

APPLICATION

1

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

JAN 20 '26 PM 5:16

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

2222544

A. Nature of Application:	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input checked="" type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: Clas B (BWHR)	D. Entity Name: Muoi Tieu Kitchen, LLC
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility: Muoi Tieu	
G. Address of Facility to be Licensed (No P.O. Box): 7006 Carroll Ave, Ste. A, Takoma Park, MD 20912	

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

Applicant A Name: Thuy-Tu Tran	Birthdate: 12/13/1983	Personal Phone Number: H: C: 202-679-9400	
Full Address: 7010 Poplar Ave, Takoma Park, MD 20912	Years at this Address: 8	Years as Maryland Resident: 8	
Email Address: thuytu@muoi-tieu.com	Sex: Female	Place of Birth: Saint Paul, MN	

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name:	Birthdate:	Personal Phone Number: H: C: 202-679-9400	
Full Address:	Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Muoi Tieu Kitchen, LLC, 7006 Carroll Ave, Suite A, Takoma Park, MD 20912	C. Authorized Persons of LLC Thuy-Tu Tran
D. Organized Under State Laws of: Maryland	E. Month and Year: 06/2024

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

Name (A): Thuy-Tu Tran	Full Address: 7010 Poplar Ave, Takoma Park, MD 20912	Percentage: 100
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

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.

#1058114

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: D BW		D. Entity Name: Coopersmith Inc	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input checked="" type="checkbox"/> Refillable Container <input checked="" type="checkbox"/> Retail Delivery <input checked="" type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Old Town Market		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): 10251 Kensington Parkway, Kensington, MD 20895			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Robert Cooper		Birthdate: 10/16/1972	Personal Phone Number: H: C:2026420100	
Full Address: 9708 Elrod Road Kensington, MD 20895		Years at this Address: 10	Years as Maryland Resident: 35	
Email Address: rob@theoldtownmarket.com	Sex: M	Place of Birth: Liberia		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore, MD	Date of Naturalization: 3/31/25
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Applicant B Name: Susan Cooper		Birthdate: 03/29/1969	Personal Phone Number: H: C:2024274200	
Full Address: 9708 Elrod Road, Kensington MD 20895		Years at this Address: 10	Years as Maryland Resident: 35	
Email Address: soozeetone@icloud.com	Sex: F	Place of Birth: Washington, DC		

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X) <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C		
B. Name and Full Address of Corporation: Coopersmith Inc. 9708 Elrod Road. Kensington MD 20895		
C. Incorporated Under State Laws of: Maryland		D. Month and Year: 6/2007
E. Authorized Capital: 1000	F. Number of Shares Authorized: 100	G. Number of Shares Issued: 100

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

Name (A):	Full Address:	Shares Owned:
Robert S Cooper	9708 Elrod Road, Kensington MD 20895	50
Name (B): Susan M Cooper	Full Address: 9708 Elrod Road, Kensington MD 20895	Shares Owned: 50
Name (C):	Full Address:	Shares Owned:

Corporate Officers

Name (A):	Full Address:	Title:
Susan M Cooper	9708 Elrod Road, Kensington MD 20895	President
Name (B): Robert S Cooper	Full Address: 9708 Elrod Road, Kensington MD 20895	Title: Vice President-Finance
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.): Free standing building in a retail center with indoor and outdoor seating 2704 sq ft	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Robert Cooper	
C. Phone Number of Establishment: (301) 942 2294	D. Type of Facility/Facility Concept: Restaurant with off-premise Beer/Wine
E. Date Applicant will Begin to Operate: Currently operating as beer/wine retailer 11-8-2011	F. Days and Hours of Operation: Mon-Sat 8AM to 8PM Sun 9AM to 7PM

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

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

SECTION 8. LEASED PREMISES

A. Name of Property Owner: C-F Kensington, LLC	B. Phone Number of Property Owner: 240 399 1460	C. Full Address of Property Owner: 7811 Montrose Rd, Ste 200, Potomac MD20854
D. Date Lease Made: 6/1/2014	E. Date Lease Expires: 5/31/2026	
F. State Renewal Options, if any: Completing 10-year lease renewal in Nov 2025 with additional 5 year option. Commencing 6/1/2026		

SECTION 9. APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: The Old Town Market, 10251 Kensington Parkway, Kensington MD 20895. Currently held with Montgomery County MD 11-2011 - current	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name and the financial interest owned:	

