

# APPLICATION

# 1

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

**STATE OF MARYLAND | MONTGOMERY COUNTY**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**  
(PLEASE FILL OUT FORM IN ENTIRETY)

JAN 14 '26 PM 3:50

JAN 14 '26 PM 3:50

**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.

#1063156

**SECTION 1: LICENSE TYPE INFORMATION**

|   |   |
|---|---|
| A. Nature of Application:   | <input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input checked="" type="checkbox"/> Reclassification  |
| B. Entity on Whose Behalf Application is Made:  | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual   |
| C. Class of License Applied For:<br>BDBWL   | D. Entity Name:<br>El Patio International Inc.  |
| E. Types of Permits Applied For:<br>(See Appendix A)  | <input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container<br><input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage |
| F. Trade Name of Facility:<br>El Patio  |   |
| G. Address of Facility to be Licensed (No P.O. Box):<br>5240 Randolph Rd, Rockville, MD 20852 |   |

**SECTION 2: APPLICANT INFORMATION - AT LEAST ONE APPLICANT MUST BE A US CITIZEN**

|  |                             |   |
|--|-----------------------------|---|
| Applicant A Name:<br>Guillermo Dante L. Ribulotta    | Birthdate:<br>09/23/1974    | Personal Phone Number:<br>H: <b>C: 340 444 5479</b> |
| Full Address:<br>1064 Pilestem Pl, Potomac, MD 20854 | Years at this Address:<br>8 | Years as Maryland Resident:<br>34                   |
| Email Address:<br>gribulotta@gmail.com               | Sex:<br>Male                | Place of Birth:<br>Argentina                        |

If applicant is foreign-born, state:

|  |  |                                       |
|--|--|---------------------------------------|
| Immigration Card Number:<br>A075561483 | If Naturalized, City/State:<br>Baltimore, MD | Date of Naturalization:<br>07/10/2006 |
|--|--|---------------------------------------|

|                   |                        |  |
|-------------------|------------------------|--|
| Applicant B Name: | Birthdate:             | Personal Phone Number:<br>H: <b>C:</b> |
| 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: |
|--------------------------|-----------------------------|-------------------------|

|                   |                        |  |
|-------------------|------------------------|--|
| Applicant C Name: | Birthdate:             | Personal Phone Number:<br>H: <b>C:</b> |
| Full Address:     | Years at this Address: | Years as Maryland Resident:            |
| Email Address:    | Sex:                   | Place of Birth:                        |

If applicant is foreign-born, state:

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

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

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

**SECTION 3: CORPORATION INFORMATION**

|  |  |   |
|--|--|---|
| A. Qualifying Maryland Resident (Indicate with X)  |  | <input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |
| B. Name and Full Address of Corporation:<br>El Patio International, Inc. 1064 Pipestem PL, Potomac, MD 20854                   |  |   |
| C. Incorporated Under State Laws of:<br>Maryland   |  | D. Month and Year:<br>May 2001  |
| E. Authorized Capital:<br>1,000  | F. Number of Shares Authorized:<br>1,000             | G. Number of Shares Issued:<br>100  |
| Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary) |  |   |
| Name (A):<br>Guillermo Ribulotta   | Full Address:<br>1064 Pipestem PI, Potomac, MD 20854 | Shares Owned:<br>100  |
| Name (B):  | Full Address:  | Shares Owned:   |
| Name (C):  | Full Address:  | Shares Owned:   |

## Corporate Officers:

|                                  |  |  |
|----------------------------------|--|--|
| Name (A):<br>Guillermo Ribulotta | Full Address:<br>1064 Pipestem PI, Potomac, MD 20854 | Title:<br>President, Secretary & Treasurer |
| Name (B):                        | Full Address:  | Title:                                     |
| Name (C):                        | Full Address:  | Title:                                     |

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

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

## 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: | Percentage: |

**SECTION 5: PARTNERSHIP INFORMATION**

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

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

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

**SECTION 6: ESTABLISHMENT INFORMATION**

|  |   |
|--|---|
| A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):<br><b>Space located in strip mall containing 4,000 sq. ft., along with an outdoor seating area</b> |   |
| B. Who Will be in Charge of Day-to-Day Operations (General Manager):<br><b>Angela Delrio</b>   |   |
| C. Phone Number of Establishment:<br><b>301 231 9225</b>   | D. Type of Facility/Facility Concept:<br><b>Full Service Argentinean restaurant, together with ancillary sale of packaged Argentinean food products</b> |
| E. Date Applicant will Begin to Operate:<br><b>Already operating</b>   | F. Days and Hours of Operation:<br><b>Mon - Thu 9am to 9pm<br/>Fri and Sat 9am to 10pm<br/>Sun 9am to 8pm</b>   |

