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 FILL OUT FORM IN ENTIRETY)

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 INFO	ORMAT	TION			1121555997								
A. Nature of Application:		■ New Licen	se □ Transfer of Location	ח 🗆	Transfer of Ownership 🗆 Reclassification								
B. Entity on Whose Behalf Application is Made:		□ Corp	oration ■ Limited Liability Company □ Partnership □ Individual										
C. Class of License Applied For: B (B/W/L)			D. Entity Name: Sweeteria Bethesda LLC										
E. Types of Permits Applied For:		□ Tast	ing (\$200) □ Catering ■ Outdoor Café □ Refillable Container										
(See Appendix A)			🗆 Retail Delivery 🗆 Spiri	ts fo	or Cooking Wine Corkage								
F. Trade Name of Facility: Sweeteria Cafe													
G. Address of Facility to be Licen 7525 Old Georgetown Road, Beth	sed (No esda. M	P.O. Box): aryland 20010 . 2 .	0814										
SECTION 2: APPLICANT INFO	RMATI	ON - AT LEAST	ONE APPLICANT MUS	ST E	BE A US CITIZEN								
Applicant A Name:		thdate:	Personal Phone Nui	mbe	er:								
Sirintra Kaminsky	05/1	0/1983	H:		C: 3232526811								
Full Address: 8903 Georgia Avenue, Silver Sprin	ng. MD :	20910	Years at this Addres	is:	Years as Maryland Resident: 10								
Email Address: Sirintrakaminsky@gmail.com	Sex Fen		Place of Birth: Thailand										
If applicant is foreign-born, state:													
Immigration Card Number: N/A		If Naturalized, (Norfolk, Va.	City/State:	Date of Naturalization: 09/20/2012									
		<u></u>											
Applicant B Name: Ditlada Wichaidit		t hdate: 19/1990	Personal Phone Nu	mbe	c: 3017935802								
Full Address: 8903 Georgia Avenue, Silver Spri	ng. MD :	20910.	Years at this Addres	ss:	Years as Maryland Resident: 9								
Email Address: Ditlada@gmail.com	Sex	rale	Place of Birth: Thailand										
If applicant is foreign-born, state:													
Immigration Card Number: 219-861-385		If Naturalized, N/A	City/State:	D N/	ate of Naturalization: /A								
Applicant C Name:	Bir	thdate:	Personal Phone Nu	mbe	er: C: 3232526811								
Full Address:			Years at this Addres	ss:	Years as Maryland Resident:								
Email Address:	Sex	« :	Place of Birth:										
If applicant is foreign-born, state:													
Immigration Card Number:		If Naturalized,	City/State:	D	Date of Naturalization:								
(NOTE: ALL APPLICANTS WILL BE	HEREAF	TER REFERRED TO	O BY THE LETTER A, B, O	RCI	PRECEDING THEIR NAME ABOVE)								

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicat	te with X)		□ Applicant A	☐ Applicant B ☐ Applicant C					
B. Name and Full Address of Corporation	1:								
C. Incorporated Under State Laws of:			D. Month ar	nd Year:					
E. Authorized Capital:	F. Number of Shares Aut	:horized:	G. Number of	of Shares Issued:					
tockholders (Include all layers equaling 1	100% owned by individuals	and/or publ	icly traded, use	e additional sheet if necessary)					
Name (A):	Full Address:	array or pass	iony arounday aro	Shares Owned:					
Name (B):	Full Address:			Shares Owned:					
Name (C):	Full Address:	ull Address:							
orporate Officers:									
Name (A):	Full Address:			Title:					
Name (B):	Full Address:	ull Address:							
Name (C):	Full Address:	ull Address:							
D. Organized Under State Laws of: Maryland	Aug	E. Month and Year: August 2025.							
Percentage of Ownership Interest of LLC		essary):		Descentant					
Name (A): Sirintra Kaminsky	Full Address: 8903 Georgia Avenue, Silve	er Spring. MI	20910.	Percentage: 50					
Name (B): Ditlada Wichaidit	Full Address: 8903 Georgia Avenue, Silv	er Spring. M	O 20910.	Percentage: 50					
Name (C):	Full Address:			Percentage:					
SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership									
C. Date on Which Partnership was Form	ed: D In I	Which State:							
Percentage of Ownership Interest of Part		eet if necessa	nry):	I Barres de la constante de la					
Name (A):	Full Address:			Percentage:					
Name (B):	Full Address:			Percentage:					
Name (C):	Full Address:			Percentage:					
Indicate Who are the General Partners:			☐ Applicant B						
Indicate Maryland Residents:		☐ Applicant A ☐ Applicant B ☐ Applicant C							

SECTION 6: ESTABLISHMENT INFO	RMATI	ON									
A. Detailed description and total squalocated in strip mall, restaurant, seatil Restaurant with approximately 4,000 Squares	are foot	age of the portion of the buildin		~	Free stand	ing,					
B. Who Will be in Charge of Day-to-Da Ditlada Wichaldit											
C. Phone Number of Establishment: 2406880408		. Type of Facility/Facility Concept estaurant/Cafe	t:								
E. Date Applicant will Begin to Operat 11 2025	M	F. Days and Hours of Operation: Mon - Frl : 7 AM - 9 PM. Saturday: 8 AM - 10 PM. Sunday: 8 AM - 9 PM.									
SECTION 7: LICENSE TRANSFER (CC	OMPLET	TE ONLY IF TRANFERRING A L	ICEN	ISE)							
A. Names of all Current License Holde 1)		3)		B. Date Facility Began Opera	iting:						
2) C. Location of Current Licensed Facility	y:	D. Location to Which License	is Be	ing Transferred:							
SECTION 8: LEASED PREMISES											
A. Name of Property Owner:		ne Number of Property Owner:	C. F	ull Address of Property Owne	ner:						
Bethesda Capital Properties, LLC. Attn: Avi Sklut.	N/A		7514 Wisconsin Avenue, Bethesda. MD 20814.								
D. Date Lease Made: 09/17/2025.			Pate Lease Expires: 0/2030.								
F. State Renewal Options, if any:											
SECTION 9: APPLICANT QUESTION Has any applicant ever been:	AIRE										
1. Convicted of a felony?					□ YES ■	NO					
2. Found guilty of violating the laws go						NO					
3. Found guilty of violating the laws for											
4. Found guilty of any offense against traffic offense?	the law	s of the State of Maryland or the	Unite	ed States other than a minor	□ YES ■	NO					
5: Has any applicant ever had a license	e for the	sale of alcoholic beverages susp	ende	ed or revoked?	□ YES ■	NO					
6. Has any applicant ever had a licens						NO					
If YES, state name of applicant, name Kao Thai Restaurant Sirintra Kaminsky	of facili 865 he k	ty, address for which license was a Colesville Rd Silv 2 Date 5/2015 - Currer	held vev	and the dates for which it w Spring MD 20910	as held:						
7: Does any applicant or person with facility in Montgomery County or the for, granted, or issued under the Alco	an own State o holic Be	ership interest in this facility hav f Maryland where an alcoholic b verages Article of the Annotated	e a fi evera Code	nancial interest in any other age license has been applied a of Maryland?	■ YES □						
If YES, state the name of the applications was held:				(Shave: 56.	5%)						
Sirintra Kaminsky, Ka	o Th	ai- 8650 Colesville	R	oad. 2015 until cu	ırrént.	1					
8: Does any person other than the a			n thi	s alcoholic beverage license	□ YES ■	NO					
applied for, or in the facility to be con			-								

