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 4 4 24 9

(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 INFOR	MA	TION		1
A. Nature of Application:		□ New Licen	se 🗆 Transfer of Locat	ion 🗹 Transfer of Ownership 🗆 Reclassification
B. Entity on Whose Behalf Applicati	on is	□ Corp	oration Limited Liab	pility Company 🗆 Partnership 🗀 Individual
Made:				
C. Class of License Applied For:			D. Entity Name:	
BOWLAR			AEMI	1-1-C
E. Types of Permits Applied For:		_ □ Tast	ing (\$200) 🗆 Catering	✓ Outdoor Café □ Refillable Container
(See Appendix A) OUT 200 1	en	1-e	□ Retail Delivery 🗆 Sp	oirits for Cooking Wine Corkage
F. Trade Name of Facility:	PM 3			G. Is Business a Franchise? ☐ YES NO
ASI ES mi		AVYSI		
H. Address of Facility to be Licenses				N. S. O. i.
2558/2563	-Nn	INUS AUE	WhRO_TON	MR 20902
l			1	
SECTION 2: APPLICANT INFORM	ATIC	ON		
Applicant A Name:	Birt	hdate:	Personal Phone Num	
Dino & WICA		120/1994	H:	c: (240) 706-5460
Full Address:			Years at this Address	. '
	- C)	Dr. MD 20906		16 Years
Email Address:	Sex	~ 4	Place of Birth:	> . /
Dino Juica (994 a) Icloude	On	- 176	Zima	TERV
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City		Date of Naturalization:
		BAITIME	rc .	2019 Dec 12
				l.
Applicant B Name:	Birt	hdate:	Personal Phone Num	
			Н:	C:
Full Address:			Years at this Address	s: Years as Maryland Resident:
For all address	Carr		Diagonal Diuth.	
Email Address:	Sex	•	Place of Birth:	
If applicant is foreign-born, state:				
Immigration Card Number:	_	If Naturalized, City	/Stata:	Date of Naturalization:
minigration card Number.		ii Naturalizeu, City	/State.	Date of Naturalization:
Applicant C Name:	Birt	hdate:	Personal Phone Num	nher:
Toppinounce a realition	<i></i>		H:	C
Full Address:			Years at this Address	
			10010 01 1110 11001	i dana da iridi yidina reasidane.
Email Address:	Sex		Place of Birth:	
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City	/State:	Date of Naturalization:
	- 1			

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

SECTION 3: CORPORATION INFORM	ATION				
A. Qualifying Maryland Resident (Indica	te with X)		☐ Applicant A ☐ A	Applicant B □ Applicant C	
B. Name and Full Address of Corporatio	n:	•			
C. Incorporated Under State Laws of:			D. Month and Y	ear.	
C. Incorporated Officer State Laws Of.			D. Month and 1	cai.	
E. Authorized Capital:	F. Number of Shar	res Authorized:	G. Number of S	er of Shares Issued:	
Stockholders (Include all layers equaling 2	100% owned by indiv	iduals and/or pub	licly traded, use ad	lditional 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 CORP	ORATION INFORM	IATION			
A. Qualifying Maryland Resident (Indicat	te with X)	× A	Applicant A Applic	ant B □ Applicant C	
B. Name and Full Address of LLC: 2559 Ennalls Ave Silver SP	ing MD 20902 AEMT	C. Authorized	Persons of LLC Suich	50/47	
D. Organized Under State Laws of:	LLC	E. Month and			
Hard (And		10/2	2023		
Percentage of Ownership Interest of LLC (t if necessary):			
Name (A): Dino & Juca Rula	Full Address:	er dru Silveo	Spring MD	Percentage:	
Name (B): Vicenter florecin	Full Address:	(wood) R: 5	51 Ver 20/11 1	Percentage:	
Name (C):	Full Address:			Percentage:	
SECTION 5: PARTNERSHIP INFORMA	TION			,	
A. Name and Full Address of Partnership					
C. Date on Which Partnership was Forme	ed:	D. In Which State	•		
Percentage of Ownership Interest of Parti		nal sheet if necess	ary):		
Name (A):	Full Address:			Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
Indicate Who are the General Partners:		☐ Applicant A	□ Applicant B □ Ap	plicant C	
Indicate Maryland Residents:	☐ Applicant A ☐ Applicant B ☐ Applicant C				

SECTION 6: ESTABLISHMENT INFORMA	TION				
A. Detailed description and total square for	otage of the portion of the buildin	g for which license is sought (ex.	Free standing,		
located in strip mall, restaurant, seating, be	er/wine, etc.):				
1.347 \$ 1.258 =	2570 KRSTAVIA	n t			
B. Who Will be in Charge of Day-to-Day Ope					
	D. Type of Facility/Facility Concept	:			
(240) 706-5460	PEIJIAN ROSTA	TNATU			
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:	on Monday -	#		
	F. Days and Hours of Operation:) by Immorra	Thursday		
10/5/2023 9:00 AM TO: 2:00 AM Friday Thursd					
. , ,	9:00 AM 10.	SUNAN			
SECTION 7: LICENSE TRANSFER (COMPL	ETE ONLY IF TRANSFERRING A				
A. Names of all Current License Holders:		B. Date Facility Began Oper	ating:		
1) Patricia Garcia	3)	112/2010			
2)		10/20/0			
C. Location of Current Licensed Facility:	D. Location to Which License				
2559/2063 chnalls aux.	70	14/2023			
SECTION 8: LEASED PREMISES					
A. Name of Property Owner: , B. Ph	none Number of Property Owner:	C. Full Address of Property Owne	er:		
triangle park associates	1657 2525	4901 fairmont AUE Be	thesda		
LP 2LLP 30	63/2300	MD 20814 Unit 201			
D. Date Lease Made:		E. Date Lease Expires:			
April 17 7020		November 30 202	5		
F. State Renewal Options, if any:					
SECTION 9: APPLICANT QUESTIONAIRE					
Has any applicant ever been:					
1. Convicted of a felony?			U YES WO		
2. Found guilty of violating the laws governi			□ YES ₩NO		
3. Found guilty of violating the laws for prev	vention and gambling in the State o	f Maryland or the United States?	□ YES □ NO		
4. Found guilty of any offense against the lav	ws of the State of Maryland or the	United States other than a minor	□ YES □ NO		
traffic offense?					
5: Has any applicant ever had a license for the		ended or revoked?	□ YES □ NO		
6. Has any applicant ever had a license for the	he sale of alcoholic beverages?		□ YES □ Me		
If YES, state name of applicant, name of facilities	lity, address for which license was	held, and the dates for which it wa	as held:		
7: Does any applicant or person with an own					
facility in Montgomery County or the State			- YES - NO		
for, granted, or issued under the Alcoholic B					
If YES, state the name of the applicant, nan	ne and address of licensed premise	es and ownership and add the da	tes the license		
was held:					
8: Does any person other than the applica	nt(s) have any financial interest in	this alcoholic haverage license	YES - NO		
applied for, or in the facility to be conducted	* *	this decirate beverage acense	MIESLINO		
If YES, state name and the financial interest					
Vincente Florecin 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 conveyor grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

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

Affidavit:	
"By signing this application, I do solemnly declare true and correct to the best of my knowledge, info	and affirm under the penalties of perjury that the contents of the foregoing document are ormation, and belief."
(A) Dino Erick Juica R	lojas
Signature of Applicant	
(B)	
Signature of Applicant	
(C)	
Signature of Applicant	(D) Did (D)
	(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
alcoholic beverage license and that I hereby consibe permitted by law, and I do hereby grant permit Board of License Commissioners for Montgomery	certify that I am the owner of the property named in the foregoing application for an ent to the use of the said property for the sale thereon of such alcoholic beverages as may ssion to the State Comptroller, his duly authorized deputies, inspectors and clerks, the County, its duly authorized agents and employees, and any peace officer of Montgomery, without warrant, the premises and any and all parts thereof upon and in which said
"By signing this application, I do solemnly declare true and correct to the best of my knowledge, info	and affirm under the penalties of perjury that the contents of the foregoing document are ormation, and belief."
Signature of the Property Owner	
Leonard A. Greenberg	
Printed Name of Property Owner	
4901 Fairmont Ave Beth	esda Md. 20814 #201
Address of Property Owner	Phone of Property Owner

3016572525

APPLICATION # 2

• Extract from Law: If any affidavit or oath requ. under the provisions of this Act shall contain any face 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® 23 88 1 1 1 3

(PLEASE PRINT OR TYPE IN INK).