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

|  |  |
|--|--|
| A. Names of all Current License Holders:<br>1)<br>2)<br>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:<br><b>Rosenfeld Investment, LLC</b> | B. Phone Number of Property Owner:<br><b>240 752 7766</b> | C. Full Address of Property Owner:<br><b>4800 Hampden Ln, Suite 800, Bethesda, MD 20814</b> |
| D. Date Lease Made:<br><b>01/28/2011</b>                       | E. Date Lease Expires:<br><b>10/31/26</b>                 |   |
| F. State Renewal Options, if any:                              |   |   |

**SECTION 9: APPLICANT QUESTIONNAIRE**

Has any applicant ever been:

|   |   |
|---|---|
| 1. Convicted of a felony?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?                | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?                  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?                                 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages?  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:

**See Exhibit A attached**

|   |   |
|---|---|
| 7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:

**See Exhibit B attached**

|  |   |
|--|---|
| 8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|--|---|

If YES, state name and the financial interest owned:

## SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) Guillermo Ribulotta

01/13/2026

Signature of Applicant

Guillermo D. Ribulotta

(B) \_\_\_\_\_

Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D) Guillermo Ribulotta

Guillermo D. Ribulotta, President of El Patio International

(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."

Eugenia Dennis-Sarfo 1/14/2026

Agent for Owner

Signature of the Property Owner

Rosenfeld Investment, LLC, by Eugenia Dennis-Sarfo, Property Manager of Willard Retail

Printed Name of Property Owner

4800 Hampden Ln, Suite 800, Bethesda, MD 20814

240 752 7766

Address of Property Owner

Phone of Property Owner

# APPLICATION

## # 2

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

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

To the Board of License Commissioners for Montgomery County:

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

#2170544

**SECTION 1: LICENSE TYPE INFORMATION**

|  |   |  |  |
|--|---|--|--|
| A. Nature of Application:  | <input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification  |  |  |
| B. Entity on Whose Behalf Application is Made:   | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual   |  |  |
| C. Class of License Applied For:<br>Class BD-BWL   | D. Entity Name:<br>EI Patio International, Inc.   |  |  |
| E. Types of Permits Applied For:<br>(See Appendix A)   | <input type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container<br><input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage |  |  |
| F. Trade Name of Facility:<br>EI Patio - Traville  |   |  |  |
| G. Address of Facility to be Licensed (No P.O. Box):<br>9755 Traville Gateway Drive, Rockville, MD 20850 |   |  |  |

**SECTION 2: APPLICANT INFORMATION - AT LEAST ONE APPLICANT MUST BE A US CITIZEN**

|   |                                   |   |                 |
|---|-----------------------------------|---|-----------------|
| Applicant A Name:<br>Guillermo Dante L Ribulotta        | Birthdate:<br>09/23/1974          | Personal Phone Number:<br>H: 240-464-5479 | C: 240-464-5479 |
| Full Address:<br>1064 Pipestem Place, Potomac, MD 20854 | Years at this Address:<br>8 years | Years as Maryland Resident:<br>34 years   |                 |
| Email Address:<br>elpatiointernational@gmail.com        | Sex:<br>Male                      | Place of Birth:<br>Argentina              |                 |

If applicant is foreign-born, state:

|  |  |                                       |
|--|--|---------------------------------------|
| Immigration Card Number:<br>A075561483 | If Naturalized, City/State:<br>Baltimore, Maryland | Date of Naturalization:<br>07/10/2006 |
|--|--|---------------------------------------|

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

If applicant is foreign-born, state:

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

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

If applicant is foreign-born, state:

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

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

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

**SECTION 3: CORPORATION INFORMATION**

|  |  |   |
|--|--|---|
| A. Qualifying Maryland Resident (Indicate with X)  |  | <input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |
| B. Name and Full Address of Corporation:<br>El Patio International, Inc., 9755 Traville Gateway Drive, Rockville, MD 20850 |  |   |
| C. Incorporated Under State Laws of:<br>Maryland   |  | D. Month and Year:<br>May 2001  |
| E. Authorized Capital:<br>\$1,000.00   | F. Number of Shares Authorized:<br>1,000 | G. Number of Shares Issued:<br>100  |

