

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)

#1142498

007 11 23 PM 1:42

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: ABW LHR	D. Entity Name: AEMT LLC
E. Types of Permits Applied For: (See Appendix A) OUT door cafe	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility: ASI ES mi Tierra	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H. Address of Facility to be Licensed (No P.O. Box): 2558/2563 Channels Ave. Wheaton MD 20902	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Dino E Juica	Birthdate: 11/20/1994	Personal Phone Number: H: c:(240) 706-5460
Full Address: 12410 Downer Dr. MD 20906	Years at this Address: 16 years	Years as Maryland Resident: 16 years
Email Address: Dino Juica 1994@cloud.com	Sex: M	Place of Birth: Lima Peru

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore	Date of Naturalization: 2019/Dec 12
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Applicant B Name:	Birthdate:	Personal Phone Number: H: C:
Full Address:	Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: 2559 Ennalls Ave Silver Spring MD 20902 ASTES INC. AEMT LLC	C. Authorized Persons of LLC DINO E JUICA ROJAS
D. Organized Under State Laws of: Maryland	E. Month and Year: 10 / 2023

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

Name (A): DINO E JUICA ROJAS	Full Address: 12410 Downer Dr Silver Spring MD 20906	Percentage: 50%
Name (B): VICENTE FLOREAN	Full Address: 11220 Markwood Dr Silver Spring MD 20902	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.): 1,312 + 1,258 = 2570 RESTAURANT	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Dino G. VICA ROJAS	
C. Phone Number of Establishment: (240) 706-5460	D. Type of Facility/Facility Concept: PERUVIAN RESTAURANT
E. Date Applicant will Begin to Operate: 10/5/2023	F. Days and Hours of Operation: 9:00 AM TO 10 PM Monday - Friday Thursday 9:00 AM TO 2:00 AM Friday SUNDAY

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

A. Names of all Current License Holders: 1) Patricia Garcia 3) 2)		B. Date Facility Began Operating: 10/20/10
C. Location of Current Licensed Facility: 2559/2563 cennells ave.	D. Location to Which License is Being Transferred: 10/4/2023	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: triangle park associates LP LLC	B. Phone Number of Property Owner: 301 657 2525	C. Full Address of Property Owner: 4901 Fairmont AVE Bethesda MD 20814 Unit 201
D. Date Lease Made: April 17 2020		E. Date Lease Expires: November 30 2025
F. State Renewal Options, if any:		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

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

Leonard A. Greenberg

Printed Name of Property Owner

4901 Fairmont Ave Bethesda Md. 20814 #201

Address of Property Owner

Phone of Property Owner

301 657 2525

APPLICATION

2

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

STATE OF MARYLAND | MONTGOMERY COUNTY

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: CLASS H-BW	D. Entity Name: Mosun's Kitchen LLC.
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility: Mosun's Kitchen	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H. Address of Facility to be Licensed (No P.O. Box): 303 MUDDY BRANCH RD, GAITHERSBURG MD. 20878	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: MOSUNMOLA OWEH	Birthdate: 11/03/1961	Personal Phone Number: H: c: 240-277-0257
Full Address: 20335 Notting Hill Way, Germantown MD. 20876	Years at this Address: 8 yrs	Years as Maryland Resident: 43 yrs
Email Address: OIGOWEH@gmail.com	Sex: Female	Place of Birth: LAGOS, NIGERIA

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: BALTIMORE MD.	Date of Naturalization: 11-09-2012
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Applicant B Name: MUKO U. OWEH	Birthdate: 01/22/1958	Personal Phone Number: H: c: 240-277-0920
Full Address: 20335 Notting Hill Way, Germantown MD. 20876	Years at this Address: 8 yrs	Years as Maryland Resident: 42 yrs
Email Address: Mukoweh@gmail.com	Sex: MALE	Place of Birth: LAGOS, NIGERIA

