

# 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)

*revised*

JAN 21 2025 12:55

**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**

# 1568545

<b>A. Nature of Application:</b>		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
<b>B. Entity on Whose Behalf Application is Made:</b>		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
<b>C. Class of License Applied For:</b> Class <del>B)</del> Beer, Wine & Liquor		<b>D. Entity Name:</b> American Alehouse, LLC	
<b>E. Types of Permits Applied For:</b> (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	
<b>F. Trade Name of Facility:</b> Dogfish Head Alehouse			
<b>G. Address of Facility to be Licensed (No P.O. Box):</b> 800 W. Diamond Avenue, Gaithersburg, Maryland 20878			

*BD-Beer*

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

<b>Applicant A Name:</b> Viswanath Vasireddy		<b>Birthdate:</b> 2-6-1980	<b>Personal Phone Number:</b> H: 202-255-9449      C: 202-255-9449	
<b>Full Address:</b> 25724 Garnett Hill Drive, Aldie, VA 20105		<b>Years at this Address:</b> 9	<b>Years as Maryland Resident:</b> N/A	
<b>Email Address:</b> vasireddy.visu@gmail.com	<b>Sex:</b> Male	<b>Place of Birth:</b> Kasarabada, India		

**If applicant is foreign-born, state:**

<b>Immigration Card Number:</b> 	<b>If Naturalized, City/State:</b> Fairfax, VA	<b>Date of Naturalization:</b> July 2023
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<b>Applicant B Name:</b> Narotham Babu Kalluri		<b>Birthdate:</b> 8-25-1981	<b>Personal Phone Number:</b> H: 240-645-6178      C: 240-645-6178	
<b>Full Address:</b> 19105 Cattail Lane, Poolesville, MD 20837		<b>Years at this Address:</b> 1 year	<b>Years as Maryland Resident:</b> 11 years	
<b>Email Address:</b> kalluri.nb@gmail.com	<b>Sex:</b> Male	<b>Place of Birth:</b> Tenali, India		

**If applicant is foreign-born, state:**

<b>Immigration Card Number:</b> Y7421169	<b>If Naturalized, City/State:</b> N/A	<b>Date of Naturalization:</b> N/A
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<b>Applicant C Name:</b>		<b>Birthdate:</b>	<b>Personal Phone Number:</b>	
<b>Full Address:</b>		<b>Years at this Address:</b>	<b>Years as Maryland Resident:</b>	
<b>Email Address:</b>	<b>Sex:</b>	<b>Place of Birth:</b>		

**If applicant is foreign-born, state:**

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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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 type="checkbox"/> Applicant A <input checked="" type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: American Alehouse, LLC 19105 Cattail Lane, Poolesville, MD 20837	C. Authorized Persons of LLC Viswanath Vasireddy Narotham Babu Kalluri	
D. Organized Under State Laws of: Maryland	E. Month and Year: August 2024	

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

Name (A): Viswanath Vasireddy	Full Address: 25724 Garnett Hill Drive, Aldie, VA 20105	Percentage: 45%
Name (B): Narotham Babu Kalluri	Full Address: 19105 Cattail Lane, Poolesville, MD 20837	Percentage: 0%
Name (C): [SEE ATTACHED]	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**

<b>A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):</b> Two-story free standing building in mixed use shopping center with seating for approximately 225. 6496 SF.	
<b>B. Who Will be in Charge of Day-to-Day Operations (General Manager):</b> Viswanath Vasireddy	
<b>C. Phone Number of Establishment:</b> 301-963-4847	<b>D. Type of Facility/Facility Concept:</b> Full service American restaurant with full bar.
<b>E. Date Applicant will Begin to Operate:</b> October 2024	<b>F. Days and Hours of Operation:</b> Sunday to Thursday: 10am to 10pm Friday and Saturday: 10am to 11pm