To the Board of License Commissioner	s for Mon	tgomery Count	tv:	UCT 13 23 pp. 1813
Application is made by the undersign	ed under	the provisions	of Alcoholic Beverages	Article of the Annotated Code of Maryland for
alcoholic beverage license and each ap	plicant sul	omits and certi	fies to the following info	ormation required by said article.
SECTION 1: LICENSE TYPE INFOR				#1143498
A. Nature of Application:	UVIATIO		man Transfer of Land	
				ation Transfer of Ownership Reclassification
B. Entity on Whose Behalf Applicat Made:	ion is	□ Cor	poration Limited Lia	ability Company 🗆 Partnership 🗖 Individual
C. Class of License Applied For:			D. Entity Name:	
CLASS H-	BW		A	s Kitchen LLC.
E. Types of Permits Applied For:		□ Tas	ting (\$200) Caterin	g 🗆 Outdoor Café 🗆 Refillable Container
(See Appendix A)			□ Retail Delivery □ S	pirits for Cooking ☐ Wine Corkage
F. Trade Name of Facility:	0 5	9	,	G. Is Business a Franchise? YES NO
	sun?		hen	
H. Address of Facility to be Licensed		Box):	0 0000000	0
303 MUDDY B	>RAD	CH ICU	, GHNHEILS	BURG MD. 20878
SECTION 2: APPLICANT INFORM	ATION			
Applicant A Name:	Birthdat	0:	Personal Phone Nur	and a sur
MOSUNMOLA DWEH	11/03		H:	mper:
Full Address:		20876	Years at this Addres	s: Years as Maryland Resident;
20335 Notting Hill Way	Gen	antown		// 2 - re
Email Address:	Sex: T		Place of Birth:	75113
OGOWEHOGMail.	om t	emale	LAGOS	NICERIA
If applicant is foreign-born, state:				
Immigration Card Number:	IfNa	turalized, City	//State:	Date of Naturalization:
	1 1 5	ALTIMO	RE MD.	11-09-2012
Ann Provide Dat				•
Applicant B Name:	Birthdate		Personal Phone Nun	
MUKOTO U. OWEH		- 1 1 0	H:	c: 240-277-0920
200	COCC	D. 20876	Years at this Addres	s: Years as Maryland Resident:
Email Address:	Sex:	rantown	Place of Birth:	7210
Mukoweh @ Gradil Com	M	TALE	LAGO	S. NIGERIA
f applicant is foreign-born, state:				J, WERLH
Immigration Card Number:	If Na	turalized, City	/State:	Date of Naturalization:
	B	ALTIMOR	E MD.	09-07-2016
		7,000		. 2010
Applicant C Name:	Birthdate	:	Personal Phone Num	nber:
5 15 n 4 s			H:	С
Full Address:			Years at this Address	s: Years as Maryland Resident:
Email Address:	Sex:		Discount District	
	JEN.		Place of Birth:	
f applicant is foreign-born, state:				
Immigration Card Number:	If Nat	turalized, City	/State:	Date of Naturalization:
			,	www.c

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

SECTION 3: CORPORATION INFORMAT	ION		
A. Qualifying Maryland Resident (Indicate)		□ Applicant A □ A	pplicant B 🗆 Applicant C
B. Name and Full Address of Corporation:			
C. Incorporated Under State Laws of:		D. Month and Ye	ear:
Et Mattaliaa aabtaa	F. Number of Shares Authorized		
Stockholders (Include all layers equaling 100	% owned by individuals and/or	publicly traded, use add	ditional sheet if necessary)
Name (A):	ull Address:		Shares Owned:
Name (B):	ull Address:	Shares Owned:	
Name (C):	ull Address:		Shares Owned:
Corporate Officers:			
	ull Address:		Title:
Name (B):	ull Address:		Title:
Name (C):	ull Address:		Title:
SECTION 4: LIMITED LIABILITY CORPOR	RATION INFORMATION		
A. Qualifying Maryland Resident (Indicate	with X)	Applicant A Applica	ant B 🗆 Applicant C
B. Name and Full Address of LLC: MOSU 303 Mudey Brunch RC WD. 20878	n's KitChen LLC. Authori	zed Persons of LLC	els Sweh
D. Organized Under State Laws of:	E. Month		
Percentage of Ownership Interest of LLC (Us	se additional sheet if necessary)	•	
Name (A): IVIDSUMMELA OWEH	ull Address: 20335 Rotting Hill	MO. 20876 Way Germano	Percentage: 51 % 6
Marco (D):	Full Address: Dotting Hull	MO. LOXAL	rercentage: 490/s
	full Address:		Percentage:
SECTION 5: PARTNERSHIP INFORMAT	ION		
A. Name and Full Address of Partnership:			
C. Date on Which Partnership was Formed	D. In Which S	itate:	
Percentage of Ownership Interest of Partner	ership (Use additional sheet if no	ecessary):	
Name (A):	Full Address:		Percentage:
Name (B):	Full Address:		Percentage:
Name (C):	Full Address:		Percentage:
Indicate Who are the General Partners:	☐ Applica	ant A □ Applicant B □ Ap	oplicant C
Indicate Mandand Residents:	T Applies	ent A Applicant B Ar	oplicant C

* 3'		
SECTION 6: ESTABLISHMENT INFORM	IATION	
A. Detailed description and total square	footage of the portion of the building for	
located in strip mall, restaurant, seating,	beer/wine, etc.):	nse is sought (ex. Free standi
	+50 Sauce	Rosta
B. Who Will be in Charge of Day-to-Day O	perations (General Manager): D. Type of Facility/Facility Consent:	40019
	Mukoro	DINEH
C. Phone Number of Establishment: 301-803-0033	- The attractive contest:	C.W.C.II
E. Date Applicant will Begin to Operate:	KESTHURANT	
- 2 de Applicant will begin to Operate:	F. Days and Hours of Operation:	
November 23, 2019	M-SAT Monday	- SATURDAY
1101011001 40, 4017	101000d = 0. 1. 11=0n	1 - 9:30 PM
	J.	1- 9.30 PM
SECTION 7: LICENSE TRANSFER (COMP	LETE ONLY IF TRANSFERRING A LICENSE)	
ranges of an entitetit ricelize Holders;		alla. Pa
1)	3)	cility Began Operating:
2)		
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transfer	red:
SECTION 8: LEASED PREMISES		
	none Number of Property Owner: C. Full Address of	of Property Owner:
PARTNERSHIP 2	21-881-5977 1-811 Ma	HATTER PORT OF IN
D. Date Lease Made:	10-600-2586 TED, POT	omac Ma OBROW
October	E. Date Lease Ex	pires;
F. State Renewal Options, if any:	JUIS, 24" Mare	h 2024 24+
5 yr option		' /
. 5	,	
SECTION 9: APPLICANT QUESTIONAIRE		
Has any applicant ever been:		
1. Convicted of a felony?		
2. Found guilty of violating the laws governing	g the sale of alcohol in the State of Maryland or the	☐ YES NO
1 and	Ention and gambling in the State of Manufact - 11	11 1 1 1 1
The law and any offense against the law	s of the State of Maryland or the United States othe	- 1 LLD # 140
5: Has any applicant ever had a license for th	e sale of alcoholic beverages suspendedor revoked?	
o. has any applicant ever had a license for th	e sale of alcoholic heverages?	LI TES MINO
If YES, state name of applicant, name of facili	ty, address for which license was held, and the dates	☐ YES ■ NO
	and the date	of which it was held:
7: Doos any and the		
facility in Montgomory Courts and It is	ership interest in this facility have a financial interes	t in any other
I STATE OF THE STATE OF THE STATE OF	I Warviang where an alcoholic become a	
was held:	e and address of licensed premises and ownership a	nd add the dates the license
8: Does any person other than the applicant	(s) have any financial interest in this alcoholic bever	erage licence
The result to be collidatted	INDECTINE CUrrent licence2	erage license
If YES, state name and the financial interest or	wned:	