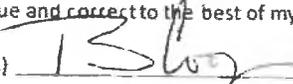
SECTION 10 CERTIFICATES AND SIGNATURES

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

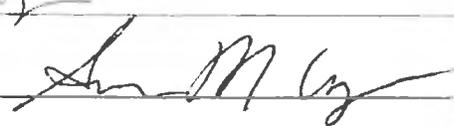
Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County,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

Affidavit:

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

(A) 

Signature of Applicant

(B) 

Signature of Applicant

(C) _____

Signature of Applicant

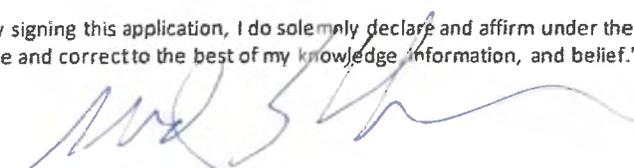
(D) 

(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

Richard Cohen, Managing Member

Printed Name of Property Owner

7811 Monrose Rd #200 Potomac, MD 20854 240-399-1460

Address of Property Owner

Phone of Property Owner

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 FILL OUT FORM IN ENTIRETY)

JAN 9'26 AM 9:10

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.

2207544

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: Beer & Light Wine, Class A (Off-Sale)		D. Entity Name: Lumanti LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Kentlands Beer & Wine			
G. Address of Facility to be Licensed (No P.O. Box): 414 Main St. Suite 100, Gaithersburg, MD 20878			

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

Applicant A Name: Pratima Shrestha	Birthdate: 01/17/1986	Personal Phone Number: H: C: 240-755-4681	
Full Address: 108 Garth Ter. Gaithersburg, MD 20879		Years at this Address: 9	Years as Maryland Resident: 11
Email Address: shr_statue@yahoo.com	Sex: Female	Place of Birth: Nepal	

If applicant is foreign-born, state:

Immigration Card Number: A064 673 535	If Naturalized, City/State: Baltimore, MD	Date of Naturalization: 03/16/2020
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Applicant B Name:	Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Lumanti LLC and 414 Main Street, Suite 100, Gaithersburg, Maryland 20878		C. Authorized Persons of LLC Pratima Shrestha
D. Organized Under State Laws of: Maryland		E. Month and Year: June 2025

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

Name (A): Pratima Shrestha	Full Address: 108 Garth Ter. Gaithersburg, MD 20879	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Retail beer/wine store with approximately 1,100 sq feet located at 414 Main St. Suite 100, Gaithersburg, MD 20878	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Prabin Parajapati (Email: prabinprajapatiusa@yahoo.com & Cell Phone: 240-437-2382)	
C. Phone Number of Establishment: 240-437-2382	D. Type of Facility/Facility Concept: Retail beer and wine store
E. Date Applicant will Begin to Operate: 04/01/2026 (Estimated)	F. Days and Hours of Operation: Mondays to Saturdays: From 11 AM to 9 PM Sundays: From 11 Am to 8 PM

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: KentPark Properties, LLC c/o S.K. Khurana and Deepa Khurana	B. Phone Number of Property Owner: 240-305-5582	C. Full Address of Property Owner: 10501 Boswell Lane Potomac, Maryland 20854
D. Date Lease Made: 1/22/2026	E. Date Lease Expires: 3/31/2036	
F. State Renewal Options, if any: 5 years renewal option		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input 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 herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

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

(A) *Julina*
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."

[Redacted Signature]
Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

SECTION 10: CERTIFICATES AND SIGNATURES

21. **CERTIFICATE OF APPLICANTS:** At least 1 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."



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

S. K. KHURANA

Printed Name of Property Owner

10501, ROSWELL LN. POTOMAC 240-305-5582

Address of Property Owner MD-20854 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)

DEC 31 '25 AM 10:45

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

#2197544

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: B, Beer, Wine and Liquor		D. Entity Name: Bobs Shanghai Bethesda, Inc.	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input checked="" type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Bob's Shanghai			
G. Address of Facility to be Licensed (No P.O. Box): 7776 Norfolk Avenue, Suite 6, Bethesda, MD 20814			

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

Applicant A Name: Zhenghai Zheng		Birthdate: 10/14/1984	Personal Phone Number: H: C: 917-701-3313	
Full Address: 10009 Bentcross Road, Potomac, MD 20854		Years at this Address: 8 years	Years as Maryland Resident: 8 years	
Email Address: bobsbethesda@gmail.com	Sex: Males	Place of Birth: FuZhou China		