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: BALTIMORE MD.	Date of Naturalization: 09-07-2016
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Applicant C Name:	Birthdate:	Personal Phone Number: H: C
Full Address:	Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: MOSUM'S Kitchen LLC. Authorized Persons of LLC 303 Muddy Branch Rd, Gaithersburg MD. 20878 Mosumola OWEH Mukoro OWEH	
D. Organized Under State Laws of: MARYLAND	E. Month and Year: 12/2017

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

Name (A): MOSUMOLA OWEH	Full Address: MD. 20878 20335 Notting Hill Way, Germantown	Percentage: 51%
Name (B): MUKORO OWEH	Full Address: MD. 20878 20335 Notting Hill Way, Germantown	Percentage: 49%
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.):	
750 Square Foot	
B. Who Will be in Charge of Day-to-Day Operations (General Manager):	
MUKORO OWEH	
C. Phone Number of Establishment:	D. Type of Facility/Facility Concept:
301-803-0033	RESTAURANT
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:
November 23, 2019	M-SAT Monday - SATURDAY (Closed on Sunday) 11-am - 9:30pm

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 Being Transferred:	

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
MB LIMITED PARTNERSHIP	301-881-5950 240-660-2586	7811, Montrose Road, Suite 420, Potomac MD. 20854
D. Date Lease Made:	E. Date Lease Expires:	
October 2018, 24th	March 2024, 24th	
F. State Renewal Options, if any:		
5 yr. option		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGN JRES

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

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

Affidavit:

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

(A) _____

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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

Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

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."

MB Limited Partnership
By: _____

Signature of the Property Owner

Thomas Mullins, Property Manager

Printed Name of Property Owner

7811 Montrose Road

Address of Property Owner

Suite 420

Potomac, MD

20854

240.660.2586

Phone of Property Owner

Tenant is authorized to
sell beer & wine only
for on-premises
consumption.

10/10/2023

APPLICATION

3

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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A. Nature of Application:	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification		
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		
C. Class of License Applied For: Class B (BBWLHR)	D. Entity Name: No Regrets Pizza Company LLC		
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage		
F. Trade Name of Facility: No Regrets Pizza	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
H. Address of Facility to be Licensed (No P.O. Box): 5454 Nicholson Lane, Bethesda MD 20814			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Richard Weiner	Birthdate: 03/01/1958	Personal Phone Number: H: 301-717-9915 C:	
Full Address: 9619 Beman Woods Way Potomac MD 20852	Years at this Address: 3	Years as Maryland Resident: 39	
Email Address: rick@noregetspizza.com	Sex: Male	Place of Birth: Baltimore, MD.	

If applicant is foreign-born, state: com

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

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: No Regrets Pizza Company LLC 9619 Beman Woods Way Potomac Md. 20852	C. Authorized Persons of LLC Richard Weiner
D. Organized Under State Laws of:	E. Month and Year: February 2023

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

Name (A): Richard and Nancy Weiner Joint Revocable Trust	Full Address: 9619 Beman Woods Way Potomac MD 20854	Percentage: 75%
Name (B): Nicholas Framarini	Full Address: 1421 Florida Ave NW Apt. 2 Washington DC 20009	Percentage: 25%
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.): 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: 03/01/2024	F. Days and Hours of Operation: Monday - Sunday 11:00AM - 10:00PM

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Josh Etter, Responsible Party	B. Phone Number of Property Owner: 240-499-9600	C. Full Address of Property Owner: 12435 Park Potomac, Suite 200 Potomac, MD 20854
D. Date Lease Made: March 8, 2023		E. Date Lease Expires: February 28, 2033
F. State Renewal Options, if any: 2 5--Year option to renew		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

DocuSigned by:
(A) Richard Weiner
DE8B6E88EA5D42E...

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."

DocuSigned by:
Josh Etter, Responsible Party, FPK NOBE Phase 1, LLC
8321575CC2814CD...

Signature of the Property Owner
Josh Etter, Responsible Party, FPK NOBE Phase 1, LLC

Printed Name of Property Owner
12435 Park Potomac, Suite 200, 240-499-9600
Potomac, MD 20854

Address of Property Owner

Phone of Property Owner

APPLICATION

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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)

OCT 25 '23 PM 3:05

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.