SECTION 10: CERTIFICATES AND SIGNATURES

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 true and correct to the best of my knowledge, information, and be (A)	er the penalties of perjury that the contents of the foregoing document are elief."
Signature of Applicant (B) Show a description	
Signature of Applicant	
(C)	
Signature of Applicant	
(D)	
alcoholic beverage license and that I hereby consent to the use of be permitted by law, and I do hereby grant permission to the Stati Board of License Commissioners for Montgomery County, its duly County to inspect and search at any and all hours, without warran facility is to be conducted.	the owner of the property named in the foregoing application for an in the said property for the sale thereon of such alcoholic beverages as may be Comptroller, his duly authorized deputies, inspectors and clerks, the authorized agents and employees, and any peace officer of Montgomery at, the premises and any and all parts thereof upon and in which said
Affidavit:	
"By signing this application, I do solemnly declare and affirm under true and correct to the best of my knowledge, information, and be	er the penalties of perjury that the contents of the foregoing document are elief."
C. M.	
Signature of the Property Owner	
Avi Sklut	
Printed Name of Property Owner	
7514 7514 Wisconsin Ave, #300, Bethesda, MD 20814 301-3	440-3800

Phone of Property Owner

Extract from Law: If any affidavit or oath require ander the provisions of this Act shall contain any far atements, the offender shall be deemed guilty of perjury. And upon indictment and conviction the Lof 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.

出2130548

A. Nature of Application:	New License	☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassific									
B. Entity on Whose Behalf	□ Corpora	tion Limited Liability C	Company □ Partnership □ Individual								
Application is Made:											
C. Class of License Applied For:		ROME TO S + taliam Restar									
E. Types of Permits Applied For:			utdoor Café □ Refillable Container LLC								
(See Appendix A)	□ R	or Cooking □ Wine Corkage									
F. Trade Name of Facility: Talia	n Restan	rant									
G. Address of Facility to be Licensed (N	o P.O. Box):	-0'0	2000								
2666 university P.	LVd W Sill	URY SPYING	me 20702								
SECTION 2: APPLICANT INFORMAT											
	rthdate:	Personal Phone Number									
Dinora Romero 14	1711969	H:301-738-95	87 c: 240-888-5967								
Full Address: 14543 GOOD HODE RD	Silver spring	Years at this Address:	Years as Maryland Resident:								
Email Address: Se	ex: T_	Place of Birth:									
tomatiliomixicangirila	cowa	EL Salvador									
ii applicant is foreign-born, states	com										
Immigration Card Number: 589638586	If Naturalized, City		Date of Naturalization:								
	rthdate: 5 965	Personal Phone Number H:	er: c: 240 - 654 - 7542								
		Years at this Address:	Years as Maryland Resident:								
Full Address:		rears at triis Address.									
	ring HD	3	37								
Full Address:		Place of Birth:	37								
Full Address: 14543 Good Hore RD Silver SP Email Address: Se MCVr 1212 Qamail. Com		_3	37								
Full Address: 14543 Good How RD Silver SP Email Address: MCVr 1212 Waymall Com If applicant is foreign-born, state:	ex:	Place of Birth: EL SalVado	37 r								
Full Address: 14543 Good How RD Silver SP Email Address: Se MCVr 1212 QQMQ11 COM If applicant is foreign-born, state: Immigration Card Number:	If Naturalized, City	Place of Birth: EL SalVado	37								
Full Address: 14543 Good How RD Silver SP Email Address: MCVr 1212 Waymall Com If applicant is foreign-born, state:	If Naturalized, City	Place of Birth: EL SalVado	37 r								
Full Address: 14543 Good Hore RD Silver SP Email Address: Se Well 1212 Damail Com If applicant is foreign-born, state: Immigration Card Number: C37775061 OSS por-	If Naturalized, City	Place of Birth: EL SalVado	Oate of Naturalization:								
Full Address: 14543 Good Hore RD Silver SP Email Address: Se Well 1212 Damail Com If applicant is foreign-born, state: Immigration Card Number: C37775061 OSS por-	If Naturalized, City	Place of Birth: EL SalVado /State:	237 Pate of Naturalization:								
Full Address: 14543 Good Hore RD SINCY SP Email Address: Se Well 1212 Daman Com If applicant is foreign-born, state: Immigration Card Number: - C37775061 OSS por- Applicant C Name: Which address: Full Address:	If Naturalized, City	Place of Birth: EL Salvado /State: E	oate of Naturalization: er: c:240 388 1349 Years as Maryland Resident:								
Full Address: 14543 Good Hore RD Silver SP Email Address: Se We'vr 1212 Qaman com If applicant is foreign-born, state: Immigration Card Number: - C37775061 QSS por- Applicant C Name: IN MAIO ROMPYO Zamba Full Address: 13110 Hidway ave Rockvi	If Naturalized, City	Place of Birth: EL SALVADO /State: E Personal Phone Number H: Years at this Address:	37 Pate of Naturalization: er: c:240 388 7349								
Full Address: 14543 Good Hore RD Silver SP Email Address: Se We've 1212 Qaman Com If applicant is foreign-born, state: Immigration Card Number: - C37775061 QSS por- Applicant C Name: Bi WOND ROWEYD Zababa Full Address: 13110 Midway (We Roky) Email Address: Se	If Naturalized, City	Place of Birth: EL SALVACIO /State: Personal Phone Number H: Years at this Address: Place of Birth:	oate of Naturalization: er: c:240 388 †349 Years as Maryland Resident: 40								
Full Address: 14543 Good Hore RD SINEY SP Email Address: Se MCVY 1212 Waman Com If applicant is foreign-born, state: Immigration Card Number: - C37775061 WSSpor- Applicant C Name: IV (MA) VOMPYO Zabaka Full Address: 13110 Hidway are Rocky; Email Address: MCVY 1212 Pamail Com	If Naturalized, City rthdate: 117811971 IIE, MD 20851	Place of Birth: EL SALVADO /State: E Personal Phone Number H: Years at this Address:	oate of Naturalization: er: c:240 388 †349 Years as Maryland Resident: 40								
Full Address: 14543 Good How RD Silver SP Email Address: Se MCV 1212 @QMQ11 COM If applicant is foreign-born, state: Immigration Card Number: C37775 OG 1 QSS por- Applicant C Name: IV QNQ VOMPYO 70 POWYO Full Address: 13110 Midway (WC POWYO Email Address: Se MCV 1212 @ Mail Com If applicant is foreign-born, state:	rthdate: 112811971 IIE, HD 20851 ex:	Place of Birth: EL SANVACIO /State: Personal Phone Number H: Years at this Address: Place of Birth: EL SANVACIO	27 Pate of Naturalization: er: c:240 388 +349 Years as Maryland Resident: 40								
Full Address: 14543 Good Hore RD SINEY SP Email Address: Se MCVY 1212 Waman Com If applicant is foreign-born, state: Immigration Card Number: - C37775061 WSSpor- Applicant C Name: IV (MA) VOMPYO Zabaka Full Address: 13110 Hidway are Rocky; Email Address: MCVY 1212 Pamail Com	rthdate: 112811971 IIE, HD 20851 ex:	Place of Birth: EL SANVACIO /State: Personal Phone Number H: Years at this Address: Place of Birth: EL SANVACIO	oate of Naturalization: er: c:240 388 †349 Years as Maryland Resident: 40								
Full Address: 14543 Good How RD Silver SP Email Address: Se MCVr 1212 Wamail Com If applicant is foreign-born, state: Immigration Card Number: C37775061 WSSpor- Applicant C Name: Bi WYNAMO YOMPYO 70 Full Address: 13110 Midway (WC ROKV) Email Address: Se MCVr 1212 9 Mail Com If applicant is foreign-born, state: Immigration Card Number; Immigration Card Number; Immigration Card Number; MCV WAR ADDRESS AND COM If applicant is foreign-born, state:	If Naturalized, City rthdate: 112811971 ILE, MD 20851 ex: M July Maturalized, City	Place of Birth: EL SANAGO /State: Personal Phone Number H: Years at this Address: Place of Birth: EL SANAGO /State:	27 Pate of Naturalization: er: c:240 388 +349 Years as Maryland Resident: 40 Or Date of Naturalization:								