Address of Property Owner

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

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

Affidavit:	
"By signing this application, I do solemnly declare and affirm under the penalties of perture and correct to the best of my knowledge, information, and belief." (A)	jury that the contents of the foregoing document are
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 pro- alcoholic beverage license and that I hereby consent to the use of the said property fo be permitted by law, and I do hereby grant permission to the State Comptroller, his du Board of License Commissioners for Montgomery County, its duly authorized agents at County to inspect and search at any and all hours, without warrant, the premises and a facility is to be conducted. Affidavit: "By signing this application, I do solemnly declare and affirm under the penalties of pet true and correct to the best of my knowledge, information, and belief."	ally authorized deputies, inspectors and clerks, the nd employees, and any peace officer of Montgomery any and all parts thereof upon and in which said
Signature of the Property Owner	
Printed Name of Property Owner	

Phone of Property Owner

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpay 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 true and correct to the best of my knowledge, information, and belief	e penalties of perjury that the contents of the foregoing document are
(A)	
Signature of Applicant	
(C)	+ Marian hand reproductive control of the control o
Signature of Applicant	
(FO	R CORPORATION APPLICATIONS ONLY) Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the alcoholic beverage license and that I hereby consent to the use of the be permitted by law, and I do hereby grant permission to the State Co Board of License Commissioners for Montgomery County, its duly auti County to inspect and search at any and all hours, without warrant, the facility is to be conducted.	said property for the sale thereon of such alcoholic beverages as may imptroller, his duly authorized deputies, inspectors and clerks, the horized agents and employees, and any peace officer of Montgomery
Affidavit:	
By: Signature of the Property Owner Themas Mullins, Property Printed Name of Property Owner	Sign Tory Sell beer ! wine only
the size that the statement of the state	Property Owner
Suite 420	10/10/2023
0 L	4

Potomac, MD 20854

APPLICATION # 3

DocuSign Envelope ID: 484390CE-026F-4109-93

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

1142497

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

SECTION 1: LICENSE TYPE INFORMATION

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

A. Nature of Application:		■ New Licer	nse 🗆 Transfer of Locat	ion □ Transfer of Ownership □ Reclassification
B. Entity on Whose Behalf Applicat Made:	ion is	□ Corporation ■ Limited Liability Company □ Partnership □ Individu		
C. Class of License Applied For: Class B (BBWLHR)			D. Entity Name: No Regrets	Pizza Company LLC
E. Types of Permits Applied For:		□ Tast	ting (\$200) 🗷 Catering	□ Outdoor Café □ Refillable Container
(See Appendix A)			□ Retail Delivery □ Sp	oirits for Cooking □ Wine Corkage
F. Trade Name of Facility: No Regrets Pizza				G. Is Business a Franchise? ☐ YES ■ NO
H. Address of Facility to be Licensed 5454 Nicholson Lane,	Bethe	Box): esda MD	20814	
SECTION 2: APPLICANT INFORM	ATION			
Applicant A Name: Richard Weiner	Birthdat 03/01	 /1958	Personal Phone Nun H: 301-717-9915	
Full Address: 9619 Beman Woods Way Po	otomac	MD 20852	Years at this Address	s: Years as Maryland Resident: 39
Email Address: rick@noregretspizza.	Sex: Male		Place of Birth: Baltimore, MD.	
If applicant is foreign-born, state: 😃	2M		*	
Immigration Card Number:	If N	aturalized, City	//State:	Date of Naturalization:
	ie.			
Applicant B Name:	Birthdat	e:	Personal Phone Num H:	nber: C:
Full Address:			Years at this Address	s: Years as Maryland Resident:
Email Address:	Sex:		Place of Birth:	
If applicant is foreign-born, state:				
Immigration Card Number:	If N	aturalized, City	//State:	Date of Naturalization :
Applicant C Name:	Birthdat	e:	Personal Phone Num	nber:
			Н:	С
Full Address:			Years at this Address	s: Years as Maryland Resident:
Email Address:	Sex:		Place of Birth:	
If applicant is foreign-born, state:				
Immigration Card Number:	If Na	aturalized, City	//State:	Date of Naturalization:
(NOTE: ALL APPLICANTS WILL F	BF HFREA	FTER REFERRED	TO BY THE LETTER A.	B. OR C PRECEDING THEIR NAME ABOVE)

DocuSign Envelope ID: 484390CE-026F-4109-9376-B7F1423E0D61

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

		l. OR		

SECTION 3: CORPORATION INFORM.	ATION			
A. Qualifying Maryland Resident (Indica	te with X)		☐ Applicant A ☐ A	Applicant B 🗆 Applicant C
B. Name and Full Address of Corporation	n:			
C. Incorporated Under State Laws of:			D. Month and Yo	ear:
E. Authorized Capital:	F. Number of Share	es Authorized:	G. Number of St	nares Issued:
Stockholders (Include all layers equaling 1	100% owned by indivi	duals and/or publi	cly traded, use ad	ditional sheet if necessary)
Name (A):	Full Address:			Shares Owned:
Name (B):	Full Address:	Full Address:		
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 CORP	ORATION INFORMA	ATION		
A. Qualifying Maryland Resident (Indicat		1	nlicant A □ Applic:	ant B Applicant C
B. Name and Full Address of LLC:	•	C. Authorized Persons of LLC		
No Regrets Pizza Compa	nv I I C 0610	Dichard M	loinor	
Reman Woods Way Potomac	Ma 20852	Richard W	emer	
No Regrets Pizza Compa Beman Woods Way Potomac D. Organized Under State Laws of:	Ma. 20852	E. Month and Ye February 202	ear:	
D. Organized Under State Laws of: Percentage of Ownership Interest of LLC (February 202	ear:	
D. Organized Under State Caws of:	Use additional sheet Full Address:	E. Month and Ye February 202 if necessary):	ear: 23	Percentage: 75%
D. Organized Under State Taws of: Percentage of Ownership Interest of LLC (Name (A):	Use additional sheet Full Address:	E. Month and Ye February 202 if necessary): ods Way Poton	ear: 23 nac MD 20854	75% Percentage:
D. Organized Under State Taws of: Percentage of Ownership Interest of LLC (Name (A): Richard and Nancy Weiner Joint Revocable Trust Name (B):	Use additional sheet Full Address: 9619 Beman Wo Full Address:	E. Month and Ye February 202 if necessary): ods Way Poton	ear: 23 nac MD 20854	75% Percentage:
D. Organized Under State Taws of: Percentage of Ownership Interest of LLC (Name (A): Richard and Nancy Weiner Joint Revocable Trust Name (B): Nicholas Framarini Name (C):	Use additional sheet Full Address: 9619 Beman Wo Full Address: 1421 Florida Ave N Full Address:	E. Month and Ye February 202 if necessary): ods Way Poton	ear: 23 nac MD 20854	75% Percentage: 25%
D. Organized Under State Taws of: Percentage of Ownership Interest of LLC (Name (A): Richard and Nancy Weiner Joint Revocable Trust Name (B): Nicholas Framarini	Use additional sheet Full Address: 9619 Beman Wo Full Address: 1421 Florida Ave N Full Address:	E. Month and Ye February 202 if necessary): ods Way Poton	ear: 23 nac MD 20854	75% Percentage: 25%
D. Organized Under State Taws of: Percentage of Ownership Interest of LLC (Name (A): Richard and Nancy Weiner Joint Revocable Trust Name (B): Nicholas Framarini Name (C): SECTION 5: PARTNERSHIP INFORMA	Use additional sheet Full Address: 9619 Beman Wo Full Address: 1421 Florida Ave N Full Address:	E. Month and Ye February 202 if necessary): ods Way Poton	ear: 23 nac MD 20854	75% Percentage: 25%
D. Organized Under State Taws of: Percentage of Ownership Interest of LLC (Name (A): Richard and Nancy Weiner Joint Revocable Trust Name (B): Nicholas Framarini Name (C): SECTION 5: PARTNERSHIP INFORMA	Use additional sheet Full Address: 9619 Beman Wo Full Address: 1421 Florida Ave N Full Address:	E. Month and Ye February 202 if necessary): ods Way Poton	ear: 23 nac MD 20854	75% Percentage: 25%
Percentage of Ownership Interest of LLC (Name (A): Richard and Nancy Weiner Joint Revocable Trust Name (B): Nicholas Framarini Name (C): SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership	Use additional sheet Full Address: 9619 Beman Wo Full Address: 1421 Florida Ave N Full Address:	E. Month and Ye February 202 if necessary): ods Way Poton IW Apt. 2 Washir	ear: 23 nac MD 20854 ngton DC 20009	75% Percentage: 25%
Percentage of Ownership Interest of LLC (Name (A): Richard and Nancy Weiner Joint Revocable Trust Name (B): Nicholas Framarini Name (C): SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership C. Date on Which Partnership was Forme	Use additional sheet Full Address: 9619 Beman Wo Full Address: 1421 Florida Ave N Full Address:	E. Month and Ye February 202 if necessary): ods Way Poton IW Apt. 2 Washir	ear: 23 nac MD 20854 ngton DC 20009	75% Percentage: 25%
Percentage of Ownership Interest of LLC (Name (A): Richard and Nancy Weiner Joint Revocable Trust Name (B): Nicholas Framarini Name (C): SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership C. Date on Which Partnership was Former	Use additional sheet Full Address: 9619 Beman Wo Full Address: 1421 Florida Ave N Full Address: TION ed: ded: unership (Use addition	E. Month and Ye February 202 if necessary): ods Way Poton IW Apt. 2 Washir	ear: 23 nac MD 20854 ngton DC 20009	75% Percentage: 25% Percentage:
Percentage of Ownership Interest of LLC (Name (A): Richard and Nancy Weiner Joint Revocable Trust Name (B): Nicholas Framarini Name (C): SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership C. Date on Which Partnership was Forme Percentage of Ownership Interest of Partnership Name (A):	Use additional sheet Full Address: 9619 Beman Wo Full Address: 1421 Florida Ave N Full Address: TION ed: rership (Use addition Full Address:	E. Month and Ye February 202 if necessary): ods Way Poton IW Apt. 2 Washir	ear: 23 nac MD 20854 ngton DC 20009	75% Percentage: 25% Percentage:
Percentage of Ownership Interest of LLC (Name (A): Richard and Nancy Weiner Joint Revocable Trust Name (B): Nicholas Framarini Name (C): SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership C. Date on Which Partnership was Forme Percentage of Ownership Interest of Partnership Name (A): Name (B):	Use additional sheet Full Address: 9619 Beman Wo Full Address: 1421 Florida Ave N Full Address: TION o: ed: Full Address: Full Address: Full Address:	E. Month and Ye February 202 if necessary): ods Way Poton IW Apt. 2 Washir D. In Which State: alsheet if necessar	ear: 23 nac MD 20854 ngton DC 20009	75% Percentage: 25% Percentage: Percentage: Percentage: Percentage:

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.):							
Located in the bottom of a residential apartment complex. 35 Seats. Restaurant & Bar. Beer, Wine, & Liquor. 2400 Sqft. B. Who Will be in Charge of Day-to-Day Operations (General Manager):							
Richard Weiner							
C. Phone Number of Establishment: 301-717-9915	D. Type of Facility/Facility Concept: Restaurant & Bar						
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:						
03/01/2024	Monday - Sunday 11:00AM - 10:00PM						

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:					
Josh Etter, Responsible Party	240-499-9600	12435 Park Potomac, Suite 200 Potomac, MD 20854					
D. Date Lease Made: March 8, 202	E. Date Lease Expires: February 28, 2033						
F. State Renewal Options, if any: 2 5Year option to renew							

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

1. Convicted of a felony?	□ YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	□ YES ■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	□ YES ■ NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	□ YES ■ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	☐ YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	☐ YES ■ NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it v	as held:
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other	
facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied	□ YES ■ NO
for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the d	ates the license
was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license	□ YES ■ NO
applied for, or in the facility to be conducted under the current license?	23 = 110
If YES, state name and the financial interest owned:	

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

any and all parts thereof upon and in which said fa	cility is to be conducted.	
Affidavit:		
true and correct to the best of my knowledge, infor	nd affirm under the penalties of perjury that the continuation, and belief."	tents of the foregoing document are
(A) Richard Weiner DEBB6E68EA5D42E	<u> </u>	
Signature of Applicant		
(B)		5.
Signature of Applicant		
(C)		
Signature of Applicant		
	(D)	
	(FOR CORPORATION APPLICATIONS O	
be permitted by law, and I do hereby grant permissionard of License Commissioners for Montgomery C	nt to the use of the said property for the sale thereon ion to the State Comptroller, his duly authorized depicounty, its duly authorized agents and employees, and vithout warrant, the premises and any and all parts the	uties, inspectors and clerks, the dany peace officer of Montgomery
Affidavit:		
"By signing this application, I do solemnly declare at true and correct to the best of my knowledge, infor	nd affirm under the penalties of perjury that the cont mation, and belief."	ents of the foregoing document are
Josh Etter, Responsible Party, IPK NOB	l Phase 1, LLC	
8321575CC2814CD		
Signature of the Property Owner Josh Etter, Responsible Party, FPK NO	BE Phase 1, LLC	
Printed Name of Property Owner 12435 Park Potomac, Suite 200, Potomac, MD 20854	240-499-9600	
Address of Property Owner	Phone of Property Owner	

APPLICATION # 4

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

007 25 725 m 198

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFO	RMATI		7/10/11/						
A. Nature of Application:		☐ New Licens	nse 🗆 Transfer of Location 🛢 Transfer of Ownership 🗆 Reclassification						
B. Entity on Whose Behalf Applica Made:	tion is	■ Corpo	■ Corporation □ Limited Liability Company □ Partnership □ Individual						
C. Class of License Applied For:			D. Entity Name:						
CI	ass A			SCALE SPIRITS INC					
E. Types of Permits Applied For:				□ Outdoor Café □ Refillable Container					
(See Appendix A)			Retail Delivery □ Spi	rits for Cooking Wine Corkage					
F. Trade Name of Facility:				G. Is Business a Franchise? ☐ YES ■ NO					
HOP N									
H. Address of Facility to be Licenso	ed (No P	20940-(G Frederick Rd, G	ermantown, MD, 20876					
SECTION 2: APPLICANT INFORT	MATIO	N	Ω.						
Applicant A Name:		date: 6/1971	Personal Phone Num H: 301 515 8899	ber: C: 301 646 1300					
Naveen Beeram	10/	0/19/1	Years at this Address						
Full Address: 12614 Bright Spring Way, B	ovde N	AD 20841	11 years	21 years					
Email Address:	Sex:	VID 200+1	Place of Birth:						
naveenbeeram@gmail.com	Male	e	INDIA						
If applicant is foreign-born, state:									
Immigration Card Number: 32045977	If Naturalized, City, Baltimore, MD	/State:	Date of Naturalization: 01/29/2009						
Applicant B Name:	Birth	idate:	H: C:						
Full Address:			Years at this Address	s: Years as Maryland Resident:					
Email Address:	Sex:		Place of Birth:						
If applicant is foreign-born, state:									
Immigration Card Number:		If Naturalized, City	/State:	Date of Naturalization:					
	Diet	ndate:	Personal Phone Num	ber:					
Applicant C Name:	BILLI	idate:	H:	C					
Full Address:		Years at this Address	s: Years as Maryland Resident:						
Email Address:		Place of Birth:							
If applicant is foreign-born, state:									
Immigration Card Number:	If Naturalized, City		Date of Naturalization:						
(NOTE: ALL APPLICANTS WII	LBE HE	REAFTER 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)

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				B 4			. 1	 , 6		u	חוי	м			ıw		wr	- 1	חוי	IV	-	•	1	# II.	w