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

<b>A. Names of all Current License Holders:</b> 1) Mark O'Leary 2) 3)	<b>B. Date Facility Began Operating:</b>
<b>C. Location of Current Licensed Facility:</b> 800 W. Diamond Ave, Gaithersburg, MD	<b>D. Location to Which License is Being Transferred:</b> 800 W. Diamond Ave, Gaithersburg, MD

**SECTION 8: LEASED PREMISES**

<b>A. Name of Property Owner:</b> B&M Partnership	<b>B. Phone Number of Property Owner:</b> 301-656-0100	<b>C. Full Address of Property Owner:</b> c/o Conley Management Inc. 4939 Cordell Avenue, Bethesda MD 20814
<b>D. Date Lease Made:</b> October 14, 2024		<b>E. Date Lease Expires:</b> October 14, 2037
<b>F. State Renewal Options, if any:</b> N/A		

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





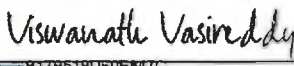
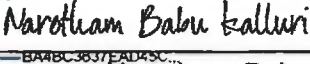
**SECTION 10: CERTIFICATES AND SIGNATURES**

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

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and 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) \_\_\_\_\_  
  
B17B619DF0E847C...  
 Signature of Applicant Signed by: **Viswanath Vasireddy**
- (B) \_\_\_\_\_  
  
BA4BC3637EAD45C...  
 Signature of Applicant **Narotham Babu Kalluri**
- (C) \_\_\_\_\_  
 Signature of Applicant

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

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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



Signature of the Property Owner  


Printed Name of Property Owner  
 4939 Cordell Avenue Bethesda, Md 20814

Address of Property Owner Phone of Property Owner

**ADDENDUM**

Alcoholic Beverage License Application of

**DOGFISH HEAD ALEHOUSE**

Gaithersburg, Maryland

**Section 9, Question 6:**

Viswanath Vasireddy holds an ownership interest in the following licensed establishments:

Yen's Kitchen and Sush Bar (50%) 44640 Waxpool Road Ashburn, VA	March 2022 to the Present
Bamboo Garden (45%) 13059 Worldgate Drive Herndon, VA	June 2023 to the Present
Clarity (40%) 442 Maple Avenue Vienna, VA	November 2023 to Present
Copperwood Tavern (40%) 421 Campbell Avenue Arlington, VA	February 2024 to Present

**Section 9 – Question 8 / Section 4**

The following individuals hold an ownership interest of the limited liability company upon whose behalf this license is sought:

Viswanath Vasireddy	45%
Sivarama Parupalli	20%
Mahesh Alluri	20%
Venkatesh Nurukonda	10%
Akhilesh Nurukonda	5%

# 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 *revised*

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

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

### SECTION 1: LICENSE TYPE INFORMATION

#1629544

<b>A. Nature of Application:</b>	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
<b>B. Entity on Whose Behalf Application is Made:</b>	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
<b>C. Class of License Applied For:</b> Class B - Beer, Wine & Liquor	<b>D. Entity Name:</b> Vasili's Kitchen, LLC
<b>E. Types of Permits Applied For:</b> (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
<b>F. Trade Name of Facility:</b> Vasili's Kitchen	
<b>G. Address of Facility to be Licensed (No P.O. Box):</b> 705 Center Point Way, Gaithersburg, Maryland 20878	