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

SECTION 3: CORPORATION INFORMA	CION							
A. Qualifying Maryland Resident (Indicat	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 Author	orized:	G. Number of Sh	nares Issued:				
Stockholders (Include all layers equaling 1	00% owned by individuals a	nd/or pub	licly 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:					
	Use additional sheet if neces Full Address: 14543 (500 Holl & Full Address: 14543 G SIWLY Spring MT Full Address: 1300 Wid WOX Address:	nthorized F MCS VOS MCTA F MOTA F MOTA M MOTA M MOTA M Sary):	Persons of LLC Squet Lone to OY Year: 10 e y 2025	Percentage:				
				<u>.</u>				
C. Date on Which Partnership was Forme	d: D. In WI	nich State:						
Percentage of Ownership Interest of Partn		if necessa	ary):					
Name (A):	Full Address:			Percentage:				
Name (B):	Full Address:			Percentage:				
Name (C):	Full Address:			Percentage:				
Indicate Who are the General Partners:	□A¡	oplicant A	☐ Applicant B ☐ Ap	plicant C				
Indicate Maryland Residents:	 	oplicant A						

SECTION 6: ESTABLISHMENT INFORMATION	
A. Detailed description and total square footage of the porti	on of the building for which license is sought (ex. Free standing,
located in strip mall, restaurant, seating, beer/wine, etc.):	
2000 Syst Italian Resta	
B. Who Will be in Charge of Day-to-Day Operations (General I	
C. Phone Number of Establishment: D. Type of Facility	/Facility Concept:
201-200-3040 E. Type of Facility	Concept:
E. Date Applicant will Begin to Operate: F. Days and Hours	of Operation:
12/27/2025 Monday.	-sunday 10:30 AM - 10:30 PM
SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRA	NFERRING A LICENSE)
A. Names of all Current License Holders:	B. Date Facility Began Operating:
1) 3)	
2)	
	o Which License is Being Transferred:
SECTION 8: LEASED PREMISES	101 7 Clo CALDER REAL EPITTI 1809 EVERET ST SILVER SPENTE MD 2590
A. Name of Property Owner: B. Pnone Number of P	roperty Owner: C. Full Address of Property Owner: 476 MALLARD LAKE CIRCLE
DEBER NAWNETTT 312-942	MTRILE REACH, FL 79575
D. Date Lease Made:	E. Date Lease Expires:
F. State Renewal Options, if any:	1-1-2031
NONE	
SECTION 9: APPLICANT QUESTIONAIRE	
Has any applicant ever been:	- VEC - PIO
1. Convicted of a felony?	□ YES ØNO
2. Found guilty of violating the laws governing the sale of alco	
3. Found guilty of violating the laws for prevention and gambl	
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 alcoholi	
6. Has any applicant ever had a license for the sale of alcoholi	beverages?
If YES, state name of applicant, name of facility, address for w	() () () () () () () () () ()
Tomalillo mexican Grill 223	2 VEIRS MILL ROCKVILLE MD 208
7: Does any applicant or person with an ownership interest in	
facility in Montgomery County or the State of Maryland whe	4 120
for, granted, or issued under the Alcoholic Beverages Article of	
was held: Dinora Romero (1/2009 - Current)	licensed premises and ownership and add the dates the license
Tomatillo mexican Guill 2232 vet	
8: Does any person other than the applicant(s) have any fir	
applied for, or in the facility to be conducted under the curren	
If YES, state name and the financial interest owned:	
1100	

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 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."

ADMONA Romero		
Signature of Applicant		
(Br)olores quez		
Signature of Applicant (C) (C)		
Signature of Applicant	(D)	

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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

Robern Rametti	Delra Namatt	BY THUET CHAFR
Signature of the Property Owner	DEBRA PAN	MENT AGS
Printed Name of Property Owner	where and	
	Phase of December Owners	

Address of Property Owner

310 LORGH 26 DR.

NORTH MYRTLE RETURN

SC 19582

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 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)

MAU!

Hamadil

To the Board o	f License	Commissioners	for I	Montgomery	County
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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.

onF	If Naturalized, hdate:	Olney, MD City/State: Personal Phone N H: Years at this Addi Place of Birth:	C:	esident:								
or F Birt	If Naturalized, hdate:	Olney, MD City/State: Personal Phone N H: Years at this Addi	mber:	esident:								
on F Birt	If Naturalized, hdate:	Olney, MD City/State: Personal Phone N H: Years at this Addi	mber:	esident:								
onF	If Naturalized,	Olney, MD City/State: Personal Phone N H:	mber:									
onF	If Naturalized,	Olney, MD City/State:										
		Olney, MD	Date of Naturalization:									
		Olney, MD										
		Place of Birth:	32									
		Years at this Add	ss: Years as Maryland R									
		Personal Phone N	Personal Phone Number: H: c:(407) 619-2679									
	If Naturalized,	City/State:	Date of Naturalization:									
Sex F	9	Place of Birth: Norwalk, CT										
lis, M	D 21403	4	ss: Years as Maryland R 22	esident:								
		Personal Phone N H:		7904								
, MD 2	20853											
	☐ Retail Delivery Spirits for Cooking ☐ Wine Corkage											
	□ Tasting (\$200) □ Catering ■ Outdoor Café ■ Refillable Container											
	D. Entity Name:											
	□ Cor	poration E Limited Liab	ity Company 🗆 Partnership	o 🗆 individual								
	·											
	Birri 09/2 Birri 09/2	Ged (No P.O. Box): , MD 20853 RMATION - AT LEAST Birthdate: 02/23/1979 plis, MD 21403 Sex: F	D. Entity Name: Full On Craft Ea Tasting (\$200) Catering II Retail Delivery Spin Sed (No P.O. Box): MD 20853 CMATION - AT LEAST ONE APPLICANT MU Birthdate: 02/23/1979 H: Years at this Address F Place of Birth: Norwalk, CT If Naturalized, City/State: Birthdate: 09/24/1987 Personal Phone Nu H: Years at this Address His Address Years at this Address His Address Years at this Address H: Years at this Address Years at this Address	Full On Craft Eats & Drinks, LLC Tasting (\$200) Catering Outdoor Café Refillable Retail Delivery Spirits for Cooking Wine Cook								

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

	-	_	-	-			-	-	-		•			-									-	400		-					- 4		-	н
91	ь.			•	9 17		æ	₽.		1		u	ш	- 10	ш	, ,	٧.	16	ш	M	ш	м	ы		ы	•	м	л			- 48	- 1	п	ш
31	=	CI	ш	u	יוגי	и,	Э.	u	u	, ,	ı	г	v	"	п	v	٩.	ıv	J	A.	ш	W	г	u	ı	7	ш	и	н	V II	-13	J	ПХ	4