If applicant is foreign-born, state:

Immigration Card Number: 27755625	If Naturalized, City/State: East Saint Louis, IL	Date of Naturalization: August 22, 2003
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Applicant B Name:		Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:		

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

ENDED APPLICATION

(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: Bobs Shanghai Bethesda, Inc., 7776 Norfolk Avenue, Suite 6, Bethesda, MD 20814		
C. Incorporated Under State Laws of: Maryland		D. Month and Year: 2/2021/2025
E. Authorized Capital: 100 Shares	F. Number of Shares Authorized: 100 Shares	G. Number of Shares Issued: 100 Shares

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

Name (A): Zhenghai Zheng	Full Address: 10009 Bentcross Road, Potomac, MD 20854	Shares Owned: 100 Shares/ 100%
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A): Zhenghai Zheng	Full Address: 10009 Bentcross Road, Potomac, MD 20854	Title: 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.): 2934 sq ft of retail space located in mixed use building on ground floor	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Zhenghai Zheng	
C. Phone Number of Establishment: TBD	D. Type of Facility/Facility Concept: Asian inspired restaurant
E. Date Applicant will Begin to Operate: January 2026	F. Days and Hours of Operation: Monday - Sunday 11:00 am to 9:00 pm

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Jill Langton/ GID	B. Phone Number of Property Owner: 617-854-9164	C. Full Address of Property Owner: 125 High Street, High Street Tower, 27th Floor, Boston, MA 02110
D. Date Lease Made: 3/5/2025		E. Date Lease Expires: 3/4/2035
F. State Renewal Options, if any: 2 renewal options of 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 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: <i>SEE ATTACHED</i> Applicant for Sake Japanese Steakhouse, Umami Ramen & Dumplings, Not Just Crab	
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: Applicant for Sake Japanese Steakhouse, Umami Ramen & Dumplings, Not Just Crab	
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: N/A	

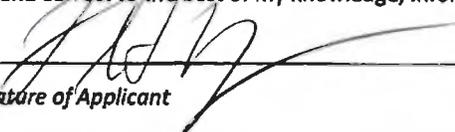
SECTION 10: CERTIFICATES AND SIGNATURES

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)  _____ Zhenghai Zheng
Signature of Applicant

(B) _____
Signature of Applicant

(C) _____
Signature of Applicant

(D)  _____
Zhenghai Zheng
(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

Nancy Adams
Printed Name of Property Owner

125 High St, Harbor Tower, 27th Floor Boston MA 02110
Address of Property Owner

Phone of Property Owner

617-854-6669

Supplement to Application

t/a Bob's Shanghai
7776 Norfolk Avenue
Suite 6
Bethesda, MD 20814

Location	Class of License	Percentage of Ownership for Zhenghai Zheng	Dates	Violation (type, date and fine)
t/a Sushi Call 7260 Montgomery Road Suite F & G Elkridge, MD 21075 (Howard County)	Class B, BWL	50%	5/1/2024 – present	
t/a Sake Japanese Steakhouse 7315 Ritchie Highway Glen Burnie, MD 21061 (Anne Arundel County)	Class H, BEL, S, Ent	100%	5/1/2024 – present	
t/a Sake Japanese Steakhouse 10090 Reisterstown Road Owings Mills, MD 21061 (Baltimore County)	Class B, BWL	100%	4/5/2024 – present	
t/a Sake Japanese Steakhouse 118 Shawan Road	Class B, BWL (EX)	100%	3/14/2025- present	

Space #118-GG Hunt Valley, MD 21030 (Baltimore County)				
t/a Sushi Hana 6 E Pennsylvania Avenue Towson, MD 21286 (Baltimore County)	Class B, BWL	100%	4/24/2024 - present	
t/a Not Just Crab 8731 Liberty Road Randallstown, MD 21133 (Baltimore County)	Class B, BWL	100%	4/10/24 - present	
t/a Hunan Manor 7091 Deepage Drive Columbia, MD 21045 (Howard County)	Class B	100%	5/1/2024 - present	
t/a MeiWah 4457 Willard Avenue Chevy Chase, MD 21045 (Montgomery County)	Class B, BWL	100%	5/1/2024 - present	
t/a Not just Crab 3901 Branch Avenue Suite 4255 A & B Temple Hills, MD 20748 (Prince George's County)	Class B - DD, BWL	100%	Approved 8/23/22 but not yet issued	
t/a Sake Japanese Steakhouse 11006 Viers Mill Road L -3 Wheaton, MD 20748 (Montgomery County)	Class B, BWL	100%	11/18/2024- present	

