Date on Which Partnership was Forme	ed: D. In 1	Which State:		
Percentage of Ownership Interest of Parti	nership (Use additional sho	eet if necessa	ry):	
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Fuli Address:			Percentage:
Indicate Who are the General Partners:			Applicant B 🗆 App	
Indicate Maryland Residents:	☐ Applicant A ☐ Applicant B ☐ Applicant C			

SECTION	6: FSTA	BLISHMENT	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, t	eer/wine, etc.): Total Square footage of the salon is 2105 SQFT
	Neelsville village center which is a shopping center in German town, MD
B. Who Will be in Charge of Day-to-Day O	perations (General Manager):
Melti Tiang	
C. Phone Number of Establishment:	D. Type of Facility/Facility Concept:
NIA	Full service Nail Salon
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation: Mon - Fri : 10 - 7-30
estimated to be	7 days aweek Sat : 9-6
february 1 2024	Sun . 10-5

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Neelsuille (ESA), LLC	B. Phone Number of Property Owner: 202 902 2660	C. Full Address of Property Owner: C/O Eden Limited Partnership Property # 2312, Attn: Legal Department 1221, Main St. Suik: 1000, Columbia, SC, 2920
D. Date Lease Made: 8/ 9/23		E. Date Lease Expires: estimated to be 2/28/2034
F. State Renewal Options, if any:	one 5-year renewal option	

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

nas any applicant ever seem	
1. Convicted of a felony?	□ YES ☑∕ÑO
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:	•

Address 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 thereofupon 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 (A) Signature of Applicant (B)	under the penalties of perj ind belief."	jury that the contents	of the foregoing document a
Signature of Applicant			
(C)			
Signature of Applicant			
(D)			
	(FOR CORPORATION /	APPLICATIONS ONLY)	Corporate President Signatur
be 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 was acility is to be conducted.	duly authorized agents and	d employees, and any	peace officer of Montgomery
Affidavit:			
By signing this application, I do solemnly declare and affirm rue and correct to the best of my knowledge, information, a	under the penalties of perjoind belief."	ury that the contents	of the forego ing document ar
ge in the comme			
See attached for signature			

Phone of Property Owner

NEELSVILLE (E&A), LLC, a Delaware limited liability company

By: Edens Limited Partnership, a Delaware limited partnership, its sole member

By: Edens GP, LLC, a Delaware limited liability company, its sole general partner

By:

John Cocker

Sr. Vice President - Investments

Extract from Law: If any affidavit or oath requir ander the provisions of this Act shall contain any fall atements, the offender shall be deemed guilty c 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)

FEB 7124 M 2015

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 a alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

SECTION 1: LICENSE TYPE INFO	RMA	TION		#12/9500			
A. Nature of Application:		New Licer	■ New License ☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification				
B. Entity on Whose Behalf Applicat Made:	ion is	G □ Cor	poration 🖷 Limited Liab	ility Company □ Partnership □ Individual			
C. Class of License Applied For: D B/W/L			D. Entity Name: Root Strength LL	.C DBA Rooted3			
E. Types of Permits Applied For:		□ Tas		□ Outdoor Café □ Refillable Container			
(See Appendix A)			□ Retail Delivery □ Sp	irits for Cooking 🗆 Wine Corkage			
F. Trade Name of Facility: Rooted3				G. Is Business a Franchise? YES NO			
H. Address of Facility to be License 4916 Cordell Ave, Bethesda,							
SECTION 2: APPLICANT INFORM	IATIO	ON					
Applicant A Name: Melissa Peppe		thdate: 21/1965	Personal Phone Num H: 202-246-5335	ber: C:202-246-5335			
Full Address: 4103 Leland St, Chevy Chase	Э, М	D 20815	Years at this Address	: Years as Maryland Resident: 57			
Email Address: melissalpeppe@gmail.com	Sex	C:	Place of Birth: Frederick, MD, USA				
If applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, City	y/State:	Date of Naturalization:			
Applicant B Name: Ayssa Molly Gibson		thdate: 09/1996	Personal Phone Num H: 240-644-4233	ber: C:240-644-4233			
Full Address: 4103 Leland St, Chevy Chase	e, M	D 20815	Years at this Address	: Years as Maryland Resident: 27			
Email Address: a.mollygibson@gmail.com	Sex	:	Place of Birth: Washington, DC,	USA			
If applicant is foreign-born, state:	-						
Immigration Card Number:		If Naturalized, City	y/State:	Date of Naturalization:			
Applicant C Name:	Birt	thdate:	Personal Phone Num H:	ber:			
Full Address:			Years at this Address	: Years as Maryland Resident:			
Email Address:	Sex	K	Place of Birth:	•			
If applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, City	//State:	Date of Naturalization:			

C 1		TIO	AI 7.	\cdot		TION	INICODE	MATION
•	-		IIV -5		PIJKA		HWP: JRN	<i>J</i> III I I I I I I I I I I I I I I I I I

SECTION S. COM CHARMAN	7111011			
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 Y	ear:
E. Authorized Capital:	F. Number of Shar	es Authorized:	G. Number of S	hares Issued:
Stockholders (Include all layers equaling 1	100% owned by indiv	iduals and/or publi	clv 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	ORATION INFORM	ATION		
A. Qualifying Maryland Resident (Indicat	te with X)	■ Ap	plicant A Applic	ant B □ Applicant C
B. Name and Full Address of LLC:		C. Authorized Pe		ant b = / ipplicant C
Root Strength LLC, db	a Rooted3	Alyssa Molly	/ Gibson, Me	elissa Peppe
D. Organized Under State Laws of: Maryland		E. Month and Ye June 2022	ar:	
Percentage of Ownership Interest of LLC (Use additional sheet	if necessary):		
Name (A): Melissa Peppe	Full Address: 4103 Leland St, (Chevy Chase, M	ID 20815	Percentage: 50%
Name (B): A. Molly Gibson	Full Address: 4103 Leland St, (Chevy Chase,M	D 20815	Percentage: 50%
Name (C):	Full Address:			Percentage:
SECTION 5: PARTNERSHIP INFORMA	TION			
A. Name and Full Address of Partnership	:			
C. Date on Which Partnership was Forme	ed:	D. In Which State:		
Percentage of Ownership Interest of Partn	nership (Use addition	nal sheet if necessar	v):	
Name (A):	Full Address:		77	Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
Indicate Who are the General Partners:		□ Applicant A □	Applicant B □ App	olicant C
Indicate Maryland Residents:			Applicant B □ Ap	
	-			