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

<b>Applicant A Name:</b> Viswanath Vasireddy	<b>Birthdate:</b> 2-6-1980	<b>Personal Phone Number:</b> H: 202-255-9449      c: 202-255-9449	
<b>Full Address:</b> 25724 Garnett Hill Drive, Aldie, VA 20105	<b>Years at this Address:</b> 9	<b>Years as Maryland Resident:</b> N/A	
<b>Email Address:</b> vasireddy.visu@gmail.com	<b>Sex:</b> Male	<b>Place of Birth:</b> Kasarabada, India	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b> Y7421169	<b>If Naturalized, City/State:</b> Fairfax, VA	<b>Date of Naturalization:</b> July 2023
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<b>Applicant B Name:</b> Narotham Babu Kalluri	<b>Birthdate:</b> 8-25-1981	<b>Personal Phone Number:</b> H: 240-645-6178      c: 240-645-6178	
<b>Full Address:</b> 19105 Cattail Lane, Poolesville, MD 20837	<b>Years at this Address:</b> 1 year	<b>Years as Maryland Resident:</b> 11 years	
<b>Email Address:</b> kalluri.nb@gmail.com	<b>Sex:</b> Male	<b>Place of Birth:</b> Tenali, India	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b> Y7421169	<b>If Naturalized, City/State:</b> N/A	<b>Date of Naturalization:</b> N/A
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<b>Applicant C Name:</b>	<b>Birthdate:</b>	<b>Personal Phone Number:</b> H:      C:	
<b>Full Address:</b>	<b>Years at this Address:</b>	<b>Years as Maryland Resident:</b>	
<b>Email Address:</b>	<b>Sex:</b>	<b>Place of Birth:</b>	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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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 type="checkbox"/> Applicant A <input checked="" type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: Vasili's Kitchen, LLC 19105 Cattail Lane, Poolesville, MD 20837		C. Authorized Persons of LLC Viswanath Vasireddy Narotham Babu Kalluri	
D. Organized Under State Laws of: Maryland		E. Month and Year: August 2024	

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

Name (A):	Full Address:	Percentage:
Viswanath Vasireddy	25724 Garnett Hill Drive, Aldie, VA 20105	45%
Narotham Babu Kalluri	19105 Cattail Lane, Poolesville, MD 20837	0%
Name (C): [SEE ATTACHED]	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**

<b>A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):</b> Single-story free standing building in mixed use shopping center with seating for approximately 190. 11,100 SF.	
<b>B. Who Will be in Charge of Day-to-Day Operations (General Manager):</b> Viswanath Vasireddy	
<b>C. Phone Number of Establishment:</b> 301-963-4847	<b>D. Type of Facility/Facility Concept:</b> Full service Mediterranean restaurant with full bar.
<b>E. Date Applicant will Begin to Operate:</b> December 2024	<b>F. Days and Hours of Operation:</b> Sunday to Thursday: 11am to 10pm Friday and Saturday: 11am to 11pm

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

<b>A. Names of all Current License Holders:</b> 1) Vasilios Hristopoulos 2) Evangelos Halakos 3) John Mazarakis	<b>B. Date Facility Began Operating:</b> November 2016
<b>C. Location of Current Licensed Facility:</b> 705 Center Point Way, Gaithersburg, MD	<b>D. Location to Which License is Being Transferred:</b> 705 Center Point Way, Gaithersburg, MD

**SECTION 8: LEASED PREMISES**

<b>A. Name of Property Owner</b> Kentlands Market Square 1762, LLC	<b>B. Phone Number of Property Owner</b> 410-427-4455	<b>C. Full Address of Property Owner:</b> 3333 New Hyde Park Road New Hyde Park, NY 11042
<b>D. Date Lease Made:</b> April 29, 2015		<b>E. Date Lease Expires:</b> August 31, 2036
<b>F. State Renewal Options, if any:</b> 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: [SEE ATTACHED]	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held: [SEE ATTACHED]	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name and the financial interest owned: [SEE ATTACHED]	

**SECTION 10: CERTIFICATES AND SIGNATURES**

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

**Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and 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* **Viswanath Vasireddy**  
B17B619DF0E847C... Signed By

(B) \_\_\_\_\_  
*Signature of Applicant* **Narotham Babu Kalluri**  
BA4BC3637EAD45C...

(C) \_\_\_\_\_  
*Signature of Applicant*

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

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

\_\_\_\_\_  
*Signature of the Property Owner*

\_\_\_\_\_  
 Printed Name of Property Owner

\_\_\_\_\_  
 Address of Property Owner

\_\_\_\_\_  
 Phone of Property Owner

### SECTION 10: CERTIFICATES AND SIGNATURES

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

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and 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) \_\_\_\_\_  
*Signature of Applicant* Viswanath Vasireddy  
Signed by Viswanath Vasireddy

(B) \_\_\_\_\_  
*Signature of Applicant* Narotham Babu Kalluri  
Signed by Narotham Babu Kalluri

(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."