t/a Hibachi Sushi Supreme Buffet 8 Bureau Drive Gaithersburg, MD 20878 (Montgomery County)		100%	2017-2019	Got a violation. License revoked
t/a Sushi Oishii 10995 Owings Mills Blvd. Suite 106-107 Owings Mills, MD 21117 (Baltimore County)	This restaurant has been sold to new owner.	No longer associate with Zheng	SOLD	
t/a Sushi Oishii 234 Maple Avenue E Vienna, VA 22180 (Virginia)	mixed beverage	30%	2/13/2025-present	
Sushi Oishii 13195 Parcher Ave, Herndon, VA 20170 (Virginia)	mixed beverage	100%	10/21/2025-present	

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 the offender shall be subject to penalties provided by law for that crime.

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

revised

(PLEASE PRINT OR TYPE IN INK)

JAN 28 '26 PM 6:28

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.

#2159544

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: BBWLHR	D. Entity Name: SNH CCMD Tenant LLC
E. Types of Permits Applied For: (See Appendix A) BBWLHR	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility: Discovery Village Chevy Chase	
G. Address of Facility to be Licensed (No P.O. Box): 8100 Connecticut Ave., Chevy Chase, MD 20815	

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

Applicant A Name: Matthew Chester Brown	Birthdate: 11/02/1981	Personal Phone Number: H: 617-796-8142 C: 978-273-7214	
Full Address: 25 Warthin Circle, Norwood, MA 02062		Years at this Address: 8	Years as Maryland Resident: N/A
Email Address: Mbrown@rmrgroup.com	Sex: Male	Place of Birth: Dover, NH	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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Applicant B Name: Chris Jason Bilotto	Birthdate: 07/04/1977	Personal Phone Number: H: 617-796-8225 C: 602-284-8250	
Full Address: 5 Hamilton Road, Waltham, MA 02453		Years at this Address: 8	Years as Maryland Resident: N/A
Email Address: Cbilotto@rmrgroup.com	Sex: Male	Place of Birth: Manhasset, NY	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name: Jeremy Sharpe	Birthdate: 12/16/1976	Personal Phone Number: H: 301-907-9894 C: 301-907-9894	
Full Address: 22461 Cabin Branch Ave., Apt. 2302, Clarksburg, MD 20871		Years at this Address: 4	Years as Maryland Resident: 49
Email Address: Jsharpe@DiscoveryManagementGroup.com	Sex: Male	Place of Birth: Silver Spring, MD	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES) N/A

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input checked="" type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: SNH CCMD Tenant LLC, Two Newton Pl., 255 Washington St., Ste. 300, Newton, MA 02458	C. Authorized Persons of LLC Chris Bilotto, Matthew Brown, Jeremy Sharpe	
D. Organized Under State Laws of: MD	E. Month and Year: 8/2011	

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

Name (A): SNH SE Tenant TRS, Inc.	Full Address: 255 Washington St., Ste. 300, Newton, MA 02458	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION N/A

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	

revised

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.): Assisted Living Facility / 324.9 square feet	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Jeremy Sharpe	
C. Phone Number of Establishment: 301-907-9894	D. Type of Facility/Facility Concept: Assisted Living Facility
E. Date Applicant will Begin to Operate: 11/04/2025 - Upon approval	F. Days and Hours of Operation: Monday - Sunday, 8:00AM - 10:00 PM

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

A. Names of all Current License Holders: 1) Kelley F. McNeil 2) Jeffrey C. Leer 3) Jeremy Sharpe		B. Date Facility Began Operating: 11/04/2025 3/29/2012
C. Location of Current Licensed Facility: 8100 Connecticut Ave., Chevy Chase, MD 20815	D. Location to Which License is Being Transferred: 8100 Connecticut Ave., Chevy Chase, MD 20815	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: SNH CCMD Properties LLC	B. Phone Number of Property Owner: 617-796-8350	C. Full Address of Property Owner: Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458
D. Date Lease Made: 01/01/2020		E. Date Lease Expires: 12/31/2034
F. State Renewal Options, if any: Tenant shall have the right to extend the term for up to two (2) consecutive periods of five (5) years each extended term,		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: Jeremy Sharpe, Five Star Premier Residences of Chevy Chase, 8100 Connecticut, Chevy Chase, MD 20815, 5/1/2022 to Present	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input 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) Matthew C. Brown, Matthew C. Brown