A. Qualifying Maryland Resident (Indicate	■ Applicant A Applicant B Applicant C								
B. Name and Full Address of Corporation:									
UPSCALE SPIRITS Inc, 20940-G Frederick Rd, Hop N Cru, Germantown, MD, 20876									
C. Incorporated Under State Laws of: Maryland	D. Month and Year: Sept, 2023								
E. Authorized Capital: \$0.00	F. Number of Sha 1	res Authorized:		G. Number of Sh 0	ares Issued:				
Stockholders (Include all layers equaling 10		ividuals and/or p	ublic	ly traded, use ad	ditional sheet if necessary)				
	Full Address:				Shares Owned:				
NAVEEN BEERAM	12614 Bris	ht Darry	63	ix, Bords MD					
Name (B):	Full Address:			2084	Shares Owned:				
Name (C):	Full Address:				Shares Owned:				
Corporate Officers:									
Name (A):	Full Address: (2	614 Brisk	+ 5	spring loay	Title: PRESIBENT				
NAVEEN BEERAM	Full Address: (2	MD 208	4-1	, ,					
Name (B):	Full Address:				Title:				
Name (C):	Full Address:				Title:				
B. Name and Full Address of LLC: D. Organized Under State Laws of:		E. Month ar		ersons of LLC					
Percentage of Ownership Interest of LLC (U	Ise additional shee	et if necessary):							
	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:	D. In Which Sta	ate:						
Percentage of Ownership Interest of Partne	ership (Use additio	nal sheet if nece	essar	y):					
Name (A):	Full Address:				Percentage:				
Name (B):	Full Address:				Percentage:				
Name (C):	Full Address:				Percentage:				
Indicate Who are the General Partners:		□ Applicant	t A 🗆	Applicant B App	olicant C				
Indicate Maryland Residents:		☐ Applicant	t A 🗆	Applicant B □ App	olicant 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.): Strip Mall, Located in Neelsville Village Center in Germantown, lot 120, 1276 sq feet. It's a beer/wine retail store with no seating.							
B. Who Will be in Charge of Day-to-Day O Naveen Beeram / Abhishek Beera							
C. Phone Number of Establishment: 301-646-1300	D. Type of Facility/Facility Concep Beer & Wine Store: Sellin		er and Wine				
E. Date Applicant will Begin to Operate: Oct 2023	,						
SECTION 7: LICENSE TRANSFER (COM	PLETE ONLY IF TRANSFERRING A	LICE	NSE)				
A. Names of all Current License Holders:			B. Date Facility Began Oper	ating:			
1) IGJUN CHO 2)	3)		APRIL 2019				
C. Location of Current Licensed Facility: 20940-G Frederick Rd, Hop N Cru, Germantown, MD, 20876	D. Location to Which License 20940-G Frederick R		ng Transferred: pp N Cru, Germantown,	MD, 20876			
SECTION 8: LEASED PREMISES							
A Name of Property Owner: B.	Phone Number of Property Owner:	C. Fu	ıll Address of Property Owne	er:			
LICELVIII S/STA	• •	12	72 5 1 St NE, 50	te 200			
LUENS LLC	202-902-2600		implon, DC 200				
D. Date Lease Made:			ate Lease Eynires				
oct 2023			Jan 31	st 2229			
F. State Renewal Options, if any:	optim for Extension	·					
SECTION 9: APPLICANT QUESTIONAIR	RE						
Has any applicant ever been: 1. Convicted of a felony?				□ YES ■ NO			
2. Found guilty of violating the laws gover	ning the sale of alcohol in the State	of Mar	vland or the United States?	□ YES ■ NO			
3. Found guilty of violating the laws for pr				□ YES ■ NO			
4. Found guilty of any offense against the				□ YES ■ NO			
traffic offense?				G 123 = 110			
5: Has any applicant ever had a license for		ende	dorrevoked?	□ YES ■ NO			
6. Has any applicant ever had a license for	the sale of alcoholic beverages?			□ YES ■ NO			
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:							
7: Does any applicant or person with an o	wnership interest in this facility hav	e a fin	ancial interest in any other				
facility in Montgomery County or the Sta				□ YES ■ NO			
for, granted, or issued under the Alcoholic	c Beverages Article of the Annotated	Code	of Maryland?				
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:							
8: Does any person other than the appli	cant(s) have any financial interest i	n this	alcoholic beverage license	□ YES ■ NO			
applied for, or in the facility to be conduc			and the section of the section	LILUERO			
If YES, state name and the financial interest owned:							

SECTION 10: CERTIFICATES AND SIGNATURES

Address of Property Owner

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

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

any and all parts thereofupon and in which said facility is to be conducted.
Affidavit:
"By signing this application, I do solemnly declare and affirm 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) B. Olalus - 10/24/2023
Signature of Applicant
(B)
Signature of Applicant
(C)
Signature of Applicant (D) Blowly - 10/24/2023
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted. Affidavit:
By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."
Signature of the Property Owner
Printed Name of Property Owner

Phone of Property Owner

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 ficense applied for is granted, he/she will conform to all Stake 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 apon and in which said facility is to be conducted.

any and all parts thereofspon and in which said facility	is to be conducted.
Affidavic	
"By signing this application, I do solemnly declare and affittue and correct to the best of my knowledge, information (A)	firm under the penalties of perjury that the contents of the foregoing document aren, and belief."
Signature of Applican:	
(5)	
Signature of Applicant	
(0)	
Signature of Applicant (C	1) Balet 11/3/2023
	(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
Board of License Commissioners for Montgomery County	the State Comptroller, his duly authorized deputies, inspectors and clerks, the its duly authorized agents and employees, and any peace officer of Montgomery it warrant, the premises and any and all parts thereof upon and in which said
Midwit	
By signing this application, I do solemnly declare and affi true and correct to the best of my knowledge, information	rm under the penalties of perjury that the contents of the foregoing document are n, and belief."
Please see attached Property Owner's signature page	
rinted Name of Property Owner	May ar , rengalific, flagoring constant son six
address of Property Owner	Phone of Property Owner

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

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

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

Sr. Vice President - Investments

APPLICATION # 5

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

SECTION 1: LICENSE TYPE INFORMATION

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

#1135492

A. Nature of Application:		New Licen	\blacksquare New License \square Transfer of Location \square Transfer of Ownership \square Reclassification					
B. Entity on Whose Behalf Applicat	ion is	■ Corp	■ Corporation □ Limited Liability Company □ Partnership □ Individual					
Made:								
C. Class of License Applied For: B(BWL)			D. Entity Name: First Watch Restaurants, Inc.					
E. Types of Permits Applied For:		□ Tast	ing (\$200) □ Catering	()	Outdoor Café 🗆 Refillable Container			
(See Appendix A)			🗆 Retail Delivery 🗆 Sp	irit	s for Cooking 🗆 Wine Corkage			
F. Trade Name of Facility: First Watch				(G. Is Business a Franchise? ☐ YES ■ NO			
H. Address of Facility to be Licensed (No P.O. Box): 100 Gibbs Street, Rockville, MD 20850								
SECTION 2: APPLICANT INFORM	ATIO	ON						
Applicant A Name:		hdate:	Personal Phone Num	nbe				
Christopher A. Humphries	07/1	10/1976	H: n/a		C: 571-215-6408			
Full Address: 1 Ritchfield Court, Rockville, MD 2	0850		Years at this Address 1	s:	Years as Maryland Resident:			
Email Address: chumphries@firstwatch.com	Sex Male		Place of Birth: Washington, DC					
If applicant is foreign-born, state:								
Immigration Card Number:		If Naturalized, City	/State:		ate of Naturalization:			
n/a		n/a		n/a	a			
Applicant B Name:		hdate:	Personal Phone Num					
Christopher A. Tomasso	5/25	5//0	H: 941-923-7890		C:			
Full Address: 7464 Cabbage Palm Ct, Sarasota,			Years at this Address 12	s:	:: Years as Maryland Resident: n/a			
Email Address:	Sex		Place of Birth:					
ctomasso@firstwatch.com	Male	e	Providence, RI					
f applicant is foreign-born, state:			-					
Immigration Card Number: n/a		If Naturalized, City, n/a	/State:	Date of Naturalization: n/a				
Applicant C Name: Jay A. Wolszczak	Birt 9/19	hdate: 1/68	Personal Phone Num H: 941-351-8817	nbe	r: c 407-656-1069			
Full Address: 16027 Topsail Terrace, Lakewood	h, FL 34202	Years at this Address 3.75	5:	Years as Maryland Resident: n/a				
Email Address: jwolszczak@firstwatch.com	:	Place of Birth: Indianapolis, IN						
f applicant is foreign-born, state:			<u>'</u> <u>'</u>	_				
Immigration Card Number:		If Naturalized, City, n/a	aturalized, City/State:		ate of Naturalization:			
				_				