A. Qualifying Maryland Resident (Indic B. Name and Full Address of Corporation	<u> </u>		☐ Applicant A ☐ A	Applicant B □ Applicant C	
C. Incorporated Under State Laws of:			D. Month and Y	ear:	
c. meorporated onder state taws or.					
E. Authorized Capital:	F. Number of Shares	Authorized:	G. Number of Sh	hares Issued:	
Stockholders (Include all layers equaling	100% owned by individu	ials and/or pub	licly traded, use ad	Iditional 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:	
D. Organized Under State Laws of: Maryland		E. Month and Y August 2013			
Percentage of Ownership Interest of LLC Name (A):	Full Address:	necessary):		Percentage:	
Julie Harris	1018 Van Buren S	t Annapolis,	MD 21403	40	
Name (B): Michelle Harris	Full Address: 1018 Van Buren S	t Annapolis,	MD 21403	Percentage:	
Name (C): BEVERLY & JOE HOSPITAL	Full Address: 44 SONTH GATE AV	E ANNAPILLS	5, MD 21401	Percentage:	
SECTION 5: PARTNERSHIP INFORM	ATION				
A. Name and Full Address of Partnersh	ip:				
C. Date on Which Partnership was Form	med: D.	In Which State	:		
Percentage of Ownership Interest of Par	rtnership (Use additional	sheet if necess	ary):		
Name (A):	Full Address:			Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
Indicate Who are the General Partners	: :		☐ Applicant B ☐ A		
Indicate Maryland Residents:		□ Applicant A □		Applicant B □ Applicant C	

A. Detailed description and total square	ATION footage of the portion of the building for which license is sought (ex. Free standing,
located in strip mall, restaurant, seating, 1 3970 sq/ft full-service restaurant & bar with approximately \$	beer/wine, etc.): 20 seats inside & 40 seats outside on end cap of strip mall serving beer, wine & liquor.
B. Who Will be in Charge of Day-to-Day O Gary Gates	perations (General Manager):
C. Phone Number of Establishment: (240) 669-3875	D. Type of Facility/Facility Concept: Restaurant with a craft sandwich focus offering craft beers, wine & cocktails
E. Date Applicant will Begin to Operate: July 1, 2014	F. Days and Hours of Operation: Mon-Thurs 11:30am - 10pm
Original 6-4-2014 moving locations 1-2026	Fri & Sat. 11:30 - 11pm
,	PLETE ONLY IF TRANFERRING A LICENSE)
A Names of all Current License Holders:	B Date Facility Regan Operating

A. Names of all Current License Holders:		B. Date Facility Began Operating:
1) Julie Harris	3)	July 1, 2014
2) Beverly Hospital		
C. Location of Current Licensed Facility: 4007-D Norbeck Rd Rockville, MD 20853	D. Location to Which License is Being Transferred: 5566 Norbeck Rd Rockville, MD 20853	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: B. Phone Number of Property Owner:		C. Full Address of Property Owner:	
Rock Creek Village LLC	571-533-1842	8405 Greensboro Drive, 8th Floor, McLean, VA 22102-5121	
D. Date Lease Made: 11/6/2025		E. Date Lease Expires: 10/31/2035	
F. State Renewal Options, if any: two (2) consecutive periods	of Five (5) Lease Years		

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	as held:
Julie Harris - Full On Craft Eats & Drinks 4007-D Norbeck Rd, Rockville MD 20853 License #1071781: April 2014 - curren	t
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?	<u> </u>
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dat was held: Julie Harris 50% ownership - Full On Craft Eats & Drinks 2478A Solomons Island Rd Annapolis, MD 21401 January 2022 - current	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:	
in 125) state name and the interior interior	

SECTION 10: CERTIFICATES AND SIGNATURES

8405 Greensboro Drive, 8th Floor, McLean, VA 22102-5121

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 License Commissioners for Montgomery County, and herby grants permission to deputies, inspectors and clerks, the Board of License Commissioners for Montgoremployees, and any peace officer of Montgomery County to inspect and search a any and all parts thereof upon and in which said facility is to be conducted.	the State Comptroller, his duly authorized nery County, its duly authorized agents and
Affidavit:	
"By signing this application, I do solemnly declare and affirm under the penalties of true and correct to the best of my knowledge, information, and belief." (A) Signature of Applicant	perjury that the contents of the foregoing document are
(B) Signature of Applicant	
(C)	
Signature of Applicant (D)	
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the alcoholic beverage license and that I hereby consent to the use of the said propertibe permitted by law, and I do hereby grant permission to the State Comptroller, his Board of License Commissioners for Montgomery County, its duly authorized agent County to inspect and search at any and all hours, without warrant, the premises a facility is to be conducted.	y for the sale thereon of such alcoholic beverages as may s duly authorized deputies, inspectors and clerks, the ts and employees, and any peace officer of Montgomery
Affidavit: "By signing this application, I do solemnly declare and affirm under the penalties of true and correct to the best of my knowledge, information, and belief."	perjury that the contents of the foregoing document are
Max Lehrman	
Printed Name of Property Owner	

202 904-0773

Phone of Property Owner

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false addressed 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.

(611		OF MARYLA	•		
Track's Matrices Al		ATION FOR A			GE LICENSE
justin Mcinerny@	. 10	(PLEASE	PRINT OR TYPE I	N INK)	MOV 5
To the Board of License Commission					#2121544
			•	erages Ar	ticle of the Annotated Code of Maryland, for ar
alcoholic beverage license and each					
CECTION 4. LICENCE TYPE INFO		TION			12-18-250 10:30am
A. Nature of Application:	JRIVIA		se II Transfer of I	ocation I	■ Transfer of Ownership □ Reclassification
· · · · · · · · · · · · · · · · · · ·					
B. Entity on Whose Behalf Application is Made:		□ Corp	oration = Limited	Liability	Company □ Partnership □ Individual
C. Class of License Applied For:			D. Entity Na		
ABWS					nd Wine, LLC
E. Types of Permits Applied For: (See Appendix A)				_	utdoor Café Refillable Container
F. Trade Name of Facility:			Retail Delivery	⊔ Spirits	for Cooking Wine Corkage
Capital Beer & Wine					
G. Address of Facility to be Licen 7903 Norfolk Ave. 13e + he	sed (N	o P.O. Box):	0 111		
7903 NOTTOLK AVE. / 56 + No	300	1101 20	814		
SECTION 2: APPLICANT INFO	TARG	ION - AT LEAST	ONE ADDITION	T MHST	RE A US CITIZEN
Applicant A Name:		thdate:	Personal Pho		
Saloni Patni		27/86	H:		c: 571 230-B007
Full Address: 2757 Golden Aster Pl. Ode	nton,	MD 21113	Years at this	Address:	Years as Maryland Resident: 5
Email Address:	Se		Place of Birth:		
saloni.patni@gmail.com		F	Mumbai, In	dia	
If applicant is foreign-born, state: Immigration Card Number:		If Naturalized, (ity/State:		Date of Naturalization:
37469848		Baltimore, MI			July 8, 2015
Applicant B Name:	Bir	rthdate:	Personal Pho	ne Numb	
Full Address:			H: Years at this	Addross:	C: Years as Maryland Resident:
run Address.			rears at this	Addiess.	rears as was yith the resident.
Email Address:	Se	ex: Place of Birth		1:	
If any light in foreign hours state.					
If applicant is foreign-born, state: Immigration Card Number:		If Naturalized, (Tity/State:		Date of Naturalization:
mingration care number.		ii ivataranzea, c	orey/ octate.		
Applicant C Name: Birthdate:		thdate:	Personal Phone Number:		
Full Address:			H: Years at this	Address:	C: Years as Maryland Resident:
. di Addiess.			Todi 5 de cirio		Todas de Maryland Rosadano
Email Address:	Se	x:	Place of Birth	1:	
If applicant is farsier bear at the					
If applicant is foreign-born, state: Immigration Card Number:		If Naturalized, (City/State:		Date of Naturalization:
iningration card rumber.			my/ Jeace.		water of Independent of the second