SECTION 6: ESTABLISHMENT INFO						
A. Detailed description and total squ			ng for	which license is sought (ex.	Free standing,	
located in strip mall, restaurant, seati Free standing, single floor restaurant approx 20	00 sq ft,	seating for approx 40, serving liqour in o	rganic i	house-made juice spritzers and smo	oothies	
B. Who Will be in Charge of Day-to-Da Melissa Peppe and A.Molly Gibs		rations (General Manager):				
C. Phone Number of Establishment: 240-206-1265		D. Type of Facility/Facility Concer		e free of ton 9 allergens (eycon	t coconut)	
240-206-1265 Organic Plant Based Restaruant, gluten free, free of top 9 allergens (except coconut) E. Date Applicant will Begin to Operate: F. Days and Hours of Operation:						
January 27, 2024 Monday- Friday 7am- 9:30pm; Saturdayand Sunday 8am- 9:30pm						
SECTION 7: LICENSE TRANSFER (CO		TE ONLY IF TRANSFERRING A	LICE	NSE)		
A. Names of all Current License Holde				B. Date Facility Began Oper	ating:	
1) 2)		3)				
C. Location of Current Licensed Facility	/;	D. Location to Which License	is Bei	ng Transferred:		
SECTION 8: LEASED PREMISES						
A. Name of Property Owner:	B. Pho	one Number of Property Owner:	C. Fi	ull Address of Property Owne	er:	
Holt Cordell Properties LLC	Holt Cordell Properties LLC 508-294-7061 85 STATE ST, BROCKPORT, NY, 1442020					
D. Date Lease Made: July 14, 2022 E. Date Lease Expires: July 31, 2028						
F. State Renewal Options, if any: Two additional terms of five yea	rs eac	h				
SECTION 9: APPLICANT QUESTION	ΔIRF					
Has any applicant ever been:						
1. Convicted of a felony?					☐ YES ■ NO	
2. Found guilty of violating the laws go	vernin	g the sale of alcohol in the State	of Mai	ryland or the United States?	☐ YES ■ NO	
3. Found guilty of violating the laws fo	r preve	ntion and gambling in the State o	of Mar	yland or the United States?	□ YES ■ NO	
4. Found guilty of any offense against traffic offense?	the law:	s of the State of Maryland or the	Unite	d States other than a minor	□ YES ■ NO	
5: Has any applicant ever had a license	for the	e sale of alcoholic beverages susp	ende	dor revoked?	□ YES ■ NO	
6. Has any applicant ever had a license					□ YES ■ NO	
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: N/A						
7: Does any applicant or person with a						
facility in Montgomery County or the					□ YES ■ NO	
for, granted, or issued under the Alcoh If YES, state the name of the applican					tos the license	
was held:	v, mane	. a.i.a adaress of licelised prefilis	CS all	a omicionip and add the da	res rue aceuse	
N/A						

□ YES ■ NO

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?

If YES, state name and the financial interest owned:

N/A

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 parts thereorupon 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 the true and correct to the best of my knowledge, information, and belief." (A)	at the contents of the foregoing document are
Signature of Applicant (B)	
Signature of Applicant	
(C)	
Signature of Applicant	
(D)	
(FOR CORPORATION APPLIC	CATIONS ONLY) Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property no alcoholic beverage license and that I hereby consent to the use of the said property for the said be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized agents and employed and of License Commissioners for Montgomery County, its duly authorized agents and employed to inspect and search at any and all hours, without warrant, the premises and any and facility is to be conducted. Affidavit: "By signing this application, I do solemnly declare and affirm under the penalties of perjury that	te thereon of such alcoholic beverages as may prized deputies, inspectors and clerks, the oyees, and any peace officer of Montgomery all parts thereof upon and in which said
true and correct to the best of my knowledge, information, and belief."	
Signature of the Property Owner	
Printed Name of Property Owner	

Phone of Property Owner

85 STATE ST, BROCKPORT, NY, 14420-2048 508-294-7061

Address of Property Owner

Affidavit:

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.

Allidavic.			
"By signing this application, I do solemnly dec true and correct to the best of my knowledge	clare and affirm under the penalties of pe , information, and belief."	rjury that the contents	of the foregoing document are
(A)			-
Signature of Applicant			
(B)			
Signature of Applicant			
(C)			
Signature of Applicant			
	(D)		
	(FOR CORPORATIO	N APPLICATIONS ONLY)	Corporate President Signature
be permitted by law, and I do hereby grant por Board of License Commissioners for Montgor County to inspect and search at any and all he facility is to be conducted.	nery County, its duly authorized agents a	nd employees, and any	peace officer of Montgomery
"By signing this application, I do solemnly det true and correct to the best of my knowledge	clare and affirm under the penalties of poet, information, and belief."	erjury that the contents	of the foregoing document are
Signature of the Property Owner Thom 59 Conlay Ag	ent for owner	dere gan	
Printed Name of Property Owner 85 STATE ST, BROCKPORT, NY	, 14420-2048 508-294-7061		
Address of Property Owner	Phone of Property Own	er	

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.