Signature of Applicant
(B) Chris J. Bilotto, Chris J. Bilotto

Signature of Applicant
(C) Jeremy Sharpe, Jeremy Sharpe

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:

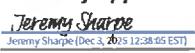
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) _____, **Matthew C. Brown**

Signature of Applicant

(B) _____, **Chris J. Bilotto**

Signature of Applicant

(C)  _____, **Jeremy Sharpe**
Jeremy Sharpe (Dec 3, 2025 12:38:05 EST)

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

Montgomery County Transfer Application - Signature Page

Final Audit Report

2025-12-03

Created:	2025-12-02
By:	Melissa Welin (mwelin@5ssl.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA5mFWJvpzqx28XW4wtrKswtAbKjrtvs6e

"Montgomery County Transfer Application - Signature Page" History

-  Document created by Melissa Welin (mwelin@5ssl.com)
2025-12-02 - 9:13:59 PM GMT
-  Document emailed to jsharpe@discoverymanagementgroup.com for signature
2025-12-02 - 9:14:16 PM GMT
-  Email viewed by jsharpe@discoverymanagementgroup.com
2025-12-02 - 9:14:27 PM GMT
-  Signer jsharpe@discoverymanagementgroup.com entered name at signing as Jeremy Sharpe
2025-12-03 - 5:38:03 PM GMT
-  Document e-signed by Jeremy Sharpe (jsharpe@discoverymanagementgroup.com)
Signature Date: 2025-12-03 - 5:38:05 PM GMT - Time Source: server
-  Agreement completed.
2025-12-03 - 5:38:05 PM GMT

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) _____, **Matthew C. Brown**

Signature of Applicant

(B) _____, **Chris J. Bilotto**

Signature of Applicant

(C) _____, **Jeremy Sharpe**

Signature of Applicant

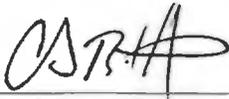
(D) _____

(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

SNH CCMD Properties LLC

Printed Name of Property Owner

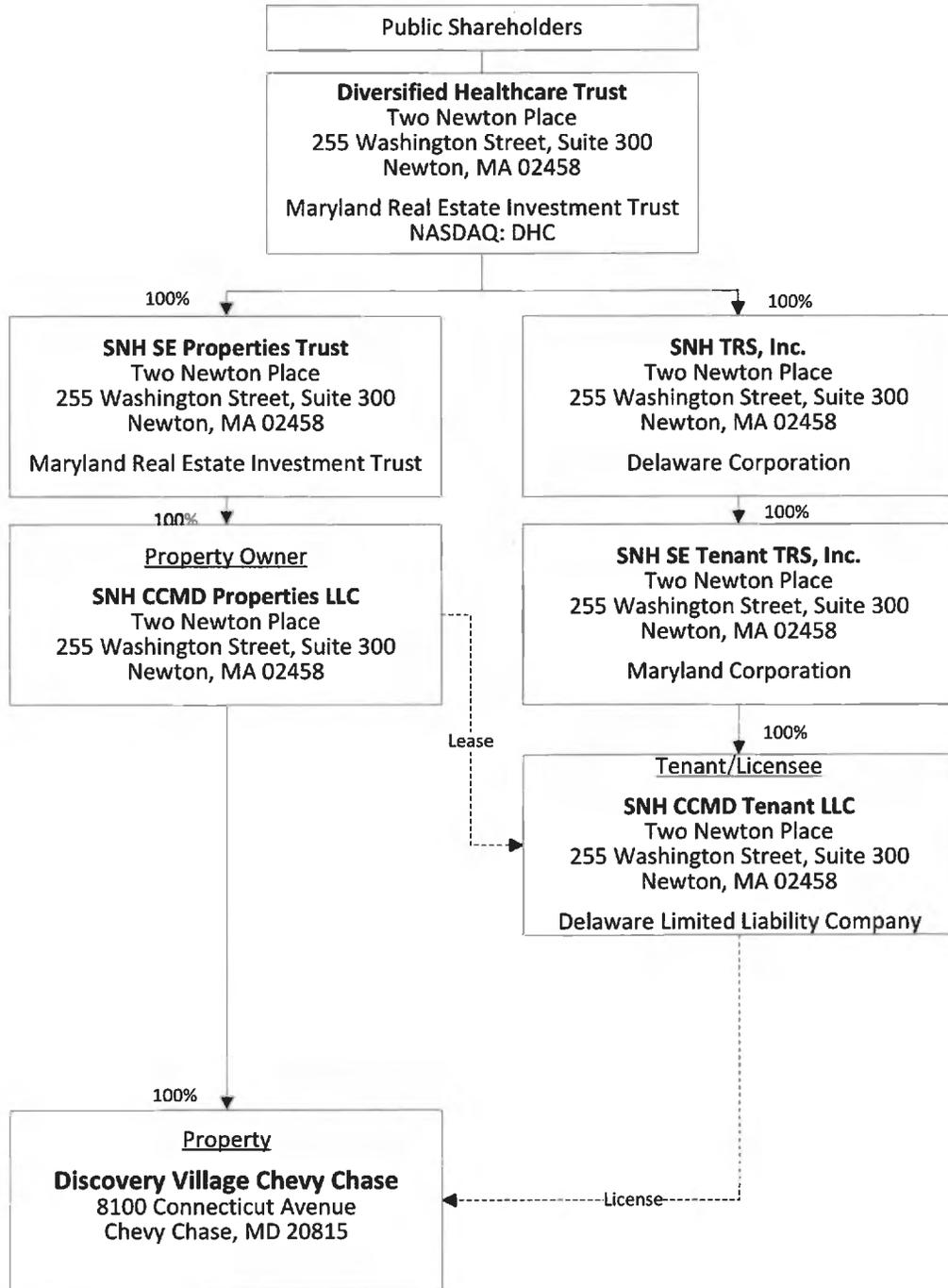
**Two Newton Place, 255 Washington Street,
Suite 300, Newton, MA 02458**