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

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٩.			I BUNG	40.1	INDINE	(A I III 1151		/ DAZI / A

SECTION 3: CORPORATION IN					
A. Qualifying Maryland Resident	t (Indicate with X)		☐ Applicant A ☐	Applicant B Applicant C	
B. Name and Full Address of Cor	poration:				
C. Incorporated Under State Law	vs of:		D. Month and	Year:	
E. Authorized Capital:	F. Number of Sha	res Authorized:	G. Number of	Shares Issued:	
tockholders (Include all layers ed	qualing 100% owned by indi	viduals and/or pub	licly 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:	
orporate Officers:					
Name (A):	Full Address:			Title:	
Name (B):	Full Address:			Title:	
Name (C):	Full Address:			Title:	
Bethesda Beer and Wine 1903 Nor folk Au Be D. Organized Under State Laws of Maryland	flusdaMD2081	Saloni Patr E. Month and 1 7/7/2009			
Percentage of Ownership Interest	t of LLC (Use additional shee	et if necessary):			
Name (A): Saloni Patni	Full Address: 2757 Golden As	ster Pl. Odenton	n, MD 21113	Percentage: 100%	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
SECTION 5: PARTNERSHIP INF A. Name and Full Address of Par					
C. Date on Which Partnership w	as Formed:	D. In Which State	:		
Percentage of Ownership Interest	t of Partnership (Use addition	onal sheet if necess	ary):		
Name (A):	Full Address:			Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
Indicate Who are the General Pa	artners:		☐ Applicant B ☐ /		
Indicate Maryland Residents:		□ Applicant A	☐ Applicant B ☐ A	□ Applicant B □ Applicant C	

SECTION 6: ESTABLISHMENT INFORMATION

located in strip mall, restaurant, seating,	footage of the portion of the building for which license is sought (ex. Free standing, beer/wine, etc.): tail beer and wine store, located in a block of single story retailers
B. Who Will be in Charge of Day-to-Day O	perations (General Manager):
C. Phone Number of Establishment: 301 656-8855	D. Type of Facility/Facility Concept: upscale beer and wine boutique
E. Date Applicant will Begin to Operate: 11/15/2025	F. Days and Hours of Operation: Monday-Thursday 11:00AM to 10:00PM Friday and Saturday 11:00AM to 11:00PM Sunday 12Noon to 9:00PM

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

A. Names of all Current License Holders:	B. Date Facility Began Operating:
1) Chander Khosla 3) 2)	April 2011
C. Location of Current Licensed Facility: 7903 Norfolk Ave. Bethesda, MD 20814	ion to Which License is Being Transferred: orfolk Ave., Bethesda, MD 20814

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Wanshi Properties, LLC	301 656-0100	c/o Conley Management 4939 Cordell Ave., Bethesda, MD 20814
D. Date Lease Made: 4/30/2024		E. Date Lease Expires: 5/31/2034
F. State Renewal Options, if any: n/a		

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 v	vas 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 d	tes the license
was held:	
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?	, (123 8 110
	-
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 Count any and all parts thereof upon and in which said facility it	y to inspect and search at any and all hours, without warrant, the premises an is to be conducted.
Affidavit:	
"By signing this application, I do solemnly declare and affir true and correct to the best of my knowledge, information	rm under the penalties of perjury that the contents of the foregoing document and belief."
(A)	
Signature of Applicant	
(B)	
Signature of Applicant	
(C)	
Signature of Applicant (D)
alcoholic beverage license and that I hereby consent to th be permitted by law, and I do hereby grant permission to Board of License Commissioners for Montgomery County,	nat I am the owner of the property named in the foregoing application for an see use of the said property for the sale thereon of such alcoholic beverages as methe State Comptroller, his duly authorized deputies, inspectors and clerks, the its duly authorized agents and employees, and any peace officer of Montgomes twarrant, the premises and any and all parts thereof upon and in which said
"By signing this application, I do solemnly declare and affir true and correct to the best of my knowledge, information	rm under the penalties of perjury that the contents of the foregoing document an, and belief."
Signature of the Property Owner Thomas Conley, property manager	
Printed Name of Property Owner 4939 Cordell Ave Bethesda MD 20814	301 656-0100
Address of Property Owner	Phone of Property Owner

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFO	RMA				# 4088544		
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					
C. Class of License Applied For: Class H License (HBWHR)			D. Entity Name: CHAROENJAI,				
E. Types of Permits Applied For: (See Appendix A)			7 11	•	utdoor Café □ Refillable Container for Cooking ■ Wine Corkage		
F. Trade Name of Facility: THAI TWO CENTS RESTAURAN	F						
G. Address of Facility to be License 263 SPECTRUM AVE, GAITHERS							
SECTION 2: APPLICANT INFORM	/ΑΤΙ	ON - AT LEAST					
Applicant A Name: ING RUMPHAN		thdate: 11/1984	Personal Phone I H:	Numbe	er: C: 5712764172		
Full Address: 4712 NORBECK RD, ROCKVILLE	Ξ, Μ[20853			Years as Maryland Resident: 15 YEARS		
Email Address: INGRUMPHAN@HOTMAIL.COM	c: LE	Place of Birth: THAILAND					
f applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, C BALTIMORE, M			Pate of Naturalization: 8/29/2016		
Applicant B Name:	Bir	thdate:	Personal Phone I	Numbe	er: C:		
Full Address:			Years at this Add	ress:	Years as Maryland Resident:		
Email Address:	Sex	c:	Place of Birth:				
f applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, C	city/State:	ty/State: Date of Naturalization:			
Applicant C Name:	Bir	thdate:	Personal Phone I	lumbe	er: c: 5712764172		
Full Address:			Years at this Add	ress:	Years as Maryland Resident:		
Email Address: Sex:			Place of Birth:				
f applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, C	City/State:	D	Pate of Naturalization:		

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

SECTION 3: CORPORATION INFORMA	ATION			
A. Qualifying Maryland Resident (Indicat	te with X)		☐ Applicant A ☐	Applicant B ☐ Applicant C
B. Name and Full Address of Corporation	1:			
C. Incorporated Under State Laws of:			D. Month and	Year:
E. Authorized Capital:	F. Number of Shar	es Authorized:	G. Number of S	Shares Issued:
Stockholders (Include all layers equaling 1	100% owned by indiv	iduals and/or publ	lich traded use a	dditional sheet if necessary)
Name (A):	Full Address:	iduais allu/or publ	nery traded, disc a	Shares Owned:
Name (B):	Full Address:			Shares Owned:
Name (C):	Full Address:			Shares Owned:
Corporate Officers:			<u> </u>	
Name (A):	Full Address:			Title:
Name (B):	Full Address:			Title:
Name (C):	Full Address:			Title:
CHAROENJAI, LLC. 263 SPECTRUM AVE,GAI D. Organized Under State Laws of: MARYLAND	THERSBURG, MD 2087	Page 19 19 19 19 19 19 19 19 19 19 19 19 19		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Percentage of Ownership Interest of LLC (Use additional sheet			
Name (A): ING RUMPHAN	Full Address: 4712 NORBECK RI		D 20853	Percentage: 100%
Name (B):	Full Address:			Percentage:
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 Which State:		
Percentage of Ownership Interest of Parti	nership (Use additio	nal sheet if necessa	ary):	
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
Indicate Who are the General Partners:			☐ Applicant B ☐ A	
Indicate Maryland Residents: ■ Applicant A □ Applicant B □ Applicant C				