11.0 121107

SECTION 1: LICENSE TYPE INFOR	MA	TION -44	11/01/11	JAN 20 m.s		
A. Nature of Application:		□ New Licen	☐ New License ☐ Transfer of Location ■ Transfer of Ownership ☐ Reclassification			
B. Entity on Whose Behalf Application is Cor			poration ■ Limited Liability Company □ Partnership □ Individual			
Made:						
C. Class of License Applied For: B - Bいし			D. Entity Name: Tavira LLC			
E. Types of Permits Applied For:				□ Outdoor Café □ Refillable Container		
(See Appendix A)			□ Retail Delivery □ Spi	irits for Cooking □ Wine Corkage		
F. Trade Name of Facility: Tavira Restaurant				G. Is Business a Franchise? ☐ YES ■ NO		
H. Address of Facility to be Licensed 8401 Connecticut Ave Chevy Char						
SECTION 2: APPLICANT INFORM	ATIO	ON				
Applicant A Name:		:hdate:	Personal Phone Num			
Carolina Fernandez	04/0)3/1993	Н:	C: 646-288-6214		
Full Address: 1124 Pleasant Valley Drive, Catonville MD 21228			Years at this Address 2	: Years as Maryland Resident: 5		
Email Address: (Carolina & tavira Sex: cafeinc 14@gmail.com restaurant female			Place of Birth: Dominican Republic			
If applicant is foreign-born, state:			A-1			
Immigration Card Number:		If Naturalized, City Brooklyn, NY	//State: Date of Naturalization: 06/12			
				7.11		
Applicant B Name:		hdate:	Personal Phone Num	ber:		
Nazib Malik	09/1	11/1992	H: C: 917-246-2701			
Full Address: 1124 Pleasant Valley Drive Catony	rille, l	MD 21228	Years at this Address: Years as Maryland Resident:			
Email Address (haz) e tavira cafeinc14@gmail.com restaurant	Sex Male	: C	Place of Birth: Bangadesh			
If applicant is foreign-born, state:			Aug			
Immigration Card Number:		If Naturalized, City Manhattan, NY	/State:	Date of Naturalization:		
				*/		
Applicant C Name:	Birt	hdate:	Personal Phone Num H:	umber:		
Full Address:			Years at this Address	: Years as Maryland Resident:		
Email Address:	Sex	,	Place of Birth:			
If applicant is foreign-born, state:						
Immigration Card Number:		If Naturalized, City	//State:	Date of Naturalization:		
	_					

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

SECTION 3: CORPORATION INFORMATION

SECTION STATE OF THE STATE OF T	THE TOTAL CONTRACTOR OF THE PARTY OF THE PAR		
A. Qualifying Maryland Resident (Indicate	e with X)	☐ Applicant A ☐ A	Applicant B Applicant C
B. Name and Full Address of Corporation	:		
C. Incorporated Under State Laws of:		D. Month and Y	ear:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of SI	hares Issued:
Stockholders (Include all layers equaling 10	l NN% owned by individuals and/or nubli	cly traded use ad	ditional sheet if necessary)
	Full Address:	cry tradea, ase ad	Shares Owned:
Name (A).	Tun Address,		Jimies O Wilea.
Name (B):	Full Address:		Shares Owned:
Name (C):	Full Address:		Shares Owned:
Corporate Officers:			
	Full Address:		Title:
Name (B):	Full Address:		Title:
Name (C):	Full Address:		Title:
A. Qualifying Maryland Resident (Indicate B. Name and Full Address of LLC: Tay (Carcolina Fernandez)	e with X) Ap C. Authorized Pe	ersons of LLC	ant B = Applicant C Malik = Fornandez
(Carrolina Fernandez) 1124 Pleasant volley dr., D. Organized Under State Laws of: Ma	Try and E. Month and Ye	ear: 12/23	rander
Percentage of Ownership Interest of LLC (L	Jse additional sheet if necessary):		
Name (A): Carolina Fernandez Name (B):	Full Address: 1124 Pleasent valley drive	, Cafonsville MD2	Percentage:
Name (B): Nazib Malik	1124 Pleasant valley drive Full Address: 124 Pleasant valley drive Caton	sulle HD2122	Percentage:
Name (C):	Full Address:		Percentage:
SECTION 5: PARTNERSHIP INFORMAT	TION		•
A. Name and Full Address of Partnership:			
C. Date on Which Partnership was Formed 12/2023	d: D. In Which State: Maryland		
Percentage of Ownership Interest of Partn	ership (Use additional sheet if necessar	y):	
Name (A): Carolina Fernandez	Full Address: 1124 Pleasant Valley Drive Catonvil	le, MD 21228	Percentage: 50
Name (B): Nazib Malik	Full Address: 1124 Pleasant Valley Drive Catonvil	le, MD 21228	Percentage: 50
Name (C):	Full Address:		Percentage:
Indicate Who are the General Partners:	■ Applicant A ■	Applicant B □ Ap	plicant C
Indicate Maryland Residents:	■ Applicant A □	Applicant B Ap	plicant C