KENTLANDS MKT SQ1763, LLC, a Delaware limited liability company  
 BY: KROX Maryland Realty, LLC, its Manager

\_\_\_\_\_  
*Signature of the Property Owner* Trevor Ankeny

\_\_\_\_\_  
 Printed Name of Property Owner Trevor Ankeny

\_\_\_\_\_  
 Address of Property Owner 500 NORTH BROADWAY / SUITE 201 / JORGETTA NY 11753

\_\_\_\_\_  
 Phone of Property Owner 410-429-4491



## ADDENDUM

### Alcoholic Beverage License Application of

#### Section 9, Question 6:

Viswanath Vasireddy holds an ownership interest in the following licensed establishments:

Yen's Kitchen and Sushi Bar 44640 Waxpool Road Ashburn, VA	March 2022 to the Present
Bamboo Garden 13059 Worldgate Drive Herndon, VA	June 2023 to the Present
Clarity 442 Maple Avenue Vienna, VA	November 2023 to Present
Copperwood Tavern 421 Campbell Avenue Arlington, VA	February 2024 to Present

#### Section 9 – Question 8

The following individuals hold an ownership interest of the limited liability company upon whose behalf this license is sought:

Viswanath Vasireddy	45%
Sivarama Parupalli	20%
Mahesh Alluri	20%
Venkatesh Nurukonda	10%
Akhilesh Nurukonda	5%

# 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 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)

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**

<b>A. Nature of Application:</b>	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification		
<b>B. Entity on Whose Behalf Application is Made:</b>	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		
<b>C. Class of License Applied For:</b> Class BD BWL	<b>D. Entity Name:</b> DBGM LLC		
<b>E. Types of Permits Applied For:</b> (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input checked="" type="checkbox"/> Refillable Container <input checked="" type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage		
<b>F. Trade Name of Facility:</b> Dacha Beer Garden			
<b>G. Address of Facility to be Licensed (No P.O. Box):</b> 1115 East West Highway, Silver Spring, Maryland 20910			

# 1695544

**SECTION 2: APPLICANT INFORMATION**

<b>Applicant A Name:</b> Ilya Alter	<b>Birthdate:</b> 7/24/75	<b>Personal Phone Number:</b> H: ~ C: 301-806-0666	
<b>Full Address:</b> 400 Massachusetts Ave NW Apt 1219 Washington, DC 20001	<b>Years at this Address:</b> 20	<b>Years as Maryland Resident:</b> n/a	
<b>Email Address:</b> ialter@dachadc.com	<b>Sex:</b> M	<b>Place of Birth:</b> Russia	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b> Baltimore/Maryland	<b>Date of Naturalization:</b> March, 1999
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<b>Applicant B Name:</b> Dmitri Chekaldin	<b>Birthdate:</b> 7/28/75	<b>Personal Phone Number:</b> H: ~ C: (202) 320-6738	
<b>Full Address:</b> 1400 Church ST NW Apt 311 Washington, DC 20005	<b>Years at this Address:</b> 18	<b>Years as Maryland Resident:</b> n/a	
<b>Email Address:</b> chekaldin@dachadc.com	<b>Sex:</b> M	<b>Place of Birth:</b> Russia	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b> Washington, DC	<b>Date of Naturalization:</b> July, 2012
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<b>Applicant C Name:</b> Kareema Mitchell	<b>Birthdate:</b> 12/03/1979	<b>Personal Phone Number:</b> H: ~ C: 757-927-8990	
<b>Full Address:</b> 1200 Blair Mill Rd. #905 Silver Spring, MD 20910	<b>Years at this Address:</b> 2 years, 9 months	<b>Years as Maryland Resident:</b> 2 years, 9 months	
<b>Email Address:</b> kareema.mitchell2010@gmail.com	<b>Sex:</b> F	<b>Place of Birth:</b> Queens, New York	