SECTION 6: ESTABLISHMENT INFORMATION

located in strip mall, restaurant, seating, l	footage of the portion of the building for which license is sought (ex. Free standing, beer/wine, etc.): seats and 996 sqft patio space with about 40-68 seats available.
B. Who Will be in Charge of Day-to-Day O Ing Rumphan, Francis Diaz, Suvichada C	
C. Phone Number of Establishment: N/A	D. Type of Facility/Facility Concept: Casual restaurant : Thai Cuisine
E. Date Applicant will Begin to Operate: After 02/01/2026	F. Days and Hours of Operation: Monday through Thursday: 11 a.m. to 2:30 p.m. & 4 p.m. to 9:30 p.m. Friday: 11 a.m. to 2:30 p.m. & 4 p.m. to 10 p.m. Saturday: 11:30 a.m. to 10 p.m. Sunday: 11:30 p.m. to 9 p.m.

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
BPTC One, LLC	3016376604	226 spectrum Ave, Gaitherburg, md 20879
D. Date Lease Made: 7/11/2025		E. Date Lease Expires: 7/11/2035
F. State Renewal Options, if any: 3 years add-on 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	as held:							
Ing Rumphan; Klin Imm Thai Restaurant (786 Rockville, Unit D. Rockville MD, 20852) around May. 2018, Klin Imm Thai Vienna (2676 Avenir Place, Suite A, Vienna, VA 22180) Aug. 2019 and Eat A Lao Restaurant (1327 Rockville Pike, Suite K, Rock	kville, MD 20853) in June, 2024.							
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 dates the license was held:								
1) Ing Rumphan - Kiin Imm Thai Rockville, May 2018 - 30% ownership. 2) Ing Rumphan - Kiin Imm Thai Vienna, Aug 2019 - 30% ownership. 3) Eat A Lao Restaurant, June, 2	2024 - 80% ownership.							
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 SIG ATURES

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 an true and correct to the best of my knowledge, inform		of perjury that the contents of the	e foregoing document are
(A) Ing Rimphan			
Signature of Applicant			
(B)			
Signature of Applicant			
(C)			
Signature of Applicant	(D)	Ing Rompham	
	(FOR CORPORA	ATION APPLICATIONS ONLY) Corp	orate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I hereby cer alcoholic beverage license and that I hereby consent be permitted by law, and I do hereby grant permissi Board of License Commissioners for Montgomery County to inspect and search at any and all hours, we facility is to be conducted.	t to the use of the said prope on to the State Comptroller, I ounty, its duly authorized age	erty for the sale thereon of such ald his duly authorized deputies, inspe ents and employees, and any peace	coholic beverages as may ectors and clerks, the e officer of Montgomery
Affidavit:			
"By signing this application, I do solemnly declare ar true and correct to the best of my knowledge, inform	_	of perjury that the contents of the	e foregoing document are
Peter 1. Hrary			
Signature of the Property Owner			
Peter J Henry, Co-Managing Member			
Printed Name of Property Owner			
226 Spectrum avenue, Gaithersburg, MD 20879			

Phone of Property Owner

Extract from Law: If any affidavit or oath require ander the provisions of this Act shall contain any fall attements, the offender shall be deemed guilty of perjury. And upon indictment and conviction the. or shall be subject to penalties provided by law for time crime.

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

То	the Boa	ard of	License	Commissioners	for	Montgomery	County:
----	---------	--------	---------	---------------	-----	------------	---------

alcoholic beverage license and each ap		•	_	mation required by said article.
SECTION 1: LICENSE TYPE INFOR				# 2018544
A. Nature of Application:	IVIAI		 nse Transfer of Locat	ion □ Transfer of Ownership □ Reclassification
B. Entity on Whose Behalf Applicat Made:	ion is	□ Corp	poration E Limited Liab	oility Company □ Partnership □ Individual
C. Class of License Applied For: Class H (B/W)			D. Entity Name: Dream Line Inter	national,LLC
E. Types of Permits Applied For: (See Appendix A)			01. /	■ Outdoor Café □ Refillable Container irits for Cooking □ Wine Corkage
F. Trade Name of Facility: Prime Coffee & Bakery				G. Is Business a Franchise? ☐ YES ■ NO
H. Address of Facility to be Licensed 930 Thayer Ave, Silver Spring				
SECTION 2: APPLICANT INFORM				
Applicant A Name: Mariamawit Ramet		hdate: 2/1985	Personal Phone Nun H:	c :2404298709
Full Address: 9924 Cypress Way Laurel MD	723	Years at this Address	s: Years as Maryland Resident: 13 years	
Email Address: Rametm12@gmail.com	ale	Place of Birth: Ethiopia		
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City Baltimore/Maryl		Date of Naturalization: March 29,2019
Applicant B Name: Nesredin Mohammed		hdate: 10/1982	Personal Phone Nun	nber: C:2406769149
Full Address: 9924 Cypress Way Laurel ME			Years at this Address	
Email Address: Nesresa@gmail.com	Sex:		Place of Birth: Ethiopia	
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City Baltimore/Maryl	nore/Maryland Date of Naturalization: January 24,2025	
Applicant C Name:	ndate:	Personal Phone Num	nber:	
Full Address:			Years at this Address	Years as Maryland Resident:
Email Address:	Sex:		Place of Birth:	
If applicant is foreign-born, state:	J.			
Immigration Card Number:		If Naturalized, City	/State:	Date of Naturalization:

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

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	- 1		16 31	VI 2.	111111111111111111111111111111111111111	וטווט	A T IC INI	INFORM	AN FIRST
		_	100	ч				TIVE CENTRE	ALIVIN

SECTION 3: CORPORATION INFORMA								
A. Qualifying Maryland Resident (Indicat	e with X)		☐ Applicant 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 Shar	es Authorized:	G. Number of S	hares Issued:				
Stockholders (Include all layers equaling 1	00% owned by indiv	riduals and/or pub	licly traded, use ac	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:				
A. Qualifying Maryland Resident (Indicate B. Name and Full Address of LLC:		C. Authorized	Persons of LLC	cant B □ Applicant C				
Dream line International LLC, 9924 Cypress V	Vay, laurel MD 20723	Mariamawit Ramet & Nesredin Mohammed E. Month and Year:						
D. Organized Under State Laws of: Maryland		May 2019						
Percentage of Ownership Interest of LLC (if necessary):						
Nesredin Mohammed	Full Address: 9924 Cypress W	ay Laurel MD 2	20723	Percentage: 51%				
Name (B): Mariamawit Ramet	Full Address: 9924 Cypress W	ay Laurel MD 2	20723	Percentage: 49%				
Name (C):	Full Address:			Percentage:				
SECTION 5: PARTNERSHIP INFORMAT 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	nal sheet if necess	arv):					
Name (A):	Full Address:		11	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 A □ Applicant B □ Applicant C					