SECTION 6: ESTABLISHMENT INFO	RMATION			
A. Detailed description and total squa	are footage of the portion of the buildir	ng for which license is sought (ex.	Free standing,	
located in strip mall, restaurant, seati	ng, beer/wine, etc.): Restaurant	with suen, Liquon & u	i ne	
		100 Sq 67		
B. Who Will be in Charge of Day-to-Da Carolina Fernandez & Nazib Malik	ny Operations (General Manager):			
C. Phone Number of Establishment: (301)652-8684	D. Type of Facility/Facility Concep	t:		
E. Date Applicant will Begin to Operat				
01/01/24	Todays 1 km 10pm	•		
0,72,729				
SECTION 7: LICENSE TRANSFER (CO	OMPLETE ONLY IF TRANSFERRING A	LICENSE)		
A. Names of all Current License Holder	rs:	B. Date Facility Began Oper	ating:	
1) Duarte Rebolo	3)	1999 8 19		
2)				
C. Location of Current Licensed Facility		_		
8401 Connecticut Avenue, Chevy Chase, I	MD 20815 8401 Connecticut Avenue, C	Chevy Chase, MD 20815		
SECTION 8: LEASED PREMISES				
A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Own	 er:	
The Chevy Chase Land Company of Montgomery County, MD	201 654 2600	8401 Connecticut Ave. Chovy Ch	000 MD 20915	
001 004 2000				
D. Date Lease Made:		E. Date Lease Expires:		
July 27, 1999	4.	June 30, 2033		
F. State Renewal Options, if any:	es, 10 years.			
	<u> </u>			
SECTION 9: APPLICANT QUESTION	AIRE			
Has any applicant ever been:				
1. Convicted of a felony?			□ YES ■ NO	
2. Found guilty of violating the laws go	verning the sale of alcohol in the State of	of Maryland or the United States?	□ YES ■ NO	
3. Found guilty of violating the laws fo	r prevention and gambling in the State o	f Maryland or the United States?	□ YES ■ NO	
4. Found guilty of any offense against t	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 susp	endedorrevoked?	□ 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	of facility, address for which license was	held, and the dates for which it w	as held:	
	on ownership interest in this facility hav	-	□ YES ■ NO	
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?				
	t, name and address of licensed premise		tes the license	
was held:	t, name and address of hechsed premis	es and ownership and add the da	tes the license	
	oplicant(s) have any financial interest in	n this alcoholic beverage license	☐ YES ■ NO	
applied for, or in the facility to be cond				
If YES, state name and the financial int	erest ownea:			

Address 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 d true and correct to the best of my knowled (A)	eclare and affirm ge, information, a	under the penalties of pe nd belief."	rjury that the contents	of the foregoing document are
Signature of Applicant (B)				
(C)				
Signature of Applicant				
, , , , , , , , , , , , , , , , , , ,	(D)			
		(FOR CORPORATION	APPLICATIONS ONLY)	Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I he alcoholic beverage license and that I hereby be permitted by law, and I do hereby grant Board of License Commissioners for Montgo County to inspect and search at any and all facility is to be conducted. Affidavit: "By signing this application, I do solemnly de true and correct to the best of my knowledge."	y consent to the uspermission to the omery County, its hours, without was	se of the said property for State Comptroller, his du duly authorized agents ar arrant, the premises and a under the penalties of per	r the sale thereon of suc ly authorized deputies, nd employees, and any p ny and all parts thereoi	ch alcoholic beverages as may inspectors and clerks, the peace officer of Montgomery fupon and in which said
Jason T. Winans / EVP				
Signature of the Property Owner Jason T. Winans	Digitally signed by Jason Date: 2024.01.25 09:58:3		_	
Printed Name of Property Owner 8401 Connecticut Ave, Chevy Chase	e, MD 20815	301-654-2690	_	

Phone of Property Owner

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.

				# 19	17494	
SECTION 1: LICENSE TYPE INFOR	MATIO			101		
A. Nature of Application:		New Licen	☑ New License ☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification			
B. Entity on Whose Behalf Applicati Made:	on is	☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Individual				
C. Class of License Applied For:		D. Entity Name: D				
E. Types of Permits Applied For:						
(See Appendix A)			□ Retail Delivery □ Sp	irits for Cookir	ıg□ Wine Corkage	
F. Trade Name of Facility:				G. Is Busines	s a Franchise? □ YES XNO	
H. Address of Facility to be Licensed	(No P.O	. Box):	- N 1 10 10			
8233 96	orgi	a Ave	Silver si	wif m	D 20910	
	O)		
SECTION 2: APPLICANT INFORM	ATION					
Applicant A Name:	Birthda	te:	Personal Phone Num		- 10	
Woldu Mesgina	10	120/1765	H: 678-70		cell.	
Full Address:	> A	2 12 01 14	Years at this Address		laryland Resident:	
10207 Arīzona C Email Address: Sol. mcsgina g	nage.	othesda, MI	1-20817 54r.	5 3	45	
ddm LLG 944 @gmail-co	Sex.	M	Place of Birth:			
f applicant is foreign-born, state:	Vi	171	Eritrea			
Immigration Card Number:	16 h	laturalized, City	/Chaha.	Date of Natur	- liai	
minigration card Number.				Seh a	1 1996	
	Ini	exandria	, VA	sep a	1778	
Applicant B Name:	Birthda	te:	Personal Phone Num	ber:	557	
			Н:	C:		
Full Address:			Years at this Address	: Years as M	aryland Resident:	
					•	
Email Address:	Sex:		Place of Birth:			
f applicant is foreign-born, state:						
Immigration Card Number:	If N	laturalized, City	/State:	Date of Natur	alization:	
Applicant C Name:	Birthda	te:				
5 0 4 1 1			***			
Full Address:			Years at this Address	: Years as M	aryland Resident:	
Email Address:	Sex:		Place of Birth:			
f applicant is foreign-born, state:						
Immigration Card Number:	If N	aturalized, City	/State:	Date of Natur	alization:	
Email Address: f applicant is foreign-born, state: Immigration Card Number: Applicant C Name: Full Address: Email Address: f applicant is foreign-born, state:	Birthdar Sex:	te:	Place of Birth: /State: Personal Phone Num H: Years at this Address Place of Birth:	Date of Natur ber: C : Years as M	aryland Resident:	