617-796-8350

Address of Property Owner

Phone of Property Owner

**Corporate and Management Structure
of Discovery Village Chevy Chase licensed under
SNH CCMD Tenant LLC
and managed by American Trust Senior Care LLC**



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)

3-5-26 e 1130

JAN 14 '26 AM 10:59

#2213544

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 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: DBW	D. Entity Name: TAAF, LLC
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility: Friendship Gourmet Market	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): 5550 Friendship Boulevard Suite T-50, Chevy Chase, MD, 20815	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Tabari Davis	Birthdate: 2/13/83	Personal Phone Number: H: C: 443-988-9171	
Full Address: 1117 Castle Harbor Way Apt 2D, Glen Burnie, MD 21060		Years at this Address: 4	Years as Maryland Resident: 30
Email Address: tabaridavis@gmail.com	Sex: Male	Place of Birth: Port of Spain, Trinidad and Tobago	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization: Citizen at birth
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Applicant B Name: Jurgun Tabaku	Birthdate: 12/21/1986	Personal Phone Number: H: C: 240-401-6762	
Full Address: 5 Hunters Horn Court, Owings Mills, MD, 21117		Years at this Address: 5	Years as Maryland Resident: 25
Email Address: jurgentabaku@gmail.com	Sex: Male	Place of Birth: Tirana, Albania	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore, Maryland	Date of Naturalization: November 30, 2009
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Applicant C Name:	Birthdate:	Personal Phone Number: H: C	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

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

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: <small>Friendship Beer and Wine Deli LLC; 5550 Friendship Boulevard Suite T50, Chevy Chase, MD, 20815</small>	C. Authorized Persons of LLC Tabari Davis; Jurgen Tabaku
D. Organized Under State Laws of: Maryland	E. Month and Year: October, 2025

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

Name (A): Tabari Davis	Full Address: 1117 Castle Harbor Way Apt 2D, Glen Burnie, MD 21060	Percentage: 50
Name (B): Jurgen Tabaku	Full Address: 5 Hunters Horn Court, Owings Mills, MD, 21117	Percentage: 50
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.): Beer and wine deli attached to a office building. 3141 square feet	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Tabari Davis	
C. Phone Number of Establishment: 301-500-4269	D. Type of Facility/Facility Concept: Beer and wine deli with seating for guests
E. Date Applicant will Begin to Operate: <small>Business is currently open. We are purchasing the current business and looking to do a transfer of the license.</small> 12/15/2025	F. Days and Hours of Operation: Monday to Sunday 8AM-9PM

