

# 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)

JUL 29 '22 PM 5:15  
*revised*

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**

*Hearing: 9-1-22 @ 9:30 am*

<b>A. Nature of Application:</b>		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
<b>B. Entity on Whose Behalf Application is Made:</b>		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
<b>C. Class of License Applied For:</b> Class B (beer, wine & liquor)		<b>D. Entity Name:</b> La Catrina Lounge LLC, dba: La Catrina Lounge	
<b>E. Types of Permits Applied For:</b> (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage	
<b>F. Trade Name of Facility:</b> La Catrina Lounge		<b>G. Is Business a Franchise?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>H. Address of Facility to be Licensed (No P.O. Box):</b> 4935 Cordell Avenue, Bethesda, MD 20814			

**SECTION 2: APPLICANT INFORMATION**

<b>Applicant A Name:</b> Lisveliz Liz Nunez	<b>Birthdate:</b> 03/05/1990	<b>Personal Phone Number:</b> H: C:(301) 760-8868	
<b>Full Address:</b> 13807 Vanderbilt Way, Laurel, MD 20707		<b>Years at this Address:</b> 5	<b>Years as Maryland Resident:</b> 5
<b>Email Address:</b> Lisveliz1990@yahoo .com	<b>Sex:</b> Female	<b>Place of Birth:</b> Dominican Republic	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b> U.S. Permanent Resident 055-121-837	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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<b>Applicant B Name:</b> Francisco Reyes Gutierrez	<b>Birthdate:</b> 01/05/1976	<b>Personal Phone Number:</b> H: C:(301) 254-8390	
<b>Full Address:</b> 13807 Vanderbilt Way, Laurel MD 20707		<b>Years at this Address:</b> 7	<b>Years as Maryland Resident:</b> 22
<b>Email Address:</b> inforeyesdrywall@gmail.com	<b>Sex:</b> Male	<b>Place of Birth:</b> Mexico	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b> U.S. Permanent Resident 096-973-245	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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<b>Applicant C Name:</b>	<b>Birthdate:</b>	<b>Personal Phone Number:</b> H: C	
<b>Full Address:</b>		<b>Years at this Address:</b>	<b>Years as Maryland Resident:</b>
<b>Email Address:</b>	<b>Sex:</b>	<b>Place of Birth:</b>	

If applicant is foreign-born, state:

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

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

**SECTION 3: CORPORATION INFORMATION**

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

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

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

Corporate Officers:

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

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input checked="" type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: La Catrina Lounge LLC; 4935 Cordell Avenue, Bethesda, MD 20814	C. Authorized Persons of LLC Lisveliz Liz Nunez, Francisco Reyes Gutierrez
D. Organized Under State Laws of: Maryland	E. Month and Year: April 2022

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

Name (A): Lisveliz Liz Nunez	Full Address: 13807 Vanderbilt Way, Laurel, MD 20707	Percentage: 1%
Name (B): Francisco Reyes Gutierrez	Full Address: 13807 Vanderbilt Way, Laurel, MD 20707	Percentage: 54%
Name (C): Samuel Steven Santos	Full Address: 8490 Reservoir Road, Fulton, MD 20759	Percentage: 45%

**SECTION 5: PARTNERSHIP INFORMATION**

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

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

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

**SECTION 6: ESTABLISHMENT INFORMATION**

<b>A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):</b> A 2-story row-building with total of 10,323 sq. ft. (no outside seating) located on Cordell Ave. in Bethesda. The restaurant will have about 200-250 seats.	
<b>B. Who Will be in Charge of Day-to-Day Operations (General Manager):</b> Francisco Reyes Gutierrez and Lisveliz Liz Nunez	
<b>C. Phone Number of Establishment: to be established</b>	<b>D. Type of Facility/Facility Concept:</b> Full-service Mexican food restaurant with full-service bar. Facility will host private events as well.
<b>E. Date Applicant will Begin to Operate:</b> August 1, 2022	<b>F. Days and Hours of Operation:</b> 11:00 AM to 1:00 AM Sunday-Thursday; and 11:00 AM to 3:00 AM Friday and Saturday.

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

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

**SECTION 8: LEASED PREMISES**

<b>A. Name of Property Owner:</b> CORDELL AVENUE REALTY, LLC	<b>B. Phone Number of Property Owner:</b> (301) 828-1202	<b>C. Full Address of Property Owner:</b> 7250 Woodmont Avenue, Suite 350 Bethesda, Maryland 20814
<b>D. Date Lease Made:</b> May 2, 2022		<b>E. Date Lease Expires:</b> Approx. November 1, 2032
<b>F. State Renewal Options, if any:</b> One 5-year renewal option.		