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

SECTION 3: CORPORATION INFORMATION

SECTION 3: CORPORATION INFORM				
A. Qualifying Maryland Resident (Indica			☐ Applicant A ☐ A	Applicant B □ Applicant C
B. Name and Full Address of Corporation	n:			
	25			
C. Incorporated Under State Laws of:		, ,	D. Month and Y	ear:
		A 11 1 1		
E. Authorized Capital:	F. Number of Shar	es Authorized:	G. Number of SI	nares Issued:
Stockholders (Include all layers equaling 1	L00% owned by indiv	riduals and/or pub	licly traded, use ad	ditional sheet if necessary)
Name (A):	Full Address:			Shares Owned:
Wasani				
Name (B):	Full Address:			Shares Owned:
Name (C):	Full Address:			Shares Owned:
Corporate Officers:	E.O. A.J.J.			
Name (A):	Full Address:			Title:
Name (B):	Full Address:			Title:
Name (C):	Full Address:			Title:
SECTION 4: LIMITED LIABILITY CORPO	ORATION INFORM	IATION		
A. Qualifying Maryland Resident (Indicat		· A	oplicant A 🗆 Applic	ant B □ Applicant C
B. Name and Full Address of LLC: 8233 Georgia Ave. Silver	Conina Md	C. Authorized P	ersons of LLC	
DDT Brown LLC	20910	Wolder	Somen	11010 0
D. Organized Under State Laws of:	3-0 // (E. Month and Y		Missines
State of Mary			107/24	
Percentage of Ownership Interest of LLC (if necessary):		
Name (A): WOLL MERING	Full Address:	200 200	Lorly W	Percentage:
Name (B):	Full Address:	one cir be	20817	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	ed:	D. In Which State:		
a bace on miner a different has roome		Di mi ivilian otate.		
Percentage of Ownership Interest of Partn		nal sheet if necessa	ry):	
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
	. wii riwai 633.			i didentage.
Name (C):	Full Address:			Percentage:
Indicate Miles on the Course Design			- A #	h
Indicate Who are the General Partners:			☐ Applicant B ☐ Ap	
Indicate Maryland Residents:		□ Applicant A [☐ Applicant B ☐ Ap	plicant C

		1	
SECTION 6: ESTABLISHMENT INFORM			
A. Detailed description and total square		g for which license is sought (ex.	Free standin
located in strip mall, restaurant, seating, I	The state of the s	and several several	
B. Who Will have Chause of Day to Day O	70005 Beer	and Wine Store	
B. Who Will be in Charge of Day-to-Day O	The state of the s		
C. Phone Number of Establishment:	D. Type of Facility/Facility Concep		
(678) 724 -5509			
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:		
L. Date Applicant will begin to Operate.	monday - Sun		
SECTION 7: LICENSE TRANSFER (COM	PLETE ONLY IF TRANSFERRING A		
A. Names of all Current License Holders:		B. Date Facility Began Oper	ating:
1) 2)	3)		
C. Location of Current Licensed Facility:	D. Location to Which License	is Being Transferred:	
SECTION 8: LEASED PREMISES			
	Dhana North an af Duna anti- Orthan	C Full Address of Donney C	
	Phone Number of Property Owner:	C. Full Address of Property Own PoBox 24232	
D. Date Lease Made:	206/8/7-4023	Seatte, Wa 9812	4
D. Date Lease Made:		E. Date Lease Expires:	
01/01/24		0(0) (3)	
F. State Renewal Options, if any:	- 10 0		
t yr	5 Kenewal optor		
CECTION O. A DOLLOANT OUECTION AID	-		
SECTION 9: APPLICANT QUESTIONAIR	E .		
Has any applicant ever been: 1. Convicted of a felony?			V50 61
	uing the cale of alcohol in the Ctate o	& Bitamaland author Hatta d Carron	□ YES ☑ N
2. Found guilty of violating the laws govern			□ YES □ N
3. Found guilty of violating the laws for pro			□ YES 🗹 N
4. Found guilty of any offense against the l traffic offense?	aws of the State of Maryland or the	United States other than a minor	□ YES □•N(
5: Has any applicant ever had a license for	the sale of alcoholic beverages susp	ended 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 fa	cility, address for which license was	held, and the dates for which it wa	
7: Does any applicant or person with an or	•	•	
facility in Montgomery County or the Stat for, granted, or issued under the Alcoholic	Beverages Article of the Annotated	Code of Maryland?	□ YES □•N(
If YES, state the name of the applicant, na	ame and address of licensed premise	es and ownership and add the da	tes the licens
was held:			

☐ YES ☐ NO

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?

If YES, state name and the financial interest owned:

Address 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 and affirm under the penalties of pe true and correct to the best of my knowledge, information, and belief."	rjury that the contents of the foregoing document are
(A) Storphy	
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 be permitted by law, and I do hereby grant permission to the State Comptroller, his du Board of License Commissioners for Montgomery County, its duly authorized agents are County to inspect and search at any and all hours, without warrant, the premises and a facility is to be conducted.	lly authorized deputies, inspectors and clerks, the nd employees, and any peace officer of Montgomery
Affidavit:	
"By signing this application, I do solemnly declare and affirm under the penalties of per true and correct to the best of my knowledge, information, and belief."	rjury that the contents of the foregoing document are
Leve mengson	_
Signature of the Property Owner	
Levi mengrit	_
Printed Name of Property Owner	
P.O.BOX 24232 Sleettle, WA 38/24 (206) 8	17-4023

Phone of Property Owner

Extract from Law: If any affidavit or oath require der the provisions of this Act shall contain any fall atements, the offender shall be deemed guilty c 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 6 724 HOLD 448

tt 10101011

(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 ar alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