If applicant is foreign-born, state:

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

(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 type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input checked="" type="checkbox"/> Applicant C
B. Name and Full Address of LLC: DBGM LLC -1115 EAST-WEST HIGHWAYSILVER SPRING, MD 20910	C. Authorized Persons of LLC Ilya Alter & Dmitri Chekaldin
D. Organized Under State Laws of: Maryland	E. Month and Year: DECEMBER 19, 2024

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

Name (A): Alter Ilya	Full Address: 400 Massachusetts Ave NW Washington DC 20001	Percentage: 50
Name (B): Dmitri Chekaldin	Full Address: 1400 Church St NW #311 Washington DC 20005	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.): 7500 sq. ft interior and 4,500 sq. ft outdoors / part of the business complex	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Ilya Alter and Dmitri Chekaldin	
C. Phone Number of Establishment: 301-806-0666	D. Type of Facility/Facility Concept: Outdoor beer garden serving German, Belgian and American craft beers, local meads and ciders, draft cocktails and elegant wines and Bavarian food
E. Date Applicant will Begin to Operate: July 1, 2025	F. Days and Hours of Operation: Monday – Sunday maximum hours of operations

## 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: Blair Mill LLC	B. Phone Number of Property Owner: (301) 996-6850	C. Full Address of Property Owner: 8040 Georgia Avenue, Ste. 180 Silver Spring, Maryland 20910
D. Date Lease Made: December 23, 2024	E. Date Lease Expires: 120 full calendar months after the opening date of the establishment.	
F. State Renewal Options, if any: Two 5-year renewal options after the initial 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: Applicant A and B: DBG Group LLC Dacha Beer Garden 1600 7th St NW (Sept 2013-current) DBGA LLC Dacha Navy Yard & Jackie 79 Potomac Ave SE (April 2019-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 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)  \_\_\_\_\_

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:

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\_\_\_\_\_  
Signature of the Property Owner

\_\_\_\_\_  
Printed Name of Property Owner

\_\_\_\_\_  
Address of Property Owner

\_\_\_\_\_  
Phone of Property Owner

**SECTION 10: CERTIFICATES AND SIGNATURES**

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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.

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(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.

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Signature of the Property Owner

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Printed Name of Property Owner

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Address of Property Owner

\_\_\_\_\_  
Phone of Property Owner



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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) Kareema [Signature] 2/6/2025

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.

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\_\_\_\_\_  
Signature of the Property Owner

\_\_\_\_\_  
Printed Name of Property Owner

\_\_\_\_\_  
Address of Property Owner

\_\_\_\_\_  
Phone of Property Owner

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**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

**Barry Soorenko, Managing Member, Blair Mill LLC**

Printed Name of Property Owner

8040 Georgia Ave, Ste 180 Silver Spring MD 20910

301-996-6850

Address of Property Owner

Phone of Property Owner



# APPLICATION

# 4

Extract from Law: If any affidavit or oath require 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.

### SECTION 1: LICENSE TYPE INFORMATION

<b>A. Nature of Application:</b>	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification		
<b>B. Entity on Whose Behalf Application is Made:</b>	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		
<b>C. Class of License Applied For:</b> Class <b>BD-BWL</b>	<b>D. Entity Name:</b> Fryer's Roadside, LLC		
<b>E. Types of Permits Applied For:</b> (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input checked="" 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		
<b>F. Trade Name of Facility:</b> Fryer's Roadside	<b>G. Is Business a Franchise?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>H. Address of Facility to be Licensed (No P.O. Box):</b> 12830 New Hampshire Avenue, Silver Spring, MD 20904			