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

SECTION 3: CORPORATION INFORMATION

SECTION 5. CORPORATION INFORM				
A. Qualifying Maryland Resident (Indica			■ Applicant A 🗆	Applicant B □ Applicant C
B. Name and Full Address of Corporation	n:			
First Watch Restaurants,	Inc.; 8725 P	endery Plac		,
C. Incorporated Under State Laws of: Florida			D. Month and No. December 202	
E. Authorized Capital: n/a	F. Number of Shar 100,200	es Authorized:	G. Number of S 203	hares Issued:
Stockholders (Include all layers equaling 1	.00% owned by indiv	viduals and/or pub	licly traded, use a	dditional sheet if necessary)
Name (A): Jay Wolszczak	Full Address: 16027 Topsail Ter,	Lakewood Ranch	ı, FL 34202	Shares Owned:
Name (B): Christopher Tomasso	Full Address: 7467 Cabbage Palr	n Ct, Sarasota, Fl	L 34241	Shares Owned:
Name (C): FWR Holding Corporation	Full Address: 8725 Pendery Place	, #201, Bradenton,	FL 34201	Shares Owned: 200
Corporate Officers: Brandon Razauskas	147 Masons Crossin	ig Ct, Severna Park	, MD 21146	1
Name (A): Christopher Humphries	Full Address: 1 Ritchfield Ct, Roc	kville, MD 20850		Title: Compliance Officer
Name (B): Christopher Tomasso	Full Address: 7467 Cabbage Palr	n Ct, Sarasota, Fl	L 34241	Title: CEO & President
Name (C): Jay Wolszczak	Full Address: 16027 Topsail Ter,	Lakewood Ranch	, FL 34202	Title: CLO & Secretary
SECTION 4: LIMITED LIABILITY CORPO	ORATION INFORM	ATION		
A. Qualifying Maryland Resident (Indicat			oplicant A \sqcap Applic	cant B □ Applicant C
B. Name and Full Address of LLC:		C. Authorized I		and a Citipping in C
n/a				
D. Organized Under State Laws of:		E. Month and \	/ear:	
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 INFORMA	TION			
A. Name and Full Address of Partnership	* 4			
n/a				
C. Date on Which Partnership was Forme	d:	D. In Which State:		
Percentage of Ownership Interest of Partn	ership (Use addition	nal sheet if necessa	ary):	
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
Indicate Who are the General Partners:		□ Applicant A	□ Applicant B □ Ap	pplicant C
Indicate Maryland Residents:		☐ Applicant A	□ Applicant B □ Ap	plicant C

First Watch - Rockvil

SECTION 6: ESTABLISHMENT INFORMATION

located in strip mall, restaurant, seating,	footage of the portion of the building for which license is sought (ex. Free standing, beer/wine, etc.): g of ~3,400 square feet with outdoor dining located at Rockville Town Square.
B. Who Will be in Charge of Day-to-Day O Diana Solano Aleman	perations (General Manager):
C. Phone Number of Establishment: 301-762-0621	D. Type of Facility/Facility Concept: Full service restaurant serving lunch and brunch daily.
E. Date Applicant will Begin to Operate: Open and operating since 5/23/2007.	F. Days and Hours of Operation: 7am - 2:30pm daily

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

A. Names of all Current License Holders:		B. Date Facility Began Operating:
1) n/a	3)	
C. Location of Current Licensed Facility:	D. Location to Whi	ch License is Being Transferred:

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Street Retail, Inc.	301-998-8100	909 Rose Ave, #200, North Bethesda, MD 20852
D. Date Lease Made: 6/6/2006		E. Date Lease Expires: 5/31/2027
F. State Renewal Options, if any: n/a		

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

nas any applicant ever been:	
1. Convicted of a felony?	☐ YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	□ YES ■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	☐ YES ■ NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	□ YES ■ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	■ YES □ NO
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied	■ YES □ NO
for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the da was held:	tes the license
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? If YES, state name and the financial interest owned:	⊭ YES □ NO
) - la
Brandon Razauskas - 1 share: FWR Holding Corporation - 200	ງ snares

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 conveyor grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

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

any and all parts thereorupon and in which said faci	ilty is to be conducted.	
Affidavit:		
"By signing this application, I do solemnly declare and true and correct to the pest of my knowledge, inform		the contents of the foregoing document are
(A)	Christopher Humphries	
Signature of Applica t DocuSigned by: (B) 499D6FBDF121432	Christopher Tomasso	
Signature of Applicant (C)	Jay Wolszczak	
Signature of Applicant	(D)	Christopher Tomasso
	(FOR CORPORATION APPLICA August 25, 2023 8:00	TIONS ONLY) Corporate President Signature AM PDT
22. CERTIFICATE OF PROPERTY OWNER: I hereby cert alcoholic beverage license and that I hereby consent be permitted by law, and I do hereby grant permission Board of License Commissioners for Montgomery County to inspect and search at any and all hours, wit facility is to be conducted.	to the use of the said property for the sale n to the State Comptroller, his duly author unty, its duly authorized agents and emplo	thereon of such alcoholic beverages as may ized deputies, inspectors and clerks, the yees, and any peace officer of Montgomery
Affidavit:		
"By signing this application, I do solemnly declare and true and correct to the best of my knowledge, information."		the contents of the foregoing document are
Heather Andrade		
Signature of the Property Owner Morguard Rockville Retail LLC		
Printed Name of Property Owner 20 Maryland Ave. Rockville MD 20850	301-279-0999	
Address of Property Owner	Phone of Property Owner	

0091 - Liquor Application

Final Audit Report 2023-08-25

Created: 2023-08-24

By: Bernadette Cajayon (gcajayon@morguard.com)

Status: Signed

Transaction ID: CBJCHBCAABAAKW4FK1bkNTvwSdguqt3oTTAa3tn2CSmd

"0091 - Liquor Application" History

Document created by Bernadette Cajayon (gcajayon@morguard.com) 2023-08-24 - 5:18:31 PM GMT

Document emailed to Heather Andrade (HAndrade@morguard.com) for signature 2023-08-24 - 5:19:18 PM GMT

Email viewed by Heather Andrade (HAndrade@morguard.com) 2023-08-25 - 2:09:49 PM GMT

Document e-signed by Heather Andrade (HAndrade@morguard.com)
Signature Date: 2023-08-25 - 2:12:19 PM GMT - Time Source: server

Agreement completed. 2023-08-25 - 2:12:19 PM GMT First Watch- Rockville

Supplement to Application

Section 9; Question 7

Jay Wolszczak and Christopher Tomasso are minority owners (1 share each) in the following First Watch locations:

14700 Baltimore Ave, #102, Laurel, MD 20707

Since 2022

15471 Excelsior Dr, Bowie, MD 20716

Since 2022

2339 Forest Dr, Annapolis, MD 21401

Since 9/14/23

6620 Governor Ritchie Hwy, Glen Burnie, MD 21061

Applied for; not yet issued.

FWR Holding Corporation is the majority owner (200 shares) of the following First Watch locations:

14700 Baltimore Ave, #102, Laurel, MD 20707

Since 2022

15471 Excelsior Dr, Bowie, MD 20716

Since 2022

2339 Forest Dr, Annapolis, MD 21401

Since 9/14/23

6620 Governor Ritchie Hwy, Glen Burnie, MD 21061

Applied for; not yet issued.

Brandon Razauskas in a minority owner (1 share) of the following First Watch locations:

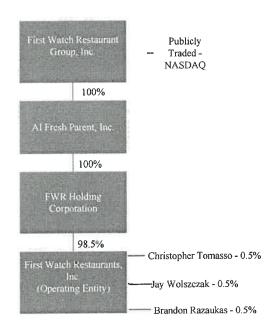
2339 Forest Dr, Annapolis, MD 21401

Since 9/14/23

6620 Governor Ritchie Hwy, Glen Burnie, MD 21061

Applied for; not yet issued.