SECTION 1: LICENSE TYPE INFO	RMAT	ION		4 15/2/2/
A. Nature of Application:		Ø(New Licer	nse 🗆 Transfer of Locat	tion 🗶 Transfer of Ownership 🗆 Reclassification
B. Entity on Whose Behalf Applicat	ion is	□ Corp	ooration 🕱 Limited Lial	oility Company □ Partnership □ Individual
***************************************			In a change	0.001.150.110
C. Class of License Applied For:			D. Entity Name:	Public House
E. Types of Permits Applied For:		□ Tast	ting (\$200) 🗷 Catering	⊠ Outdoor Café □ Refillable Container
(See Appendix A)				pirits for Cooking ☐ Wine Corkage
F. Trade Name of Facility:		. 1		G. Is Business a Franchise? YES NO
MCGINTYS PUBLI				
H. Address of Facility to be License			60020 10	
911 ELLSHORTH	PP	SILUER	SPRNG 1	ND 20910
SECTION 2: APPLICANT INFORM	IATIO	N		
Applicant A Name:	Birth	ndate:	Personal Phone Num	nber:
DEBORAH LEA	1/1	4/64	H:	c: 202321 6519
Full Address:			Years at this Address	
10 GRANUILE DR SI	LUE	R SPRNG	21	21
Email Address: DEBBIE @		MD 20901	Place of Birth:	
MCGINTISPUBLICHOUSE.COM		F	Live	ERPOOL ENGLAND
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City	•	Date of Naturalization:
		BALTIMORE	MD	APRIL ZOZZ
Applicant B Name:		idate:	Personal Phone Num	
CONDR BARRY Full Address:	12/	3/99	Н:	c: 301-633 9274
10 GRANULIE DR	Siw	ER SPANE	Years at this Address	S: Years as Maryland Resident:
Email Address:	Sex:	MD 20901	Place of Birth:	·
CONCRBARRY9812 GMAIL. COT		M	WASHI	NGTON DC
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City	/State:	Date of Naturalization:
Applicant C Name:	Birth	date:	Personal Phone Num	
E. H. A.J.J.	L		Н:	C
Full Address:			Years at this Address	: Years as Maryland Resident:
Email Address:	Sex:		Place of Birth:	•
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City	/State:	Date of Naturalization:

SECTION 3: CORPORATION INFORM					
A. Qualifying Maryland Resident (Indica				🗆 Applicant A 🗆 A	Applicant B Applicant C
B. Name and Full Address of Corporatio	n:				
C. Incorporated Under State Laws of:				D. Month and Y	ear:
E. Authorized Capital:	F. Number of Sha	res Authorized	l:	G. Number of SI	nares Issued:
Stockholders (Include all layers equaling 1	100% owned by indiv	viduals and/or	public	lv 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	ORATION INFORM	1ATION			
A. Qualifying Maryland Resident (Indicat			×ί Αρα	olicant A □ Applica	ant B □ Applicant C
B. Name and Full Address of LLC: BAR		C. Authoriz	ed Pe	rsons of LLC	THE DESTRUCTION OF THE PROPERTY OF THE PROPERT
10 GRANUIUE DR SIL	JER SPRNG	Cor	JOR	BARRY	<i>/</i> ,
MD 20901					LEA.
D. Organized Under State Laws of:		E. Month a		ar: DECEMB	ER 2023.
Percentage of Ownership Interest of LLC					
Name (A): DESORALL COX	Full Address: 12				Percentage:
Name (B):	Full Address:	int M		20101	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 Which Sta	ate:		
·					
Percentage of Ownership Interest of Partn	· · · · · · · · · · · · · · · · · · ·	nal sheet if nec	essary	ı):	
Name (A):	Full Address:				Percentage:
Name (B):	Full Address:				Percentage:
Name (C):	Full Address:				Percentage:
Indicate Who are the General Partners:		□ Applicant	t A 🗆 /	Applicant B □ App	olicant C

(NOTE: COMPLETE ONLY ONE SECTION FO. CTIONS 3, 4, OR 5, AS APPLIES)

☐ Applicant A ☐ Applicant B ☐ Applicant C

Indicate Maryland Residents:

(
SECTION 6: ESTABLISHMENT INFORM	MATION	3	
A. Detailed description and total square		og for which license is sought (ov	Eroo standin
located in strip mall, restaurant, seating		ig for which acense is sought (ex.	riee standin
	OFT LOCATED 11	VAL	
B. Who Will be in Charge of Day-to-Day	Operations (General Manager):	, , ,	
DEBRIE LEA	/ CONOR POAR	224	
C. Phone Number of Establishment:	D. Type of Facility/Facility Concep	t:	
301-587-1270	RESTAURANT /	BAR.	
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:	N- THUR LIAM- 12	AM
60	FRI 1/AM- lam		
FEB 1 2024	FRI MAM- AM	SAT IDALL [RIT.	
CECTION T LICENCE TO ANCEED TOO.			
SECTION 7: LICENSE TRANSFER (COM	IPLETE ONLY IF TRANSFERRING A		
A. Names of all Current License Holders: 1) BRIAN DOUPHIN	2)	B. Date Facility Began Oper	ating:
	3)	APR 2006.	
2) DEBOLA H LGA C. Location of Current Licensed Facility:	D. Location to Which License		
911 ELISWORTH DR.SILVER	SPEN GILL FLISH WORTH T	of Sun FR S PR. 10	10 ZO910
ND 4	20910	L SILDUR STANG	2040
SECTION 8: LEASED PREMISES			
A. Name of Property Owner: B	. Phone Number of Property Owner:	C. Full Address of Property Owne	er:
GBT REALTY	629-208 0680	GBT DENTY	
assi reacty		9010 OVERLOOK BE BENTWOOT TN 3	7077
D. Date Lease Made:		E. Date Lease Expires:	1021.
	2024	JAN 31 203	4
F. State Renewal Options, if any:		3	
EXT	END STES .		
SECTION 9: APPLICANT QUESTIONAL	RE		
Has any applicant ever been:			
1. Convicted of a felony?		•	□ YES IXNO
2. Found guilty of violating the laws gove	rning the sale of alcohol in the State o	of Maryland or the United States?	XYES 'NC
3. Found guilty of violating the laws for p	revention and gambling in the State o	f Maryland or the United States?	□ YES rd-NC
4. Found guilty of any offense against the	laws of the State of Maryland or the	United States other than a minor	□ YES Ø NC
traffic offense?			L TEO EXITO
5: Has any applicant ever had a license fo	r the sale of alcoholic beverages susp	ended or revoked?	□ YES ŒNC
6. Has any applicant ever had a license fo	r the sale of alcoholic beverages?		⊠ YES □ NC
If YES, state name of applicant, name of f	acility, address for which license was	held, and the dates for which it wa	
	III EUSWORTH DR SILUI	ER SPRING MD 20	916
DEBORAH CEA N	MI EUSWORTH DR SILVE MCGINTYS APR 20	06 - ONEDINE.	_
7: Does any applicant or person with an o			
facility in Montgomery County or the Sta	te of Maryland where an alcoholic be	everage license has been applied	□ YES 🙀 NC
for, granted, or issued under the Alcoholi			-
If YES, state the name of the applicant, n	name and address of licensed premise	es and ownership and add the da	tes the license
was held:			
Or December normal athentics at	contin have confirmed to	Abia alaaba Ba baasa na I	A 4 - 4 - 1
8: Does any person other than the appli	-	i this alcoholic beverage license	□ YES ★ NO
applied for, or in the facility to be conduct If YES, state name and the financial interest.			
, state name and the illiantial littere	SI O WIITU.		