### SECTION 2: APPLICANT INFORMATION

<b>Applicant A Name:</b> Jennifer Meltzer	<b>Birthdate:</b> 03/21/1980	<b>Personal Phone Number:</b> H: c: 202-215-9724	
<b>Full Address:</b> 4218 Blagden Ave NW, Washington DC 20011	<b>Years at this Address:</b> 2	<b>Years as Maryland Resident:</b> 0	
<b>Email Address:</b> info@fryersroadside.com	<b>Sex:</b> Female	<b>Place of Birth:</b> Silver Spring, MD	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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<b>Applicant B Name:</b> Elizabeth Meltzer	<b>Birthdate:</b> 03/21/1980	<b>Personal Phone Number:</b> H: c: 301-252-4596	
<b>Full Address:</b> 16039 Partnership Rd, Poolesville, MD 20937	<b>Years at this Address:</b> 1	<b>Years as Maryland Resident:</b> 3	
<b>Email Address:</b> emeltz321@gmail.com	<b>Sex:</b> Female	<b>Place of Birth:</b> Silver Spring, MD	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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<b>Applicant C Name:</b> Max Meltzer	<b>Birthdate:</b> 07/13/1984	<b>Personal Phone Number:</b> H: c 301 641 3128	
<b>Full Address:</b> 13408 Glen Lea Way. Rockville, MD 20850	<b>Years at this Address:</b> 8	<b>Years as Maryland Resident:</b> 12	
<b>Email Address:</b> mjmeltzer@gmail.com	<b>Sex:</b> Male	<b>Place of Birth:</b> Silver Spring, MD	

If applicant is foreign-born, state:

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

(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 type="checkbox"/> Applicant A <input checked="" type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: FRYER'S ROADSIDE LLC, 12830 NEW HAMPSHIRE		C. Authorized Persons of LLC JENNIFER MELTZER, Elizabeth Meltzer Max Meltzer	
D. Organized Under State Laws of: MARYLAND		E. Month and Year: 10/2022	

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

Name (A):	Full Address:	Percentage:
JENNIFER MELTZER	4218 BLAGDEN AVE NW WASHINGTON DC 20011	51 %
Name (B): EDWARD REAVIS	Full Address: 12312 NEW HAMPSHIRE AVE SILVER SPRING	Percentage: 49 %
Name (C):	Full Address: MD 20904	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.): 1744 SQ FT FREE STANDING RESTAURANT WITH 34+ SEATS	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): JENNIFER MELTZER	
C. Phone Number of Establishment: 443-594-3029	D. Type of Facility/Facility Concept: FRIED CHICKEN, SOFT SERVE & BBQ
E. Date Applicant will Begin to Operate: 12/2022	F. Days and Hours of Operation: MONDAY-SUNDAY 11AM - 9PM

### 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: SEYED TOFIGH	B. Phone Number of Property Owner: 301-219-7285	C. Full Address of Property Owner: 9913 Chapel Road, Potomac MD 20854
D. Date Lease Made: 10/1/2022		E. Date Lease Expires: 9/30/2032
F. State Renewal Options, if any: 2 5-YEAR OPTIONS		

### SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: 8630 Fenton Street Plaza 5 Silver Spring, Md 20910 JENNIFER MELTZER, ELIZABETH MELTZER, MAX MELTZER, ALL SET RESTAURANT & BAR, 8630 F	
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: 8630 Fenton Street Plaza 5 Silver Spring, Md. 20910 JENNIFER MELTZER 73%, ELIZABETH MELTZER 3%, MAX MELTZER 3%, ALL SET RESTAURANT &	
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name and the financial interest owned: EDWARD REAVIS, 49%	

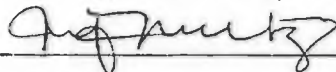
**SECTION 10: CERTIFICATES AND SIGNATURES**

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) Elizabeth Bea Metzger

2DBE10CF22074E3

Signature of Applicant

(C) 

6788783F486D4F0

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

Seyed Tofigh 301 770392

Printed Name of Property Owner

Reer v.11 MD 20852

Address of Property Owner

Phone of Property Owner

# APPLICATION

# 5



Extract from Law: If any affidavit or oath required under the provisions of this Art 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** *Revised*  
 (PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

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

**SECTION 1: LICENSE TYPE INFORMATION**

#1662545

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: HBWHR		D. Entity Name: House of Curry 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 checked="" type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: House of Curry			
G. Address of Facility to be Licensed (No P.O. Box): 9805 Main Street, Suite 207, Damascus, MD, 20872			