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

|                                  |   |                      |
|----------------------------------|---|----------------------|
| Name (A):<br>Guillermo Ribulotta | Full Address:<br>1064 Pipestem Place, Potomac, MD 20854 | Shares Owned:<br>100 |
| Name (B):                        | Full Address:   | Shares Owned:        |
| Name (C):                        | Full Address:   | Shares Owned:        |

## Corporate Officers:

|                                  |   |  |
|----------------------------------|---|--|
| Name (A):<br>Guillermo Ribulotta | Full Address:<br>1064 Pipestem Place, Potomac, MD 20854 | Title:<br>President, Secretary & Treasurer |
| Name (B):                        | Full Address:   | Title:                                     |
| Name (C):                        | Full Address:   | Title:                                     |

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

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

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: | Percentage: |

**SECTION 5: PARTNERSHIP INFORMATION**

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

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

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

## SECTION 6: ESTABLISHMENT INFORMATION

|   |  |
|---|--|
| A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):<br>In a building of approx. 98,507 sq. ft., the restaurant will comprise approx. 4,840 sq. ft. along with an outdoor seating area |  |
| B. Who Will be in Charge of Day-to-Day Operations (General Manager):<br>Guillermo Ribulotta   |  |
| C. Phone Number of Establishment:<br>To be determined   | D. Type of Facility/Facility Concept:<br>Full service Argentinian restaurant, together with ancillary sale of packaged Argentinian food products         |
| E. Date Applicant will Begin to Operate:<br>Estimated on or around<br>January 15, 2026  | F. Days and Hours of Operation:<br>Monday through Thursday: 9:00 AM to 9:00 PM<br>Friday and Saturday: 9:00 AM to 10:00 PM<br>Sunday: 9:00 AM to 8:00 PM |

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

|  |    |  |
|--|----|--|
| A. Names of all Current License Holders:<br>1)<br>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:<br>Traville Center, L.L.C. | B. Phone Number of Property Owner:<br>(571) 565-3346 | C. Full Address of Property Owner:<br>8201 Greensboro Dr., Ste. 335<br>McLean, VA 22102 |
| D. Date Lease Made:<br>March 7, 2025                  | E. Date Lease Expires:<br>Approx. September 30, 2036 |   |
| F. State Renewal Options, if any:<br>Not specified    |  |   |

## SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

|   |   |
|---|---|
| 1. Convicted of a felony?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?                | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?                  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?                                 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages?  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:

See Exhibit A attached.

|   |   |
|---|---|
| 7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:

See Exhibit B attached.

|  |   |
|--|---|
| 8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|--|---|

If YES, state name and the financial interest owned:

## SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A)  Signed by  
ACAA173178A1486

*Signature of Applicant: Guillermo Ribulotta*

(B) \_\_\_\_\_

*Signature of Applicant*

(C) \_\_\_\_\_

*Signature of Applicant*

(D)  Signed by  
ACAA173178A1486

*Guillermo Ribulotta, President of El Patio International, Inc.*

**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 Property Owner: *Traville Center, L.L.C.*  
a Virginia limited liability company  
By: *Traville Center, Inc.*,  
a Virginia corporation, its Manager

By:   
Stephanie Erwin, Secretary

Printed Name of Property Owner: *Traville Center, L.L.C.*

Address of Property Owner: *c/o Beatty Management Company, Inc.*  
8201 Greensboro Drive, Suite 335  
McLean, VA 22102

Phone of Property Owner: *(571) 565-3346*

# APPLICATION

# 3

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

## 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:

JAN 16 '26 PM 1:30

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.