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:		
"By signing this application, I do solemnly declare and affirm under the penalties of perjurtrue and correct to the best of my knowledge, information, and belief."	y that the contents	of the foregoing document are
(A)		
Signature of Applicant		
(B)		
Signature of Applicant		
(C)		
Signature of Applicant		
(D)		
(FOR CORPORATION AP	PLICATIONS ONLY)	Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the proper alcoholic beverage license and that I hereby consent to the use of the said property for the be permitted by law, and I do hereby grant permission to the State Comptroller, his duly a Board of License Commissioners for Montgomery County, its duly authorized agents and county to inspect and search at any and all hours, without warrant, the premises and any facility is to be conducted.	e sale thereon of suc outhorized deputies, employees, and any	ch alcoholic beverages as may inspectors and clerks, the peace officer of Montgomery
Affidavit:		
"By signing this application, I do solemnly declare and affirm under the penalties of perjur true and correct to the best of my knowledge, information, and belief."	y that the contents	of the forego ing document are
Signature of the Property Owner		

Phone of Property Owner

. Brentwood TN 37027

Address of Property Owner

Extract from Law: If any affidavit or oath require ider the provisions of this Act shall contain any fall atements, the offender shall be deemed guilty operjury. 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)

DEC 18/23 ptd 2453

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 ar alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

SECTION 1: LICENSE TYPE INFOR	RMATIC	ON		#1190505			
A. Nature of Application:		☐ New Licer	nse 🗆 Transfer of Locat	ion 🗹 Transfer of Ownership 🗆 Reclassification			
B. Entity on Whose Behalf Applicat Made:	ion is	Corp	Corporation □ Limited Liability Company □ Partnership □ Individual				
C. Class of License Applied For: Beer, Wine & Liquor, Class B (on Sale) D. Entity Name: Mejwah Chery Chase, Inc.							
E. Types of Permits Applied For: (See Appendix A) Beer, Wine & Liquor □ Tasting (\$200) □ Catering □ Outdoor Café □ Refillable Container □ Retail Delivery □ Spirits for Cooking □ Wine Corkage							
F. Trade Name of Facility: G. Is Business a Franchise? YES NO							
H. Address of Facility to be Licensed 4457 Willard Ave	chery	O.Box): Chase	MD 20815				
SECTION 2: APPLICANT INFORM							
Applicant A Name: Zheng Hai Zheng	Birthd (0/	ate: 14 / 1984	Personal Phone Num H:	c: 301-633-1642			
Full Address: 10009 Bent Cross Dr. Poton	-	MD 20854	Years at this Address	: Years as Maryland Resident:			
Email Address: Zheng hai Zheng @ Yahoo com Sex:			Place of Birth: China				
If applicant is foreign-born, state:							
Immigration Card Number:		Naturalized, City		Date of Naturalization: 08/22/2003			
A Control D November	D' d I						
Applicant B Name:	Birthd	ате:	Personal Phone Num H:	C:			
Full Address:			Years at this Address	: Years as Maryland Resident:			
Email Address:	Sex:		Place of Birth:				
If applicant is foreign-born, state:							
Immigration Card Number:	lf	Naturalized, City	/State:	Date of Naturalization:			
Applicant C Name:	Birthda	ate:	Personal Phone Num	ber:			
T. W. a. d.			H:	С			
Full Address:			Years at this Address	: Years as Maryland Resident:			
Email Address:	Sex:		Place of Birth:				
f applicant is foreign-born, state:							
Immigration Card Number:	If	Naturalized, City	/State:	Date of Naturalization:			

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTION 3: CORPORATION INFORM		AS APPLIES)		
A. Qualifying Maryland Resident (Indica			Applicant A 🗆 /	Applicant B 🗆 Applicant C
B. Name and Full Address of Corporatio	n:		- Application ()	Topicant B El Applicant C
Meiwah Chery chase, Inc	/ 10009 Banto	ross Dr, Potomac	-,MD 208	54
C. Incorporated Under State Laws of:			D. Month and Y	ear: 2023
E. Authorized Capital:	F. Number of Shar	es Authorized:	G. Number of SI	
\$ 650,000	/00		100	
Stockholders (Include all layers equaling	100% owned by indiv	iduals and/or public	ly traded, use ad	ditional sheet if necessary)
Name (A): Zheng Hai Zheng	Full Address: 10009 Bent Cros	S Dr. Potomac,	MD 20854	Shares Owned:
Name (B):	Full Address:			Shares Owned:
Name (C):	Fuil Address:			Shares Owned:
Corporate Officers:				
Name (A):	Full Address:			Title:
Zheng Hai Zheng	10009 Bentcross	Dr. Botomac,	MD 20854	President
Name (B):	Full Address:			Title:
Name (C):	Full Address:			Title:
SECTION 4: LIMITED LIABILITY CORPO	ODATION INCORNA	ATION		
A. Qualifying Maryland Resident (Indicat				
B. Name and Full Address of LLC:	e with X _j	C. Authorized Per	scant A Applica	ant B □ Applicant C
		C. Addionzed Fel	SOIIS OF ELC	
D. Organized Under State Laws of:		E. Month and Yea	r:	
Percentage of Ownership Interest of LLC (Use additional sheet	if necessary):		
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			
Hame (c).	ruii Address:			Percentage:
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 addition:	al 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 ☐ A	Applicant B 🗆 App	licant C
Indicate Maryland Residents:		□ Applicant A □ A		