#1151496

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: Class A	D. Entity Name: UPSCALE SPIRITS INC
E. Types of Permits Applied For: (See Appendix A)	<input checked="" type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input checked="" type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility: HOP N CRU	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H. Address of Facility to be Licensed (No P.O. Box): 20940-G Frederick Rd, Germantown, MD, 20876	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Naveen Beeram	Birthdate: 10/16/1971	Personal Phone Number: H: 301 515 8899 C: 301 646 1300	
Full Address: 12614 Bright Spring Way, Boyds MD 20841		Years at this Address: 11 years	Years as Maryland Resident: 21 years
Email Address: naveenbeeram@gmail.com	Sex: Male	Place of Birth: INDIA	

If applicant is foreign-born, state:

Immigration Card Number: 32045977	If Naturalized, City/State: Baltimore, MD	Date of Naturalization: 01/29/2009
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Applicant B Name:	Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: 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 Shares Authorized: 1	G. Number of Shares Issued: 0

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

Name (A): NAVEEN BEERAM	Full Address: 12614 Bright Spring Way, Boyds MD	Shares Owned: 0
Name (B):	Full Address: 20841	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A): NAVEEN BEERAM	Full Address: 12614 Bright Spring Way Boyds MD 20841	Title: PRESIDENT
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

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

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

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

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): 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 Operations (General Manager): Naveen Beeram / Abhishek Beeram	
C. Phone Number of Establishment: 301-646-1300	D. Type of Facility/Facility Concept: Beer & Wine Store: Selling Beer and Wine
E. Date Applicant will Begin to Operate: Oct 2023	F. Days and Hours of Operation: Monday to Thursday: 11AM - 9PM Friday to Sunday: 10AM - 9PM

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

A. Names of all Current License Holders: 1) IGJUN CHO 2)	B. Date Facility Began Operating: APRIL 2019
C. Location of Current Licensed Facility: 20940-G Frederick Rd, Hop N Cru, Germantown, MD, 20876	D. Location to Which License is Being Transferred: 20940-G Frederick Rd, Hop N Cru, Germantown, MD, 20876

SECTION 8: LEASED PREMISES

A. Name of Property Owner: EDENS NEELVILLE LLC	B. Phone Number of Property Owner: 202-902-2600	C. Full Address of Property Owner: 1272 5th St NE, Suite 200 Washington, DC 20002
D. Date Lease Made: Oct 2023		E. Date Lease Expires: Jan 31st 2029
F. State Renewal Options, if any: 5 yr option for Extension		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) B. Paul J. - 10/24/2023

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) B. Paul J. - 10/24/2023

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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

Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit

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

(A) Blaug 11/3/2023

Signature of Applicant:

5 _____

Signature of Applicant:

(c) _____

Signature of Applicant:

(D) B. B. B. B. 11/3/2023

(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.

Abstract

"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."

Sgt

**Please see attached Property
Owner's signature page**

Printed Name of Property Owner

Address of Property Owner

Name 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

By:


John Cocker

Sr. Vice President - Investments

APPLICATION

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

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

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: B(BWL)	D. Entity Name: First Watch Restaurants, Inc.
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility: First Watch	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H. Address of Facility to be Licensed (No P.O. Box): 100 Gibbs Street, Rockville, MD 20850	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Christopher A. Humphries	Birthdate: 07/10/1976	Personal Phone Number: H: n/a C: 571-215-6408	
Full Address: 1 Ritchfield Court, Rockville, MD 20850		Years at this Address: 1	Years as Maryland Resident: 1
Email Address: chumphries@firstwatch.com	Sex: Male	Place of Birth: Washington, DC	

If applicant is foreign-born, state:

Immigration Card Number: n/a	If Naturalized, City/State: n/a	Date of Naturalization: n/a
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Applicant B Name: Christopher A. Tomasso	Birthdate: 5/25/70	Personal Phone Number: H: 941-923-7890 C:	
Full Address: 7464 Cabbage Palm Ct, Sarasota, FL 34241		Years at this Address: 12	Years as Maryland Resident: n/a
Email Address: ctomasso@firstwatch.com	Sex: Male	Place of Birth: Providence, RI	

If applicant is foreign-born, state:

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

Applicant C Name: Jay A. Wolszczak	Birthdate: 9/19/68	Personal Phone Number: H: 941-351-8817 C: 407-656-1069	
Full Address: 16027 Topsail Terrace, Lakewood Ranch, FL 34202		Years at this Address: 3.75	Years as Maryland Resident: n/a
Email Address: jwolszczak@firstwatch.com	Sex: Male	Place of Birth: Indianapolis, IN	

If applicant is foreign-born, state:

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

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

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: First Watch Restaurants, Inc.; 8725 Pendery Place, #201, Bradenton, FL 34201		
C. Incorporated Under State Laws of: Florida		D. Month and Year: December 2022
E. Authorized Capital: n/a	F. Number of Shares Authorized: 100,200	G. Number of Shares Issued: 203

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

Name (A): Jay Wolszczak	Full Address: 16027 Topsail Ter, Lakewood Ranch, FL 34202	Shares Owned: 1
Name (B): Christopher Tomasso	Full Address: 7467 Cabbage Palm Ct, Sarasota, FL 34241	Shares Owned: 1
Name (C): FWR Holding Corporation	Full Address: 8725 Pendery Place, #201, Bradenton, FL 34201	Shares Owned: 200

Corporate Officers: Brandon Razauskas 147 Masons Crossing Ct, Severna Park, MD 21146 1

Name (A): Christopher Humphries	Full Address: 1 Ritchfield Ct, Rockville, MD 20850	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, Lakewood Ranch, FL 34202	Title: CLO & Secretary

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

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

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

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

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership: n/a	
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.): One story, first floor restaurant consisting of ~3,400 square feet with outdoor dining located at Rockville Town Square.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Diana Solano Aleman	
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: 1) n/a 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: Street Retail, Inc.	B. Phone Number of Property Owner: 301-998-8100	C. Full Address of Property Owner: 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 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: <small>Applicants B & C have held the First Watch licenses at 14700 Baltimore Ave. #102, Laurel, MD 20707 & 15471 Excelstor Dr, Bowie, MD 20716 since 2022. They have also held the First Watch license at 2339 Forest Dr, Annapolis, MD 21401 since 8/14/23.</small>	
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: Brandon Razauskas - 1 share; FWR Holding Corporation - 200 shares	

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)  Christopher Humphries

Signature of Applicant

DocuSigned by:

(B)  Christopher Tomasso

499D6FBDF121432...

Signature of Applicant

(C)  Jay Wolszczak

Signature of Applicant

DocuSigned by:

(D)  Christopher Tomasso

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
August 25, 2023 | 8:00 AM PDT

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."

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:	CBJCHBCAABAkW4FK1bkNTvwSdguqt3oTTAa3tn2CSmd

"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



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.

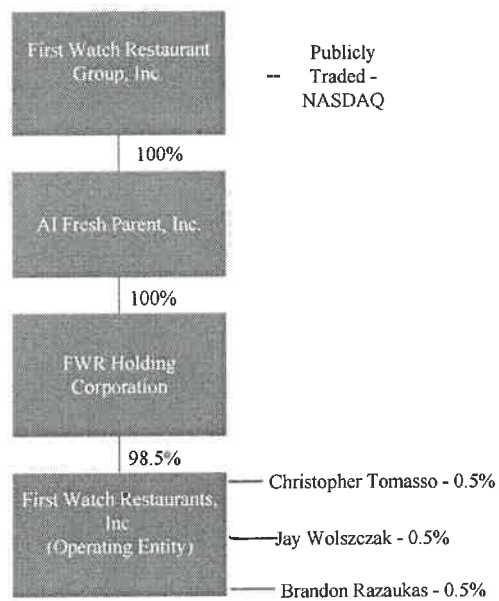
FWR Holding Corporation is the majority owner (200 shares) of the following First Watch locations:

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 is 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

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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)

SEP 28 '23 PM 2:14

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

#1134478

A. Nature of Application:	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: B(BWL)	D. Entity Name: First Watch Restaurants, Inc.
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility: First Watch	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H. Address of Facility to be Licensed (No P.O. Box): 802 Muddy Branch Road, Gaithersburg, MD 20878	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Christopher A. Humphries	Birthdate: 07/10/1976	Personal Phone Number: H: n/a C: 571-215-6408	
Full Address: 1 Ritchfield Court, Rockville, MD 20850		Years at this Address: 1	Years as Maryland Resident: 1
Email Address: chumphries@firstwatch.com	Sex: Male	Place of Birth: Washington, DC	

If applicant is foreign-born, state:

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

Applicant B Name: Christopher A. Tomasso	Birthdate: 5/25/70	Personal Phone Number: H: 941-923-7890 C:	
Full Address: 7464 Cabbage Palm Ct, Sarasota, FL 34241		Years at this Address: 12	Years as Maryland Resident: n/a
Email Address: ctomasso@firstwatch.com	Sex: Male	Place of Birth: Providence, RI	

If applicant is foreign-born, state:

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

Applicant C Name: Jay A. Wolszczak	Birthdate: 9/19/68	Personal Phone Number: H: 941-351-8817 C: 407-656-1069	
Full Address: 16027 Topsail Terrace, Lakewood Ranch, FL 34202		Years at this Address: 3.75	Years as Maryland Resident: n/a
Email Address: jwolszczak@firstwatch.com	Sex: Male	Place of Birth: Indianapolis, IN	

If applicant is foreign-born, state:

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

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

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: First Watch Restaurants, Inc.; 8725 Pendery Place, #201, Bradenton, FL 34201		
C. Incorporated Under State Laws of: Florida		D. Month and Year: December 2022
E. Authorized Capital: n/a	F. Number of Shares Authorized: 100,200	G. Number of Shares Issued: 203

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

Name (A): Jay Wolszczak	Full Address: 16027 Topsail Ter, Lakewood Ranch, FL 34202	Shares Owned: 1
Name (B): Christopher Tomasso	Full Address: 7467 Cabbage Palm Ct, Sarasota, FL 34241	Shares Owned: 1
Name (C): FWR Holding Corporation	Full Address: 8725 Pendery Place, #201, Bradenton, FL 34201	Shares Owned: 200

Corporate Officers: Brandon Razauskas 147 Masons Crossing Ct, Severna Park, MD 21146

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Name (A): Christopher Humphries	Full Address: 1 Ritchfield Ct, Rockville, MD 20850	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, Lakewood Ranch, FL 34202	Title: CLO & Secretary

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

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

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

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

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership: n/a	
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.): One story, end unit restaurant consisting of ~3,900 square feet located in Muddy Branch Square.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Lawrence Joia	
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: 1) n/a 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: Muddy Branch Square Limited Partnership	B. Phone Number of Property Owner: 571-382-1200	C. Full Address of Property Owner: 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 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: <small>pplicants B & C have held the First Watch licenses at 14700 Baltimore Ave, #102, Laurel, MD 20707 & 16471 Excelsior Dr, Bowie, MD 20716 since 2022. They have also held the First Watch license at 2339 Forest Dr, Annapolis, MD 21401 since 9/14/2</small>	
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: Brandon Razauskas - 1 share; FWR Holding Corporation - 200 shares	

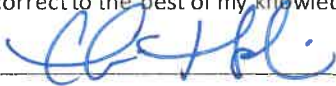
SECTION 10: CERTIFICATES AND SIGNATURES

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)  Christopher Humphries


Signature of Applicant

(B)  Christopher Tomasso

Signature of Applicant

(C)  Jay Wolszczak

Signature of Applicant

(D)  Christopher Tomasso
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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

Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) _____ Christopher Humphries

Signature of Applicant

(B) _____ Christopher Tomasso

Signature of Applicant

(C) _____ Jay Wolszczak

Signature of Applicant

(D) _____ Christopher Tomasso

(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 and correct to the best of my knowledge, information, and belief."