# 2219544

### SECTION 1: LICENSE TYPE INFORMATION

|   |   |  |  |
|---|---|--|--|
| A. Nature of Application:   | <input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification  |  |  |
| B. Entity on Whose Behalf Application is Made:  | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual   |  |  |
| C. Class of License Applied For:<br>Class D (on Sale) BWL   | D. Entity Name:<br>Addis Eatrs LLC  |  |  |
| E. Types of Permits Applied For:<br>(See Appendix A)  | <input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container<br><input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage |  |  |
| F. Trade Name of Facility:<br>Arada Restaurant  |   |  |  |
| G. Address of Facility to be Licensed (No P.O. Box):<br>6846 New Hampshire Ave Takoma Park MD 20912 |   |  |  |

### SECTION 2: APPLICANT INFORMATION - AT LEAST ONE APPLICANT MUST BE A US CITIZEN

|  |                             |   |
|--|-----------------------------|---|
| Applicant A Name:<br>Daniel Desig                        | Birthdate:<br>04/15/1978    | Personal Phone Number:<br>H: 202-390-0886c: |
| Full Address:<br>536 Norcross Way Silver Spring MD 20904 | Years at this Address:<br>3 | Years as Maryland Resident:<br>10+          |
| Email Address:<br>MahletAlemu645@gmail.com               | Sex:<br>M (Male)            | Place of Birth:<br>Addis Ababa, Ethiopia    |

If applicant is foreign-born, state:

|                          |  |                                   |
|--------------------------|--|-----------------------------------|
| Immigration Card Number: | If Naturalized, City/State:<br>Hyattsville, MD | Date of Naturalization:<br>5/2017 |
|--------------------------|--|-----------------------------------|

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

If applicant is foreign-born, state:

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

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

If applicant is foreign-born, state:

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

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

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

### SECTION 3: CORPORATION INFORMATION

|   |   |   |
|---|---|---|
| A. Qualifying Maryland Resident (Indicate with X)   | <input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |   |
| B. Name and Full Address of Corporation:<br><i>Addit East 6846 New Hampshire Ave, MD 20912 Park</i> |   |   |
| C. Incorporated Under State Laws of:<br><i>Maryland</i>   |   | D. Month and Year:<br><i>12/2020</i>    |
| E. Authorized Capital:<br><i>\$110,000</i>  | F. Number of Shares Authorized:<br><i>0</i>   | G. Number of Shares Issued:<br><i>0</i> |

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

|                                   |   |                             |
|-----------------------------------|---|-----------------------------|
| Name (A):<br><i>Daniel Dester</i> | Full Address:<br><i>536 Worcester Way Silver Spring, MD 20904</i> | Shares Owned:<br><i>100</i> |
| Name (B):                         | Full Address:   | Shares Owned:               |
| Name (C):                         | Full Address:   | Shares Owned:               |

#### Corporate Officers:

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

### SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

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

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: | Percentage: |

### SECTION 5: PARTNERSHIP INFORMATION

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

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

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

Indicate Who are the General Partners:  Applicant A  Applicant B  Applicant C

Indicate Maryland Residents:  Applicant A  Applicant B  Applicant C

## SECTION 6: ESTABLISHMENT INFORMATION

|   |  |
|---|--|
| A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):<br><br>1,500 Sq. ft. Ethiopian Restaurant in a Strip mall |  |
| B. Who Will be in Charge of Day-to-Day Operations (General Manager):<br><br>Daniel M. Desta   |  |
| C. Phone Number of Establishment:<br><br>301-270-4545   | D. Type of Facility/Facility Concept:<br><br>Ethiopian Restaurant                                      |
| E. Date Applicant will Begin to Operate:<br><br>01/25/2026  | F. Days and Hours of Operation:<br><br>M - Th 8AM - 2AM Sun 8am-2am<br>7 days Friday - Sat - 8am - 3AM |

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

|   |  |
|---|--|
| A. Names of all Current License Holders:<br>1) Bisrat Ayele<br>2) Daniel M. Desta<br>3)     | B. Date Facility Began Operating:<br>02/01/2020            |
| C. Location of Current Licensed Facility:<br>846 NEW HAMPSHIRE AVE<br>Takoma Park, MD 20912 | D. Location to Which License is Being Transferred:<br>Same |

## SECTION 8: LEASED PREMISES

|  |  |   |
|--|--|---|
| A. Name of Property Owner:<br>New Hampshire Ave<br>Shopping Center LLC | B. Phone Number of Property Owner:<br>703-980-4525 | C. Full Address of Property Owner:<br>3303 Clearwood Court<br>Fairfax, VA 22047 |
| D. Date Lease Made:<br>12-20-25  | E. Date Lease Expires:<br>12-20-30                 |   |
| F. State Renewal Options, if any:<br>Yes - 5 years                     |  |   |

## SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

|   |   |
|---|---|
| 1. Convicted of a felony?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?                | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?                  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?                                 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:

|   |   |
|---|---|
| 7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|---|---|

If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:

|  |   |
|--|---|
| 8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|--|---|

If YES, state name and the financial interest owned:

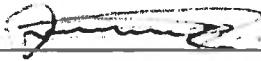
## SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) 

*Signature of Applicant*

(B) \_\_\_\_\_

*Signature of Applicant*

(C) \_\_\_\_\_

*Signature of Applicant*

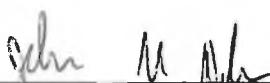
(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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



*Signature of the Property Owner*

John N. Deoudes

Printed Name of Property Owner

3303 Clearwood Court Falls Church VA 22042 (703) 980-4525

Address of Property Owner

Phone of Property Owner

# APPLICATION

# 4

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

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

*Revised  
1-16-26*

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

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

**SECTION 1: LICENSE TYPE INFORMATION**

# 1307544

|   |  |  |  |
|---|--|--|--|
| A. Nature of Application:   | <input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input checked="" type="checkbox"/> Reclassification   |  |  |
| B. Entity on Whose Behalf Application is Made:  | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual  |  |  |
| C. Class of License Applied For:<br>BD BWL  | D. Entity Name:<br>The Lady Vintner, LLC   |  |  |
| E. Types of Permits Applied For:<br>(See Appendix A)  | <input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container<br><input checked="" type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage |  |  |
| F. Trade Name of Facility:<br>The Lady Vintner  | G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |  |
| H. Address of Facility to be Licensed (No P.O. Box):<br>42 Maryland Ave., Rockville, MD 20850 |  |  |  |

**SECTION 2: APPLICANT INFORMATION**

|   |                             |  |
|---|-----------------------------|--|
| Applicant A Name:<br>Ciara Cedeno                         | Birthdate:<br>09/13/1986    | Personal Phone Number:<br>H: 2022881718 C: |
| Full Address:<br>44 Maryland Ave #609 Rockville, MD 20850 | Years at this Address:<br>5 | Years as Maryland Resident:<br>30+         |
| Email Address:<br>theladyvintner@yahoo.com                | Sex:<br>F                   | Place of Birth:<br>Washington DC           |

If applicant is foreign-born, state:

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

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

If applicant is foreign-born, state:

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

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

If applicant is foreign-born, state:

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

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

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

### SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

### SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

|   |   |  |
|---|---|--|
| A. Qualifying Maryland Resident (Indicate with X)   | <input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |  |
| B. Name and Full Address of LLC:<br>The Lady Vintner, LLC<br>42 Maryland Ave, Rockville, MD 20850 | C. Authorized Persons of LLC<br>Ciara Cedeno  |  |
| D. Organized Under State Laws of:<br>Maryland   | E. Month and Year:<br>June 2023   |  |

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

|                           |   |                      |
|---------------------------|---|----------------------|
| Name (A):<br>Ciara Cedeno | Full Address:<br>42 Maryland Ave #609 Rockville, Md 20850 | Percentage:<br>100 % |
| Name (B):                 | Full Address:   | Percentage:          |
| Name (C):                 | Full Address:   | Percentage:          |

### SECTION 5: PARTNERSHIP INFORMATION

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

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

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

## SECTION 6: ESTABLISHMENT INFORMATION

|  |   |
|--|---|
| A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):<br>mixed use building, beer/wine retail w/ on site consumption, small plates, outdoor cafe appox. 1400 sq ft |   |
| B. Who Will be in Charge of Day-to-Day Operations (General Manager):<br>Ciara Cedeno   |   |
| C. Phone Number of Establishment:<br>240.403.7644  | D. Type of Facility/Facility Concept:<br>Beer & Wine Shop / Wine Bar      |
| E. Date Applicant will Begin to Operate:<br>September 1, 2024  | F. Days and Hours of Operation:<br>sun-wed: noon-8pm<br>thurs-sat: 2-10pm |

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

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

## SECTION 8: LEASED PREMISES

|  |  |   |
|--|--|---|
| A. Name of Property Owner:<br>Comstock 44 Maryland LC<br>Stephanie Tyson, Jessy Toor | B. Phone Number of Property Owner:<br>703.230.1985 | C. Full Address of Property Owner:<br>Comstock 44 Maryland, LC<br>c/o Comstock Companies<br>1900 Reston, VA 20190 |
| D. Date Lease Made:<br>March 15, 2024  |  | E. Date Lease Expires:<br>March 15, 2034  |
| F. State Renewal Options, if any:<br>Two (2) renewal terms of Five (5) years each    |  |   |

## SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

|   |   |
|---|---|
| 1. Convicted of a felony?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?                | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?                  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?                                 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages?  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:  
Ciara Cedeno. The Lady Vintner. 42 Maryland Ave Rockville, MD 20850 March 2025

|   |   |
|---|---|
| 7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:  |   |
| 8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?  |   |
| If YES, state name and the financial interest owned:  |   |

## SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) 

*Signature of Applicant*

(B) \_\_\_\_\_

*Signature of Applicant*

(C) \_\_\_\_\_

*Signature of Applicant*

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

---

Signature of the Property Owner

---

Printed Name of Property Owner

---

Address of Property Owner

---

Phone of Property Owner

## SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) Acila Cedeno

Signature of Applicant

(B) \_\_\_\_\_

Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

Terrence Taylor

Signature of the Property Owner Manager

Terrence Taylor

Printed Name of Property Owner Manager

Address of Property Owner Manager

33 Monroe Street

Rockville, MD 20850

Phone of Property Owner Manager

240-249-2544

# APPLICATION

# 5

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

**STATE OF MARYLAND | MONTGOMERY COUNTY**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**  
(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.

#2165544

**SECTION 1: LICENSE TYPE INFORMATION**

|   |   |  |  |
|---|---|--|--|
| A. Nature of Application:   | <input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification  |  |  |
| B. Entity on Whose Behalf Application is Made:  | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual   |  |  |
| C. Class of License Applied For:<br><i>Class A Beer &amp; Wine</i>                                      | D. Entity Name:<br><i>Gaithersburg SuperMarket, Inc</i>   |  |  |
| E. Types of Permits Applied For:<br>(See Appendix A)  | <input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container<br><input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage |  |  |
| F. Trade Name of Facility:<br><i>Gaithersburg Supermarket</i>   | G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |  |
| H. Address of Facility to be Licensed (No P.O. Box):<br><i>220 E. Diamond Ave Gaithersburg MD 20877</i> |   |  |  |

**SECTION 2: APPLICANT INFORMATION**

|  |                                 |  |
|--|---------------------------------|--|
| Applicant A Name:<br><i>Brieny Castillo</i>  | Birthdate:<br><i>10/21/1992</i> | Personal Phone Number:<br>H: <i>C(516) 262-2261</i>                    |
| Full Address:<br><i>8505 Emory Grove RD</i>  |                                 | Years at this Address: <i>10</i> Years as Maryland Resident: <i>10</i> |
| Email Address: <i>zangerba1321@gmail.com</i> | Sex: <i>Male</i>                | Place of Birth: <i>Freeport NY 11520</i>                               |

If applicant is foreign-born, state:

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

|                   |            |  |
|-------------------|------------|--|
| Applicant B Name: | Birthdate: | Personal Phone Number:<br>H: <i>C</i>              |
| 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: |
|--------------------------|-----------------------------|-------------------------|

|                   |            |  |
|-------------------|------------|--|
| Applicant C Name: | Birthdate: | Personal Phone Number:<br>H: <i>C</i>              |
| Full Address:     |            | Years at this Address: Years as Maryland Resident: |
| Email Address:    | Sex:       | Place of Birth:                                    |

If applicant is foreign-born, state:

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

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

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

### SECTION 3: CORPORATION INFORMATION

|  |   |                                     |
|--|---|-------------------------------------|
| A. Qualifying Maryland Resident (Indicate with X)  | <input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |                                     |
| B. Name and Full Address of Corporation: Gaithersburg Supermarket Inc<br>220 E. Diamond Ave Gaithersburg MD 20877              |   |                                     |
| C. Incorporated Under State Laws of:<br>Maryland   | D. Month and Year:<br>10/11/2015  |                                     |
| E. Authorized Capital:<br>1000   | F. Number of Shares Authorized:<br>1000   | G. Number of Shares Issued:<br>1000 |
| Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary) |   |                                     |
| Name (A):<br>Breny Castillo  | Full Address:<br>220 E. Diamond Ave Gaithersburg MD 20877   | Shares Owned:<br>100%               |
| Name (B):  | Full Address:   | Shares Owned:                       |
| Name (C):  | Full Address:   | Shares Owned:                       |