SECTION 6: ESTABLISHMENT INFORMA	TION	4	
A. Detailed description and total square for		g for which license is sought for	
located in strip mall, restaurant, seating, b	eer/wine etc.	is for winch license is sought (ex.	rree standing
5900 / Second	Level / strip mall		
B. Who Will be in Charge of Day-to-Day Op			
Guay kee Loh / 2			
C. Phone Number of Establishment:	D. Type of Facility/Facility Concept	t:	
301-652-9882	Chinese	Kestaurant	
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:		
12/01/2023	7 Days / 11:30	am - 9:00 PM	
SECTION 7: LICENSE TRANSFER (COMP	LETE ONLY IF TRANSFERRING A	LICENSE)	
A. Names of all Current License Holders:		B. Date Facility Began Oper	ating:
1) Trung Wan La	3)	05/2003	
2) Kien K. Truong		1.	
C. Location of Current Licensed Facility: 4457 Willard Ave. Chay Chase My	D. Location to Which License i		OIF
443 1 WITHOUTH AIVE, CHERY CHOSE, MY	0815 4457 Willard Ave	e, chevy chose, MD 20.	815
SECTION 8: LEASED PREMISES			
	hone Number of Property Owner:	C. Full Address of Property Owne	
· . ·	· · ·	3 Bethesda Metro Center	cii.
JBG/BC Chase Tower, L.P 30	1-502-8108	Bethesda, MD 20814	1 Juite 620
D. Date Lease Made: //	311	E. Date Lease Expires:	
12/01/2023		11/30/2033	
F State Renewal Ontions if any:	- · · · · · · · · · · · · · · · · · · ·		
`\ \wo	5- yrs option		
SECTION 9: APPLICANT QUESTIONAIRE			
Has any applicant ever been:			
1. Convicted of a felony?			☐ YES ✓ NO
2. Found guilty of violating the laws govern			YES NO
3. Found guilty of violating the laws for pre			□ YES ✓ NO
4. Found guilty of any offense against the la	ws of the State of Maryland or the l	Jnited States other than a minor	□ YES ⋈ NO
traffic offense?	be sele of electric becomes and		
5: Has any applicant ever had a license for t		endedorrevoked?	MYES NO
6. Has any applicant ever had a license for t	ne sale of alconolic beverages?		YES NO
If YES, state name of applicant, name of fac	ility, address for which license was i	held, and the dates for which it wa	is held: /2014
Hibachi Sushi Supreme Buffet	8 Bureau Dr. Geithers	huva MD 70878 / DA	cember /20
7: Does any applicant or person with an ow			cer ser ja
facility in Montgomery County or the State			□ YES & NO
for, granted, or issued under the Alcoholic I			LI TES & NO
If YES, state the name of the applicant, na	me and address of licensed premise	s and ownership and add the da	tes the license
was held:			
9. Door any narrow other than the applica	not(a) have any financial interest in	48.21112-1	
8: Does any person other than the applica applied for, or in the facility to be conducte		this alcoholic beverage license	☐ YES ✓ NO
If YES, state name and the financial interest			
	12018 - c	urrent	
> Sushi Hana	1 t 12 a 1.	into Ave Towns	1296
20111 119101	o e rennsylva	and HUP Town	an ma
		1 10 C COOKS	

Address 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.

any and all parts thereof upon and in which said	I facility is to be conducted.
Affidavit:	
"By signing this application, I do solemnly declare true and correct to the best of my knowledge, inf (A)	e and affirm under the penalties of perjury that the contents of the foregoing document are formation, and belief."
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 cons be permitted by law, and I do hereby grant permi Board of License Commissioners for Montgomery County to inspect and search at any and all hours facility is to be conducted.	certify that I am the owner of the property named in the foregoing application for an sent to the use of the said property for the sale thereon of such alcoholic beverages as may ission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the County, its duly authorized agents and employees, and any peace officer of Montgomery is, without warrant, the premises and any and all parts thereof upon and in which said
Affidavit:	
"By signing this application, I do solemnly declare true and correct to the best of my knowledge, info	e and affirm under the penalties of perjury that the contents of the foregoing document are formation, and belief."
Signature of the Property Owner	
Printed Name of Property Owner	

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 dec true and correctto the best of my knowledge, (A)		rjury that the contents	of the foregoing document are
Signature of Applicant			
(B)			
Signature of Applicant			
(C)			
Signature of Applicant	(D) /////////		
	(FOR CORPORATION	APPLICATIONS ONLY)	Corporate President Signature
be permitted by law, and I do hereby grant per Board of License Commissioners for Montgom County to inspect and search at any and all he facility is to be conducted.	nery County, its duly authorized agents a	nd employees, and any	peace officer of Montgomery
Affidavit:			
"By signing this application, I do solemnly dec true and correct to the best of my knowledge, JBG/BC CHASE TOWER, L.P. By: JBG/BC GP, L.L.C., its General Partner By: By: JBGS/Recap, L.L.C., its Managing Member		erjury that the contents of	of the foregoing document are
Signature of the Property Owner			
David B. Ritchey			
Printed Name of Property Owner 747 Bethesda Avenue, Suite 200, Beth	nesda, MD 20814 240-333-360	00	
Address of Property Owner	Phone of Property Owne	er	