First Watch Restaurant Group, Inc. & subsidiaries



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)

To the Board of License Commissioners for Montgomery County:

n/a

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 INFORI	MAT	ION		#1134478
A. Nature of Application:		■ New Licen	se 🗆 Transfer of Locat	ion □ Transfer of Ownership □ Reclassification
B. Entity on Whose Behalf Application Made:	n is	■ Corp	ooration 🗆 Limited Liab	oility Company □ Partnership □ Individual
C. Class of License Applied For: B(BWL)			D. Entity Name: First Watch Restau	rants, Inc.
E. Types of Permits Applied For:				□ Outdoor Café □ Refillable Container
(See Appendix A)			□ Retail Delivery □ Sp	oirits for Cooking□ Wine Corkage
F. Trade Name of Facility: First Watch				G. Is Business a Franchise? ☐ YES ■ NO
H. Address of Facility to be Licensed 802 Muddy Branch Road, Gaithersb				
SECTION 2: APPLICANT INFORMA	ATIO	N		
The formation of the first of t		ndate:	Personal Phone Nun	
	0771	0/1976	H: n/a	C: 571-215-6408
Full Address: 1 Ritchfield Court, Rockville, MD 20	_		Years at this Addres	s: Years as Maryland Resident: 1
	Sex: Male		Place of Birth: Washington, DC	
If applicant is foreign-born, state:				9
Immigration Card Number: n/a		If Naturalized, City n/a	/State:	Date of Naturalization: n/a
1	Birth 5/25/	ndate: /70	Personal Phone Nun H: 941-923-7890	
Full Address: 7464 Cabbage Palm Ct, Sarasota, F	FL 3	4241	Years at this Address	s: Years as Maryland Resident:
	Sex: Male		Place of Birth: Providence, RI	,
If applicant is foreign-born, state:				
Immigration Card Number: n/a		If Naturalized, City n/a	/State:	Date of Naturalization : n/a
	Birt ł 9/19/	ndate: /68	Personal Phone Num H: 941-351-8817	nber: c 407-656-1069
Full Address: 16027 Topsail Terrace, Lakewood R	lancl	n, FL 34202	Years at this Address 3.75	s: Years as Maryland Resident:
	Sex: Vlale	I	Place of Birth: Indianapolis, IN	•
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City	/State:	Date of Naturalization:
n/a		n/a		n/a

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indica	te with X)		1	Applicant A	A □ Applicant B □ Applicant C
B. Name and Full Address of Corporation	n:				
First Watch Restaurants,	Inc.; 8725 Pe	ndery Pl	lace	e, #201,	Bradenton, FL 3420
C. Incorporated Under State Laws of: Florida				D. Month a December	
E. Authorized Capital: n/a	F. Number of Shares	s Authorized:		G. Number 203	of Shares Issued:
Stockholders (Include all layers equaling 1	.00% owned by individ	luals and/or p	oublic	ly traded, us	se additional sheet if necessary)
Name (A): Jay Wolszczak	Full Address: 16027 Topsail Ter, La	akewood Rar	nch, F	FL 34202	Shares Owned:
Name (B): Christopher Tomasso	Full Address: 7467 Cabbage Palm	Ct, Sarasota,	, FL	34241	Shares Owned:
	Full Address: 8725 Pendery Place, #	#201, Bradent	on, Fl	L 34201	Shares Owned: 200
Corporate Officers: Brandon Razauskas	147 Masons Crossing	Ct, Severna Pa	ark, N	/ID 21146	1
Name (A): Christopher Humphries	Full Address: 1 Ritchfield Ct, Rocky	/ille, MD 208	350		Title: Compliance Officer
Name (B): Christopher Tomasso	Full Address: 7467 Cabbage Palm	Ct, Sarasota,	, FL :	34241	Title: CEO & President
Name (C): Jay Wolszczak	Full Address: 16027 Topsail Ter, La	akewood Ran	nch, F	L 34202	Title: CLO & Secretary
SECTION 4: LIMITED LIABILITY CORPO					pplicant B 🗆 Applicant C
n/a					
D. Organized Under State Laws of:		E. Month an	nd Yea	ar:	
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 INFORMA A. Name and Full Address of Partnership					
n/a					
C. Date on Which Partnership was Forme	d: D	. In Which Sta	ite:		
Percentage of Ownership Interest of Partn	ership (Use additiona	I sheet if nece	essary	/):	
Name (A):	Full Address:				Percentage:
Name (B):	Full Address:				Percentage:
Name (C):	Full Address:				Percentage:
Indicate Who are the General Partners:		□ Applicant	A 🗆 .	Applicant B	□ Applicant C
Indicate Maryland Residents:		□ Applicant	A 🗆 .	Applicant B [□ Applicant C



SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing located in strip mall, restaurant, seating, beer/wine, etc.):				
	of ~3,900 square feet located in Muddy Branch Square.			
B. Who Will be in Charge of Day-to-Day Op Lawrence Joia	erations (General Manager):			
C. Phone Number of Establishment: 301-977-9764	D. Type of Facility/Facility Concept: Full service restaurant serving lunch and brunch daily.			
E. Date Applicant will Begin to Operate: Open and operating as of 7/14/2014.	F. Days and Hours of Operation: 7am - 2:30pm daily			

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Muddy Branch Square Limited Partnership	571-382-1200	8405 Greensboro Dr, 8th Floor, McLean, VA 22102
D. Date Lease Made: 3/17/2014		E. Date Lease Expires: 3/31/2024
F. State Renewal Options, if any: n/a		

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

Has any applicant ever been:	
1. Convicted of a felony?	☐ YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	□ YES ■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	□ YES ■ NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	□ YES ■ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	■ YES □ NO
pplicants B & C have held the First Watch licenses at 14700 Brillmore Ave, #102, Laurel, MD 20707& 16471 Excelsion Dr., Bowie, MD 20716 since 2022. They have also held the First Watch license at 2339 Forest Dr., Annual Translation of Press on 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	Polls, ND 21401 since 8/14/2 ■ YES □ NO
for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dawas held: See attached.	tes the license
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license? If YES, state name and the financial interest owned:	■ YES □ NO
Brandon Razauskas - 1 share; FWR Holding Corporation - 200) shares

3

SECTION 10: CERTIFICATES AND SIGNATURES

Address of Property Owner

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

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

Affidavit:	
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that true and correct to the best of my knowledge, information, and belief."	the contents of the foregoing document are
(A) Christopher Humphries	
Signature of Applicant	
(B) Christopher Tomasso	
Signature of Applicant (C) Jay Wolszczak	
Signature of Applicant	Christophor Tomosoo
(D) (FOR CORPORATION APPLICA	Christopher Tomasso
(FOR CORPORATION APPLICA	TIONS ONLY) Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property name alcoholic beverage license and that I hereby consent to the use of the said property for the salest be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized of License Commissioners for Montgomery County, its duly authorized agents and employ County to inspect and search at any and all hours, without warrant, the premises and any and all facility is to be conducted. Affidavit: 'By signing this application, I do solemnly declare and affirm under the penalties of perjury that true and correct to the best of my knowledge, information, and belief."	thereon of such alcoholic beverages as may zed deputies, inspectors and clerks, the yees, and any peace officer of Montgomery I parts thereof upon and in which said
Signature of the Property Owner	
Printed Name 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 d true and correct to the best of my knowled			jury that the contents	of the foregoing document are
(A)	Christopher	Humphries		
Signature of Applicant				
(B)	Christophe	er Tomasso		
Signature of Applicant				
(C)	Jay Wolszcz	zak		
Signature of Applicant				
	(D)			Christopher Tomasso
	(F	OR CORPORATION	APPLICATIONS ONLY)	Corporate President Signature
alcoholic beverage license and that I hereby permitted by law, and I do hereby grant permitted by law, and I do hereby grant permittense Commissioners for Montgomery Courspect and search at any and all hours, with conducted. Affidavit: "By signing this application, I do solemnly defined and correct to the best of my knowledge, information."	mission to the State Comunty, its duly authorized and the premission warrant, the premissions and affirm under the	ptroller, his duly at agents and employ es and any and all p	uthorized deputies, inspecs, and any peace officarts thereof upon and	pectors and clerks, the Board of cer of Montgomery County to in which said facility is to be
Signature of the Property Owner 802 Muddy Branch Rd. Gaithersk Owner: Maxwell Lehrman	ourg, MD 20878	571 382 120g	inted Name of Propert	у

MUD - First Watch - Liquor License Application 08_23_23

Final Audit Report 2023-09-13

Created: 2023-09-09

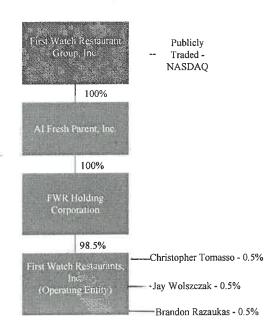
By: Christian Mical (cmical@rappaportco.com)

Status: Signed

Transaction ID: CBJCHBCAABAAbppIMPmpj1QmASyQUX4mT0JjmsUzJ17X

"MUD - First Watch - Liquor License Application 08_23_23" History

First Watch Restaurant Group, Inc. & subsidiaries



First Watch- Gathersburg

Supplement to Application

Section 9; Question 7

Jay Wolszczak and Christopher Tomasso are minority owners (1 share each) in the following First Watch locations:

14700 Baltimore Ave, #102, Laurel, MD 20707

Since 2022

15471 Excelsior Dr, Bowie, MD 20716

Since 2022

2339 Forest Dr, Annapolis, MD 21401

Since 9/14/23

6620 Governor Ritchie Hwy, Glen Burnie, MD 21061

Applied for; not yet issued.