### Corporate Officers:

|                             |   |                     |
|-----------------------------|---|---------------------|
| Name (A):<br>Breny Castillo | Full Address:<br>220 E. Diamond Ave Gaithersburg MD 20877 | Title:<br>President |
| Name (B):                   | Full Address:   | Title:              |
| Name (C):                   | Full Address:   | Title:              |

### SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

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

### 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: | Percentage: |

### SECTION 5: PARTNERSHIP INFORMATION

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

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

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

## SECTION 6: ESTABLISHMENT INFORMATION

|   |  |
|---|--|
| A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):<br><i>4,000 square feet / Grocery Store</i> |  |
| B. Who Will be in Charge of Day-to-Day Operations (General Manager):<br><i>Breny Costillo</i>   |  |
| C. Phone Number of Establishment:<br><i>301 926 0282</i>  | D. Type of Facility/Facility Concept:<br><i>Grocery Store</i>            |
| E. Date Applicant will Begin to Operate:<br><i>10/11/2015</i>   | F. Days and Hours of Operation:<br><i>Monday - Sunday<br/>7am - 10pm</i> |

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

|   |   |
|---|---|
| A. Names of all Current License Holders:<br>1)<br>2)<br><i>3)</i> | B. Date Facility Began Operating:<br><i></i>                  |
| C. Location of Current Licensed Facility:<br><i></i>              | D. Location to Which License is Being Transferred:<br><i></i> |

## SECTION 8: LEASED PREMISES

|   |   |   |
|---|---|---|
| A. Name of Property Owner:<br><i>Ann G. Black</i>   | B. Phone Number of Property Owner:<br><i>(301) 503-1456</i> | C. Full Address of Property Owner:<br><i>20710 Sabbath Ct<br/>Gaithersburg MD 20882</i> |
| D. Date Lease Made:<br><i>10/15/25</i>              | E. Date Lease Expires:<br><i>8/31/29</i>                    |   |
| F. State Renewal Options, if any:<br><i>5 years</i> |   |   |

## SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

|   |   |
|---|---|
| 1. Convicted of a felony?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?                | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?                  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?                                 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages?  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:

*Breny Costillo, Gaithersburg Supermarket Inc, 220 E. Diamond Ave Gaithersburg MD 20877*

*9 1/2 years 10/11/15 - 4/30/25*

|   |   |
|---|---|
| 7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|---|---|

If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:

|  |   |
|--|---|
| 8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|--|---|

If YES, state name and the financial interest owned:

## SECTION 10: CERTIFICATES AND SIGNATURES

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

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

**Affidavit:**

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

(A) Zyfistik

*Signature of Applicant*

(B) \_\_\_\_\_

*Signature of Applicant*

(C) \_\_\_\_\_

(D) Zy Central

(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."

Ann Q. Black

**Signature of the Property Owner**

Ann Q. Black

Printed Name of Property Owner

20710 Sabbath Ct. 301-503-1456

Address of Property Owner  
Gaithersburg, MD  
20882

Phone of Property Owner

# APPLICATION

## # 6

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

## STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

JAN 15 '26 AM 9:52

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

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

### SECTION 1: LICENSE TYPE INFORMATION

|   |   |  |  |
|---|---|--|--|
| A. Nature of Application:   | <input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification  |  |  |
| B. Entity on Whose Behalf Application is Made:  | <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual   |  |  |
| C. Class of License Applied For:<br>Class B - Beer, Wine & Liquor                                     | D. Entity Name:<br>Steeze Burger Darnestown, LLC  |  |  |
| E. Types of Permits Applied For:<br>(See Appendix A)  | <input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container<br><input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage |  |  |
| F. Trade Name of Facility:<br>Steeze Burger   | G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |  |
| H. Address of Facility to be Licensed (No P.O. Box):<br>12141 Darnestown Road, Gaithersburg, MD 20878 |   |  |  |

#2216544

### SECTION 2: APPLICANT INFORMATION

|   |                             |  |
|---|-----------------------------|--|
| Applicant A Name:<br>Hunter G. Karamotos                    | Birthdate:<br>01/25/1996    | Personal Phone Number:<br>H: C: 240-205-4026 |
| Full Address:<br>7036 Warfield Road, Gaithersburg, MD 20882 | Years at this Address:<br>4 | Years as Maryland Resident:<br>29            |
| Email Address:<br><steezeburgersburgers@gmail.com           | Sex:<br>Male                | Place of Birth:<br>Rockville, MD             |