SECTION 6: ESTABLISHMENT INFOR	RMATION		
	re footage of the portion of the buildir	ng for which license is sought (ex.	Free standing,
located in strip mall, restaurant, seating			0.
Coffee shop with roastery and B			
B. Who Will be in Charge of Day-to-Da Nesredin Mohammed	y Operations (General Manager):		
C. Phone Number of Establishment: 2408565024	D. Type of Facility/Facility Concep Cafe	t:	
E. Date Applicant will Begin to Operate	: F. Days and Hours of Operation:	-	
Buisness already operating	Monday -Saturday (7AM-8PI	M)	
11 10 01	Sunday(8AM-7pm)		
11/2024			
SECTION 7: LICENSE TRANSFER (CO	MPLETE ONLY IF TRANSFERRING A	LICENSE)	
A. Names of all Current License Holder	s:	B. Date Facility Began Opera	ating:
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 Owne	r:
BOD Otalia Blaza Blaza 411.0	246 247 9656	107 Dublic Course Suite 2400 Claus	
BOP Studio Plaza Phase 1 LLC	216-217-8656	127 Public Square, Suite 2400, Cleve	ano, On 44114
D. Date Lease Made:		E. Date Lease Expires:	
12/21/2021		7/31/33	
F. State Renewal Options, if any:			
10	Veny		
_			
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 for	r prevention and gambling in the State of	of Maryland or the United States?	□ YES ■ NO
	he laws of the State of Maryland or the		□ YES ■ NO
traffic offense?	,		
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			□ YES ■ NO
	of facility, address for which license was	held and the dates for which it wa	
in 123, state name of applicant, name of	reachity, address for writer ficerise was	ricia, and the dates for which it we	is ricia.
7: Does any applicant or person with a	n ownership interest in this facility hav	e a financial interest in any other	
	State of Maryland where an alcoholic b		□ YES ■ NO
	olic Beverages Article of the Annotated		l ILS E NO
	t, name and address of licensed premis		tes the license
was held:			
1 ''	pplicant(s) have any financial interest i	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 owned:		

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 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.

	ce	 ١			
Δ	ff	2	37	ıT	۰

Address of Property Owner

Affidavit:	
"By signing this application, I do solemnly declare and affirm under the penalti true and correct to the best of my knowledge, information, and belief." (A)	es of perjury that the contents of the foregoing document and
Signature of Applicant	
(B)	
Signature of Applicant	
(C)	
Signature of Applicant	
(D)	
(FOR CORPC	PRATION APPLICATIONS ONLY) Corporate President Signatur
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of alcoholic beverage license and that I hereby consent to the use of the said probe permitted by law, and I do hereby grant permission to the State Comptrolle Board of License Commissioners for Montgomery County, its duly authorized a County to inspect and search at any and all hours, without warrant, the premisfacility is to be conducted. Affidavit:	perty for the sale thereon of such alcoholic beverages as may r, his duly authorized deputies, inspectors and clerks, the ligents and employees, and any peace officer of Montgomery
Anidavit:	
"By signing this application, I do solemnly declare and affirm under the penaltic true and correct to the best of my knowledge, information, and belief."	s of perjury that the contents of the foregoing document are
BOP Studio Plaza Phase 1 LLC	<u> </u>
Signature of the Property Owner	
Susan O'Brien - Sr. Vice President & S	ecretary
Printed Name of Property Owner	6060
127 Public Square, Suite 2400, Cleveland, OH 44114 (216) 621	-0000

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)

Tο	the	Roard	of	License	Commissioners	for	Montgomer	v Ci	ounty:
10	HIC	Duaid	O.	ricelise.	COMMISSIONERS	101	INIOHIECUITIE	v ~:	Julitar

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.

■ New License □ Transfer of Location □ Transfer of Ownership □ Reclassification

B. Entity on Whose Behalf Application is Made:		□ Corpora	tion □ Limited Liability	у Сс	ompany Partnership Individual		
C. Class of License Applied For:	- 1		D. Entity Name: WESTBARD SQUA	RE	LQR LLC		
E. Types of Permits Applied For:	T	□ Tasting	tdoor Café Refillable Container				
(See Appendix A)					or Cooking Wine Corkage		
F. Trade Name of Facility: WESTBARD SQUARE							
G. Address of Facility to be Licensed 5400 WESTBARD AVE, #250 BETH							
SECTION 2: APPLICANT INFORM	ATI	ON - AT LEAST ON	IE APPLICANT MUS	ТВ	E A US CITIZEN		
Applicant A Name: ANDREW KABAT		hdate: 31/1980	Personal Phone Num H: 301-366-382		r: C:		
Full Address: 10911 CANDLELIGHT LANE POTO	AMC	C md 20854	Years at this Address	5:	Years as Maryland Resident: 45		
Email Address: AKABAT@GMAIL.COM	Sex M	:	Place of Birth: WASHINGTON, D.C				
If applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, City	/State:	Da	ate of Naturalization:		
Applicant B Name: JEMIA CENTENO		hdate: 03/1982	Personal Phone Num H: 301-366-382		r: C:		
Full Address: 22276 FOGGY RIDGE TERR ASHI	BUR	N VA 20148	Years at this Address	s:	Years as Maryland Resident: 0		
Email Address: MIA. CENTENO CICLOUD.CO	Sex	F	Place of Birth: BALTIMORE, MD				
If applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, City	/State:	Da	ate of Naturalization:		
Applicant C Name:	Birt	hdate:	Personal Phone Num H: 301-366-382		er: 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 Naturalized, City	//State:	D	ate of Naturalization:		
(NOTE: ALL APPLICANTS WILL BE HER	FAF	TER REFERRED TO B	Y THE LETTER A. B. OR	CF	PRECEDING THEIR NAME ABOVE)		

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

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SECTION 3: CORPORATION INFOR	MATION					
A. Qualifying Maryland Resident (Indi	cate with X)		☐ Applicant A ☐ A	pplicant B Applicant C		
B. Name and Full Address of Corporat	ion:					
C. Incorporated Under State Laws of:			D. Month and Ye	ear:		
E. Authorized Capital:	F. Number of Shar	res Authorized:	G. Number of Sh	ares Issued:		
Stockholders (Include all layers equalin	g 100% owned by indiv	iduals and/or publ	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:		
D. Organized Under State Laws of: DELAWARE Percentage of Ownership Interest of LL	.C (Use additional sheet	E. Month and Y DECEMBER 20				
Name (A): EQUITY ONE (NORTHEST PORTFOLIC) LL	Full Address:		ONVILLE FL 32202	Percentage:		
Name (B):	Full Address:			Percentage:		
Name (C):	Full Address:			Percentage:		
A. Name and Full Address of Partners	hip:	D. In Which Const.				
C. Date on Which Partnership was For		D. In Which State:				
Percentage of Ownership Interest of Pa		nal sheet if necessa	ary):			
Name (A):	Full Address:	_		Percentage:		
Name (B):	Full Address:			Percentage:		
Name (C):	Full Address:		Percentage:			
Indicate Who are the General Partner	rs:		☐ Applicant B ☐ Ap			
Indicate Maryland Residents:		□ Applicant A	☐ Applicant B ☐ Ap	plicant C		

SECTION 6: ESTABLISHMENT INFORMA	ATION
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, b	eer/wine, etc.):
125,615 COMMANUAL C	DMWLN ARZEA
B. Who Will be in Charge of Day-to-Day Or MIA CENTENO	perations (General Manager):
C. Phone Number of Establishment: 703-442-4363	D. Type of Facility/Facility Concept: OUTDOOR RETAIL SHOPPING CENTER/STRIP MALL
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:

MONDAY TO SUDAY: 10AM - 8PM

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANF A. Names of all Current License Holders:	B. Date Facility Began Operating:
1) 3)	
2)	
C. Location of Current Licensed Facility: D. Location to W	hich License is Being Transferred:

A. Name of Property Owner: REGENCY CENTERS, LP B. Phone Number of Property Owner: 7034424300 C. Full Address of Property Owner: 5400 WESTBARD AVE BETHESDA MD 20816 E. Date Lease Expires: F. State Renewal Options, if any:

SECTION 9: APPLICANT QUESTIONAIRE

CURRENTLY OPERATING

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 ☐ 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 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 ☐ 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 dates the license was held: 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 are solemnly declar true and correct to the best of my knowledge,		of perjury that the contents of the foregoing document are
(A) / Phot -		_
Signature of Applicant (B)	\mathcal{N}	_
Signature of Applicant	O	
(C)		_
Signature of Applicant	(D)	
	(FOR CORPORA	TION APPLICATIONS ONLY) Corporate President Signature
be permitted by law, and I do hereby grant per Board of License Commissioners for Montgom	rmission to the State Comptroller, h ery County, its duly authorized ager	ty for the sale thereon of such alcoholic beverages as may is duly authorized deputies, inspectors and clerks, the ats and employees, and any peace officer of Montgomery and any and all parts thereof upon and in which said
Affidavit:		
"By signing this application, I do solemnly decli true and correct to the best of my knowledge,		of perjury that the contents of the foregoing document are
Signature of the Property Owner ANDREW J. KABAT		
Printed Name of Property Owner		
5400 WENDARD AVE. SLOTE 250	DETHUDA, NO 208/6	(707) 442-4300
Address of Property Owner	Phone of Property O	wner

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

O	the Board	of	License	Commissioners	for	Montgomery	County	۷:
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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

alconolic beverage license and each app			es to the following info	mation required by said a			
A. Nature of Application:		1	Wew License □ Transfer of Location □ Transfer of Ownership □ Reclassification				
B. Entity on Whose Behalf Application is Made:		☐ Corporation ☑ Limited Liability Company ☐ Partnership ☐ Individual					
C. Class of License Applied For:		se _	e D. Entity Name: Real Billiards LLC				
E. Types of Permits Applied For: (See Appendix A) DBWL		1	□ Tasting (\$200) □ Catering □ Outdoor Café □ Refillable Container □ Retail Delivery □ Spirits for Cooking □ Wine Corkage				
F. Trade Name of Facility:	l B	illiard	/ <	G. Is Business a Franc	hise? 🗆 YES 📈 O		
H. Address of Facility to be Licensed	/a:	graph &		sville, MD 208	66		
SECTION 2: APPLICANT INFORMA	AHUN						
Applicant A Name: Stephanie B. Diaz	Birthdate: 01-12-1992		Personal Phone Number: H: c: 571 383 CO21		83 0021		
Full Address: 1825 Butterfield D	r. Elki	ridge MD	Years at this Addres	s: Years as Maryland	_		
Email Address:			Place of Birth: Washington, D.C.				
If applicant is foreign-born, state:							
Immigration Card Number:	IfN	laturalized, City	//State:	Date of Naturalization	:		
Applicant B Name:	Birthdate:		Personal Phone Number: H: C:				
Full Address:			Years at this Addres	s: Years as Maryland	Resident:		
Email Address:	Sex:		Place of Birth:				
If applicant is foreign-born, state:							
		Naturalized, City/State:		Date of Naturalization:			
Applicant C Name:	Birthda						
Full Address:			H: Years at this Addres	C s: Years as Maryland	Resident:		
Email Address:	Sex:		Place of Birth:				
If applicant is foreign-born, state:							
		laturalized, City	//State:	Date of Naturalization	:		

(NOTE: COMPLETE ONLY ONE SECTION FOR TIONS 3, 4, OR 5, AS APPLIES) A. Qualifying Maryland Resident (Indicate with X) ☐ Applicant A ☐ Applicant B ☐ Applicant C B. Name and Full Address of Corporation: D. Month and Year: C. Incorporated Under State Laws of: F. Number of Shares Authorized: G. Number of Shares Issued: E. Authorized Capital: Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary) Shares Owned: Full Address: Name (A): Shares Owned: Full Address: Name (B): Shares Owned: Name (C): Full Address: Corporate Officers: Title: Full Address: Name (A): Title: Full Address: Name (B): Title: Full Address: Name (C): A. Qualifying Maryland Resident (Indicate with X) XApplicant A □ Applicant B □ Applicant C B. Name and Full Address of LLC: C. Authorized Persons of LLC 5 tie Puning D. Organized Under State Laws of: Percentage of Ownership Interest of LLC (Use additional sheet if necessary): Full Address: 26075 Percentage: Name (A): Stelnain Dia Name (B): Lulis Ma Name (C): 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: Full Address: Percentage: Name (C):

☐ Applicant A ☐ Applicant B ☐ Applicant C

☐ Applicant A ☐ Applicant B ☐ Applicant C

Indicate Who are the General Partners:

Indicate Maryland Residents:

SECTION 6: ESTABLISHMENT INFORMA	TION							
A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing,								
	eer/wine, etc.): Retail SPace I Lever	located in						
SHOPPins Center, Restarrant Bear 1756 594								
B. Who Will be in Charge of Day-to-Day Op	erations (General Manager): Stephans	az -						
C. Phone Number of Establishment: 240 - 722 - 3683	D. Type of Facility/Facility Concept: POOL Hall Billiard							
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:							
	Monday off							
11-1-2025	Tuesday - Sunday - 12PM - 21	AM						
11	33.009							
SECTION F: LICENSE TRANSFER (COMP	LETE ONLY IF TRANSFERRING A LICENSE)							
A. Names of all Current License Holders:	B. Date Facility Bo	egan Operating:						
1)	3)							
2)								
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:							
SECTION B: LEASED PREMISES	•							
A. Name of Property Owner: B. F	hone Number of Property Owner: C. Full Address of Prop	erty Owner:						
	4641 mongon	LEVY AUP						
Katta Company 3	01-951-8474 #401 Between							
D. Date Lease Made:	E. Date Lease Expires:	1						
2017 08-19-20		2028						
F. State Renewal Options, if any:								
AAC	Ves Kenewal - Sur.							
SECTION 9 APPLICANT QUESTIONAIRE								
Has any applicant ever been:		□ YES □ →O						
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?								
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? 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 ov	vnership 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 license								
was held:								
		ge license 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:								
in 123, state name and the midicial miteres	towired.							

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 true and correct to the pest of my knowle	declare and affirm under the penalties of perjury that the contents of the foregoing documents and belief."	ment are
Signature of Applicant		
(B)	<u> </u>	
Signature of Applicant		
(C)		
Signature of Applicant		
	(D)	
	(FOR CORPORATION APPLICATIONS ONLY) Corporate President S	Signature
Board of License Commissioners for Mon County to inspect and search at any and a facility is to be conducted.	t permission to the State Comptroller, his duly authorized deputies, inspectors and clerks gomery County, its duly authorized agents and employees, and any peace officer of Mont II hours, without warrant, the premises and any and all parts thereof upon and in which sa	gomery
Affidavit:		
"By signing this application, I do solemnly true and correct to the best of my knowle	declare and affirm under the penalties of perjury that the contents of the foregoing documents of the foregoing documents and belief."	ment are
Signature of the Property Owner Jenny Cl	ang Katts Company	
Printed Name of Property Owner	1. 4.1 1 ROHO 1 WAS 220.4	
4641 Mantgram	Are #401 Betherda MD 20814	
Address of Property Owner	Phone of Property Owner (30() 957 8474	