Maxwell Lehrman (2023, 10/23/23 10:57 PDT)

Signature of the Property Owner

802 Muddy Branch Rd. Gaithersburg, MD 20878 571 382 1200 Printed Name of Property

Owner: Maxwell Lehrman _____

Address of Property Owner

571-382-1200

MUD - First Watch - Liquor License Application 08_23_23

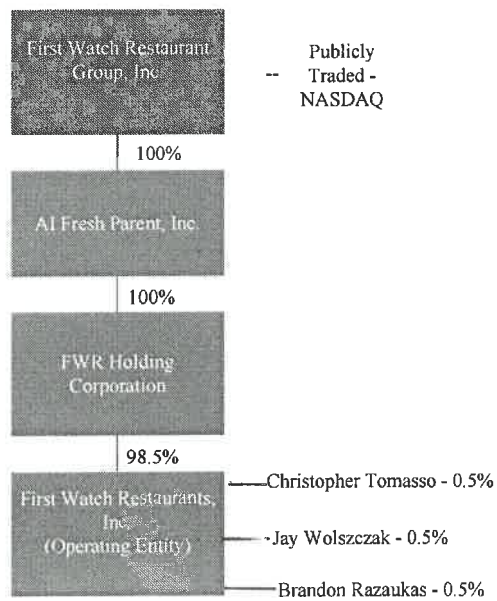
Final Audit Report

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



Supplement to Application

6 f
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 is 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
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

A. Nature of Application:	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification		
B. Entity on Whose Behalf Application is Made:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		
C. Class of License Applied For: Beer and Light Wine License, Class A (Off Sale)	D. Entity Name: KW Beer & Wine Inc.		
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage		
F. Trade Name of Facility: KW Beer & Wine	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
H. Address of Facility to be Licensed (No P.O. Box): 8513 Piney Branch Road, Silver Spring, Maryland 20901			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Gyeong Ji NAMGUNG	Birthdate: 08/19/1965	Personal Phone Number: H: 240-477-2748 C: 240-477-2748	
Full Address: 16408 Apache Lane, Gaithersburg, MD 20878		Years at this Address: 11 years	Years as Maryland Resident: 17 years
Email Address: kw.beerwine@yahoo.com	Sex: M	Place of Birth: South Korea	

If applicant is foreign-born, state:

Immigration Card Number: USCIS# 200-641-265	If Naturalized, City/State: N/A	Date of Naturalization: N/A
---	---	---------------------------------------

Applicant B Name: N/A	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:
---------------------------------	------------------------------------	--------------------------------

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

If applicant is foreign-born, state:

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

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

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: KW Beer & Wine Inc., 8513 Piney Branch Rd., Silver Spring, MD 20901		
C. Incorporated Under State Laws of: Maryland		D. Month and Year: 07/2023
E. Authorized Capital: 1,000 shares of common stock	F. Number of Shares Authorized: 1,000	G. Number of Shares Issued: 1,000

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

Name (A): Gyeong Ji NAMGUNG	Full Address: 16408 Apache Lane, Gaithersburg, MD 20878	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 Lane, Gaithersburg, MD 20878	Title: President, Treasurer and Secretary
Name (B): N/A	Full Address:	Title:
Name (C): N/A	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

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

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

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

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): 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 Operations (General Manager): Gyeong Ji Namgung	
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: 12/01/2023	F. Days and Hours of Operation: 9 am to 12 am for everyday

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Piney Branch Plaza LLC	B. Phone Number of Property Owner: (240)630-4000	C. Full Address of Property Owner: 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 QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) 

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) 

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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


Signature of the Property Owner

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