If applicant is foreign-born, state:

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

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

If applicant is foreign-born, state:

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

|                   |                             |                                  |
|-------------------|-----------------------------|----------------------------------|
| Applicant C Name: | Birthdate:                  | Personal Phone Number:<br>H: C   |
| Full Address:     | Years at this Address:<br>4 | Years as Maryland Resident:<br>6 |
| Email Address:    | Sex:                        | Place of Birth:                  |

If applicant is foreign-born, state:

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

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

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

**SECTION 3: CORPORATION INFORMATION**

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

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

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

## Corporate Officers:

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

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

|   |  |   |
|---|--|---|
| A. Qualifying Maryland Resident (Indicate with X)                             |  | <input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C |
| B. Name and Full Address of LLC:  |  | C. Authorized Persons of LLC  |
| Steeze Burger Darnestown, LLC - 12141 Darnestown Road, Gaithersburg, MD 20878 |  | Hunter G. Karametos   |
| D. Organized Under State Laws of:<br>Maryland                                 |  | E. Month and Year:<br>11/26/2025  |

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

|                                  |   |                    |
|----------------------------------|---|--------------------|
| Name (A):<br>Hunter G. Karametos | Full Address:<br>7036 Warfield Road, Gaithersburg, MD 20882 | Percentage:<br>100 |
| Name (B):                        | Full Address:   | Percentage:        |
| Name (C):                        | Full Address:   | Percentage:        |

**SECTION 5: PARTNERSHIP INFORMATION**

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

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

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

**SECTION 6: ESTABLISHMENT INFORMATION**

|   |   |
|---|---|
| A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):<br>1,285 square feet of retail restaurant space located within a strip shopping center, to be operated as a restaurant with on-premises food and alcohol service. |   |
| B. Who Will be in Charge of Day-to-Day Operations (General Manager):<br>Hunter G. Karametos   |   |
| C. Phone Number of Establishment:<br>240-205-4026   | D. Type of Facility/Facility Concept:<br>Full service, restaurant with waitstaff serving burgers and alcohol      |
| E. Date Applicant will Begin to Operate:<br>March 2026  | F. Days and Hours of Operation:<br>Wednesday – Saturday: 11:00 a.m. – 9:00 p.m.<br>Sunday: 11:00 a.m. – 7:00 p.m. |

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

|   |                                   |  |
|---|-----------------------------------|--|
| A. Names of all Current License Holders:<br>1)<br>2)            | B. Date Facility Began Operating: |  |
| C. Location of Current Licensed Facility: <b>(301) 921-9050</b> |                                   | D. Location to Which License is Being Transferred: |

**SECTION 8: LEASED PREMISES**

|   |   |   |
|---|---|---|
| A. Name of Property Owner:<br>Darnestown Valley - WHM Limited Partnership | B. Phone Number of Property Owner:<br><b>(301) 921-9050</b> | C. Full Address of Property Owner:<br>12165 Darnestown Rd, Gaithersburg, MD 20878 |
| D. Date Lease Made:<br>December 2025                                      | E. Date Lease Expires:<br>Approximately April 2036          |   |
| F. State Renewal Options, if any:<br>Two (2) periods of five (5) years    |   |   |

**SECTION 9: APPLICANT QUESTIONNAIRE**

Has any applicant ever been:

|   |   |
|---|---|
| 1. Convicted of a felony?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?                | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?                  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?                                 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:

|   |   |
|---|---|
| 7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:  |   |
| 8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?  |   |
| 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 application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

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

Affidavit:

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

(A) Hunter Karamatos

0007020A5220406...

Signature of Applicant - Hunter G. Karamatos

(B) \_\_\_\_\_

Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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

Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

## 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 application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

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

Affidavit:

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

(A) \_\_\_\_\_

*Signature of Applicant - Hunter G. Karametos*

(B) \_\_\_\_\_

*Signature of Applicant*

(C) \_\_\_\_\_

*Signature of Applicant*

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

William P. Magruder

Signature of the Property Owner

William P. Magruder

Printed Name of Property Owner

12165 Darnestown Rd. Gaithersburg, MD 20878      301.921.9050

Address of Property Owner

Phone of Property Owner