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

Applicant A Name: Adarsha Giri		Birthdate: 11/27/2000	Personal Phone Number: H: 301-525-6278 C:	
Full Address: 20133 Darlington Drive, Gaithersburg, MD, 20886		Years at this Address: 4	Years as Maryland Resident: 9	
Email Address: aaadddarsha@gmail.com	Sex: Male	Place of Birth: Nepal		
If applicant is foreign-born, state:				
Immigration Card Number:	If Naturalized, City/State: Baltimore, MD		Date of Naturalization: 04-27-2022	

Applicant B Name: Bharat Giri		Birthdate: 05/22/1977	Personal Phone Number: H: 301-525-6210 C:	
Full Address: 20133 Darlington Drive, Gaithersburg, MD, 20886		Years at this Address: 4	Years as Maryland Resident: 9 years	
Email Address: aaashanta@gmail.com	Sex: Male	Place of Birth: Nepal		
If applicant is foreign-born, state:				
Immigration Card Number:	If Naturalized, City/State: Baltimore, MD		Date of Naturalization: 04-14-2022	

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)  Applicant A  Applicant B  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)  Applicant A  Applicant B  Applicant C

B. Name and Full Address of LLC: House Of Curry LLC, 9805 Main Street, Suite 207, Damascus, MD,20872  
C. Authorized Persons of LLC: Adarsha Giri, Bharat Giri

D. Organized Under State Laws of: Maryland E. Month and Year: 09-2024

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

Name (A):	Full Address:	Percentage:
Adarsha Giri	20133 darlington drive, gaithersburg, 20886, MD	0%
Name (B): Bharat Giri	Full Address: 20133 darlington drive, gaithersburg, 20886,MD	Percentage: 50%
Name (C): Shanta Giri	Full Address: 20133 darlington drive, gaithersburg,20886, MD	Percentage: 50%

**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:

Indicate Maryland Residents:

Applicant A  Applicant B  Applicant C  
 Applicant A  Applicant B  Applicant C

**SECTION 6: ESTABLISHMENT INFORMATION**

<b>A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):</b> We are located at Damascus shopping center and will be opening an indian restaurant. SQ ft:1666	
<b>B. Who Will be in Charge of Day-to-Day Operations (General Manager):</b> Adarsha Giri	
<b>C. Phone Number of Establishment:</b> 3012530707	<b>D. Type of Facility/Facility Concept:</b> Restauant
<b>E. Date Applicant will Begin to Operate:</b> 02/10/2025	<b>F. Days and Hours of Operation:</b> OPen everyday:11 am to 9 pm

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

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

**SECTION 8: LEASED PREMISES**

<b>A. Name of Property Owner:</b> MCB Damscus LLC	<b>B. Phone Number of Property Owner:</b> 443-904-3548,443-890-4598,667-910-7001.	<b>C. Full Address of Property Owner:</b> 2002 Clipper Road Road,Suite 105 Baltimore,MD 21211
<b>D. Date Lease Made:</b> 01/01/2025	<b>E. Date Lease Expires:</b> 12/31/2030	
<b>F. State Renewal Options, if any:</b> 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 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: (100% ownership) (not license) (8-2-2019 - current) Bharat Giri, Curry Place Three LLC, 11229 New Hampshire Ave, Silver Spring, MD, 20904	
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: Bharat Giri, Curry Place Three LLC, 11229 New Hampshire Ave, Silver Spring, MD, 20904, Date: 08/02/2019 (100%)	
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name and the financial interest owned: Shanta Giri - 50%	