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

A. Names of all Current License Holders: 1) Tenagne Asfaw 3) 2)	B. Date Facility Began Operating: 9/1/2007
C. Location of Current Licensed Facility: 5550 Friendship Boulevard Suite T50, Chevy Chase, MD, 20815	D. Location to Which License is Being Transferred: 5550 Friendship Boulevard Suite T50, Chevy Chase, MD, 20815

SECTION 8: LEASED PREMISES

A. Name of Property Owner: SRS 5550, LLC	B. Phone Number of Property Owner: 202-363-4820	C. Full Address of Property Owner: 5550 Friendship Boulevard, Chevy Chase, MD, 20815
D. Date Lease Made: 9/1/2021		E. Date Lease Expires: 8/31/2028
F. State Renewal Options, if any: None		

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) John Davis

Signature of Applicant

(B) [Signature]

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."

Roz Mirali

Signature of the Property Owner

R MIRALI

Printed Name of Property Owner

5550 FRIENDSHIP BOULEVARD, CHEVY CHASE, MD, 20815

Address of Property Owner

202-363-4820

Phone of Property Owner

APPLICATION

7

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction therefor, the offender 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)

#2189544

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: Class D - BWL Class B BDBWL		D. Entity Name: Borges & James Enterprises, LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: International Corner,		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): 5 Park Ave., Gaithersburg, MD 20877			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Carlos Borges		Birthdate: 10/15/1987	Personal Phone Number: H: N/A C: 301.765.4030	
Full Address: 16429 Keats Terrace, Derwood, MD 20855		Years at this Address: 6+	Years as Maryland Resident: 20+	
Email Address: CBorges@1solutionservices.com	Sex: Male	Place of Birth: Praia, Republic of Cabo Verde		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore, Maryland	Date of Naturalization: 06/01/2005
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Applicant B Name: SVETLANA PORTOLANO		Birthdate: 10/17/1992	Personal Phone Number: H: C: 301.549.4140	
Full Address: 16429 Keats Ter., Derwood, MD 20855		Years at this Address: 6+	Years as Maryland Resident: 20+	
Email Address: sborges@1solutionservices.com	Sex: Female	Place of Birth: Ukraine		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore, MD	Date of Naturalization: 07/20/2005
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Applicant C Name: Christopher James		Birthdate: 06/27/1979	Personal Phone Number: H: C: 240.654.2292	
Full Address: 3 Monarch Vista Ct., Germantown MD 20874		Years at this Address: 5+	Years as Maryland Resident: 20+	
Email Address: CJames@1solutionservices.com	Sex: Male	Place of Birth: Jamaica		

If applicant is foreign-born, state:

Immigration Card Number: A41459699	If Naturalized, City/State:	Date of Naturalization:
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(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Borges & James Enterprises, LLC - 201 N. Frederick Ave. # E, Gaithersburg, MD 20877	C. Authorized Persons of LLC Carlos Borges, CHRISTOPHER JAMES, SVETLANA BORGES
D. Organized Under State Laws of: Maryland	E. Month and Year: 03/2025

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

Name (A):	Full Address:	Percentage:
Carlos Borges	16429 Keats Terrace, Derwood, MD. 20855	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.): Free standing 3 story building - Total Square feet 2,268 <i>AMERICAN & INTERNATIONAL RESTAURANT</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Svetlana Portolano	
C. Phone Number of Establishment: 301.664.2775	D. Type of Facility/Facility Concept: Free Standing: American, Jamaican, Capeverdean, Portuguese, Brazilian Cuisine
E. Date Applicant will Begin to Operate: Currently Open <i>12/20/25</i>	F. Days and Hours of Operation: Sunday - Thursday 9 AM. - 2 AM. // Friday - Sunday 9 AM - 3 AM

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Ike Igwegbe	B. Phone Number of Property Owner: 940.447.0036	C. Full Address of Property Owner: 16627 Cypress Bay Ln., Ashton, MD. 20861
D. Date Lease Made: August 1, 2025		E. Date Lease Expires: July 31, 2027
F. State Renewal Options, if any: Yes, 2 Years		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A)  _____

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

 IKE KWEGBE

Printed Name of Property Owner

 16627 CYPRESS BAY LN, ARHTON, MD, 20861

Address of Property Owner

Phone of Property Owner

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A)  _____

Signature of Applicant

(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

IKE KWECURE

Printed Name of Property Owner

16627 CYPRESS BAY LN, ARHTON, MD, 20861

Address of Property Owner

Phone of Property Owner