FWR Holding Corporation is the majority owner (200 shares) of the following First Watch locations:

14700 Baltimore Ave, #102, Laurel, MD 20707

Since 2022

15471 Excelsior Dr, Bowie, MD 20716

Since 2022

2339 Forest Dr, Annapolis, MD 21401

Since 9/14/23

6620 Governor Ritchie Hwy, Glen Burnie, MD 21061

Applied for; not yet issued.

Brandon Razauskas in a minority owner (1 share) of the following First Watch locations:

2339 Forest Dr, Annapolis, MD 21401

Since 9/14/23

6620 Governor Ritchie Hwy, Glen Burnie, MD 21061

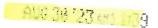
Applied for; not yet issued.

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

STATE OF MARYLAND | MONTGOMERY COUNTY 30 723 m1133

(PLEASE PRINT OR TYPE IN INK)



1119444

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 INFOR	MATIO	AF (() (515)				
A. Nature of Application:		■ New License ☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification				
B. Entity on Whose Behalf Applicati Made:	on is	■ Corp	■ Corporation □ Limited Liability Company □ Partnership □ Individual			
C. Class of License Applied For: Beer and Light Wine License, Cla	ss A (Off		D. Entity Name: Sale) KW Beer & Wine Inc.			
E. Types of Permits Applied For:				; □ Outdoor Café □ Refillable Container		
(See Appendix A)			🗆 Retail Delivery 🗆 Sp	pirits for Cooking Wine Corkage		
F. Trade Name of Facility: KW Beer & Wine				G. Is Business a Franchise? ☐ YES ■ NO		
H. Address of Facility to be Licensed 8513 Piney Branch Road, Silver S	No P.O pring, M	.Box): laryland 20901				
SECTION 2: APPLICANT INFORM	ATION					
Applicant A Name: Gyeong Ji NAMGUNG	Birthda 08/19/1		Personal Phone Nun H: 240-477-2748			
Full Address:			Years at this Address			
16408 Apache Lane, Gaithersburg	, MD 208	378	11 years	17 years		
Email Address: kw.beerwine@yahoo.com	Sex:		Place of Birth: South Korea			
	141		Codarritoroa			
If applicant is foreign-born, state: Immigration Card Number:	lf n	Naturalized, City	/State:	Date of Naturalization:		
USCIS# 200-641-265	N/A		, state.	N/A		
Applicant B Name: N/A	Birthda	te:	Personal Phone Nun H:	nber: C:		
Full Address:		Years at this Addres	s: Years as Maryland Resident:			
Email Address:	Sex:		Place of Birth:			
If applicant is foreign-born, state:						
Immigration Card Number:	ifi	laturalized, City/State: Date of Naturalization:		Date of Naturalization:		
Applicant C Name:	Birthda	ite:	Personal Phone Nun	nber:		
N/A	D 11 41144	H: C		С		
Full Address:		Years at this Addres	s: Years as Maryland Resident:			
Email Address:	Sex:		Place of Birth:			
If applicant is foreign-born, state:						
Immigration Card Number:		Naturalized, City		Date of Naturalization:		
(NOTE: ALL APPLICANTS WILL I	BE HEREA	AFTER REFERRED	O 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 INFORMA	ATION				
A. Qualifying Maryland Resident (Indicat	e with X)			🖪 Applicant A 🗆 A	pplicant B □ Applicant C
B. Name and Full Address of Corporation	n:				
KW Beer & Wine Inc., 8	8513 Piney	Branch	Rd		
C. Incorporated Under State Laws of: Maryland				D. Month and Yo 07/2023	
E. Authorized Capital: 1,000 shares of common stock	F. Number of Shar 1,000	res Authorized	:	G. Number of Sh 1,000	nares Issued:
Stockholders (Include all layers equaling 1	00% owned by indiv	viduals and/or	public	cly traded, use ad	ditional sheet if necessary)
Name (A):	Full Address: 16408 Apache Lan				Shares Owned: 1,000
Name (B): N/A	Full Address:				Shares Owned:
Name (C): N/A	Full Address:				Shares Owned:
Corporate Officers:					
Name (A): Gyeong Ji NAMGUNG	Full Address: 16408 Apache Lan	e, Gaithersbur	g, ME	20878	Title: President, Treasurer and Secretary
Name (B): N/A	Full Address:				Title:
Name (C): N/A	Full Address:				Title:
SECTION 4: LIMITED LIABILITY CORPO	ORATION INFORM	MATION			
A. Qualifying Maryland Resident (Indicat			ΠΛn	nlicant A 🗀 Annlic	ant B □ Applicant C
B. Name and Full Address of LLC:				ersons of LLC	ant b ii Applicant c
B. Name and run Address of LLC.					
D. Organized Under State Laws of:		E. Month a	nd Ye	ear:	
Percentage of Ownership Interest of LLC (Use additional shee	t if necessary):			
Name (A):	Full Address:				Percentage:
Name (B):	Full Address:				Percentage:
Name (C):	Full Address:	Full Address: Percentage:		Percentage:	
SECTION 5: PARTNERSHIP INFORMA	CACHION A DARRACIUD INFORMATIONI				
A. Name and Full Address of Partnership					
C. Date on Which Partnership was Forme	ed:	D. In Which St	ate:		
Percentage of Ownership Interest of Partn	ership (Use additio	nal sheet if neo	essar	·y):	
Name (A):	Full Address:				Percentage:
Name (B):	Full Address:				Percentage:
Name (C):	Full Address:				Percentage:
Indicate Who are the General Partners:		☐ Applicar	nt A 🗆	Applicant B 🗆 Ap	plicant C
Indicate Maryland Residents:		☐ Applicar	nt A 🗆	Applicant B 🗆 Ap	plicant C

SECTIO	N 6	FSTARI	ISHMENT	INFORMATION

SECTION OF PRINCIPALISM INTO CHAIN			
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 store for off sale, at approx. 2,400 sq.ft. on the 1st floor, located in "Piney Branch Shopping Center"			
B. Who Will be in Charge of Day-to-Day Op Gyeong Ji Namgung	perations (General Manager):		
C. Phone Number of Establishment: 240-477-2748 (temporary)	D. Type of Facility/Facility Concept: Retail Beverage Store for off-sale of Beer and Wine		
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:		
12/01/2023	9 am to 12 am for everyday		

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

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

SECTION 8: LEASED PREMISES

SECTION OF FEWSER LUCIALISES		
A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Piney Branch Plaza LLC	(240)630-4000	c/o Premier Management Services LLC , 7910 Woodmont Ave., Ste 1405 Bethesda, MD 20814
D. Date Lease Made: 7/31/2023		E. Date Lease Expires: 07/31/2033
F. State Renewal Options, if any: One period of five (5) years		

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

	14-0 11-0
1. Convicted of a felony?	□ YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	☐ YES ■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	□ YES ■ NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	□ YES ■ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	□ YES ■ NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it w	as held:
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	□ YES ■ NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dawas held:	ites the license
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	□ YES ■ NO
If YES, state name and the financial interest owned:	

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 conveyor grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and

County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and derks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.
Affidavit:
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief." (A)
Signature of Applicant
(B)
Signature of Applicant
Signature of Applicant (D)
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 artrue and correct to the best of my knowledge, information, and belief."
Signature of the Property Owner Piney Branch Plaza LLC Printed Name of Property Owner
7910 Woodmont Ave, Suite 1405, Bethesda, MD 20814; 240-630-4000
Address of Property Owner Phone of Property Owner