**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

P. David Bramble

Printed Name of Property Owner

2002 Clipper Park Road, Suite 105, Baltimore, MD 21211 410-662-0105

Address of Property Owner

Phone of Property Owner

# APPLICATION

# 6

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

1732545

**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.

#1732545

### SECTION 1: LICENSE TYPE INFORMATION

<b>A. Nature of Application:</b>	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
<b>B. Entity on Whose Behalf Application is Made:</b>	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
<b>C. Class of License Applied For:</b> B-BWL	<b>D. Entity Name:</b> SBRE1, LLC
<b>E. Types of Permits Applied For:</b> (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 type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
<b>F. Trade Name of Facility:</b> Silver Branch Rockville Beerworks	
<b>G. Address of Facility to be Licensed (No P.O. Box):</b> 7301 Calhoun Pl #600, Derwood, MD 20855	

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

<b>Applicant A Name:</b> Brett Robison	<b>Birthdate:</b> 09/15/1987	<b>Personal Phone Number:</b> H: c: (202) 870-0121	
<b>Full Address:</b> 616 Olney Sandy Spring Rd, Sandy Spring, MD 20860	<b>Years at this Address:</b> 4	<b>Years as Maryland Resident:</b> 8	
<b>Email Address:</b> brett@silverbranchbrewing.com	<b>Sex:</b> male	<b>Place of Birth:</b> Alpharetta, Georgia	

**If applicant is foreign-born, state:**

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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<b>Applicant B Name:</b> Christian Layke	<b>Birthdate:</b> 09/30/1971	<b>Personal Phone Number:</b> H: c: (202) 841-8646	
<b>Full Address:</b> 1026 McCeney Ave, Silver Spring, MD 20901	<b>Years at this Address:</b> 4	<b>Years as Maryland Resident:</b> 25	
<b>Email Address:</b> christian@silverbranchbrewing.com	<b>Sex:</b> male	<b>Place of Birth:</b> Vienna, Virginia	

**If applicant is foreign-born, state:**

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

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

**If applicant is foreign-born, state:**

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

**(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 checked="" type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: SBRE1, LLC 8401 cokesville rd, suite 150 <del>1500, silver spring, MD 20910</del>	C. Authorized Persons of LLC Brett Robison, Christian Layke
D. Organized Under State Laws of: Maryland	E. Month and Year: 10/18/2022

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

Name (A): Silver Branch Brewing Company, Inc.	Full Address: 50 S 3rd St, Warrenton, VA 20186	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**

<b>A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):</b> 10,000 sq foot building, former True Respite space, located in office park, end unit attached to other tenants	
<b>B. Who Will be in Charge of Day-to-Day Operations (General Manager):</b> Brett Robison	
<b>C. Phone Number of Establishment:</b> (301) 388-8172	<b>D. Type of Facility/Facility Concept:</b> Taproom
<b>E. Date Applicant will Begin to Operate:</b> 4/7/2025	<b>F. Days and Hours of Operation:</b> Monday - Sunday: 9am to 12am

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

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

**SECTION 8: LEASED PREMISES**

<b>A. Name of Property Owner:</b> Elion Partners	<b>B. Phone Number of Property Owner:</b> (305) 933-3538	<b>C. Full Address of Property Owner:</b> 3323 163rd St Suite 600, Miami, FL 33160
<b>D. Date Lease Made:</b> 1/10/2025		<b>E. Date Lease Expires:</b> June 30th, 2035
<b>F. State Renewal Options, if any:</b> Five year extension available at our discretion		

**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: Silver Branch Lagerhaus & Biergarten, 8401 Colesville Rd Suite 150, Silver Spring, MD 20910   3/1/2019 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 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: Christian 42% Brett 16% Silver Branch Lagerhaus & Biergarten, 8401 Colesville Rd Suite 150, Silver Spring, MD 20910   3/1/2019 to present	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	



**SECTION 10: CERTIFICATES AND SIGNATURES**

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


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

Affidavit:

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

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

Signature of Applicant

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

Signature of Applicant

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

Signature of Applicant

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

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

 \_\_\_\_\_

Signature of the Property Owner

Sylvain Argy \_\_\_\_\_

Printed Name of Property Owner

3323 NE 163rd Street, Suite 600, Miami, FL 33160 202-798-7304 \_\_\_\_\_

Address of Property Owner

Phone of Property Owner