**SECTION 9: APPLICANT QUESTIONNAIRE**

Has any applicant ever been:

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

**SECTION 10: CERTIFICATES AND SIGNATURES**

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

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

Affidavit:

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

(A)  Lisvenz L. Nunez (Jul 7, 2022 20:00 EDT) Jul 7, 2022

*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  
7250 Woodmont Avenue, Suite 350, Bethesda, Maryland 20814 (301) 828-1202

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

# APPLICATION

# 2

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

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

(PLEASE PRINT OR TYPE IN INK)

JUL 27 '22 PM 6:19

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.

*Hearing: 9-1-22 @ 10 am*  
*#883397*

**SECTION 1: LICENSE TYPE INFORMATION**

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: Class D - <i>BWL</i>		D. Entity Name: Aroma Lounge, 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: Aroma Lounge,		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): 948 Sligo Avenue, SilverSpring, Maryland 20910			

**SECTION 2: APPLICANT INFORMATION**

Applicant A Name: Alemayehu Akalu		Birthdate: 01/02/88	Personal Phone Number: H: C:202-415-5574	
Full Address: 1205 Ruppert Road, SilverSpring, Maryland 20903		Years at this Address: 3	Years as Maryland Resident: 2019 (4)	
Email Address: yoalex570@gmail.com	Sex: Male	Place of Birth: Ethiopia		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: <i>Washington, DC</i>	Date of Naturalization: <i>2016</i>
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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)

*Starkj373@gmail.com (443 975903) Joe Stark: Consultant*

(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: Aroma Lounge, LLC, 948 Sligo Avenue, SilverSpring, Maryland 20910	C. Authorized Persons of LLC <b>Alemayehu Akalu</b>
D. Organized Under State Laws of: Maryland	E. Month and Year: May 2021

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

Name (A): <b>Alemayehu Akalu</b>	Full Address: 1205 Ruppert Road, SilverSpring, Maryland 20903	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

**SECTION 5: PARTNERSHIP INFORMATION**

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

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

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



**SECTION 6: ESTABLISHMENT INFORMATION**

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): <b>Free Standing, 2,040 Square Feet</b>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): <b>Alemayehu Akalu</b>	
C. Phone Number of Establishment: <b>202-415-5574</b>	D. Type of Facility/Facility Concept: <b>Lounge - Ethiopian Cuisine</b>
E. Date Applicant will Begin to Operate: <b>April 2022</b>	F. Days and Hours of Operation: <b>Monday-Wednesday 1:00p.m until 2:00a.m Thursday-Sunday 1:00p.m until 3:00a.m</b>

**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: <b>Luel Mengistu</b>	B. Phone Number of Property Owner: <b>1-203-817-4023</b>	C. Full Address of Property Owner: <b>3309 E. Union Street, Seattle, WA 98122</b>
D. Date Lease Made: <b>July 1, 2021</b>		E. Date Lease Expires: <b>June 30, 2029</b>
F. State Renewal Options, if any: <b>10 yr.</b>		

**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) Alemayehu Yohannes Akalu  
66BE3C9178BF437...  
DocuSigned by:  
Signature of Applicant

(B) \_\_\_\_\_  
66BE3C9178BF437...  
DocuSigned by:  
Signature of Applicant

(C) \_\_\_\_\_  
66BE3C9178BF437...  
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:  
Luel Mengistu  
51A9A8301D62414

Signature of the Property Owner  
Luel Mengistu

Printed Name of Property Owner  
P.O Box 24232  
Seattle Wa 98124

206 8174023

Address of Property Owner Phone of Property Owner

# APPLICATION

# 3

779375

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

hearing: 9-1-22 @ 10:30 am

Form with fields: A. Nature of Application, B. Entity on Whose Behalf Application is Made, C. Class of License Applied For, D. Entity Name, E. Types of Permits Applied For, F. Trade Name of Facility, G. Is Business a Franchise?, H. Address of Facility to be Licensed.

SECTION 2: APPLICANT INFORMATION

Form for Applicant A: Elias J Montilla, Birthdate: 09/08/79, Personal Phone Number: c:202-271-3653, Full Address: 3123 McComas Ave, Kensington, MD 20895.

If applicant is foreign-born, state:

Form with fields: Immigration Card Number, If Naturalized, City/State: Baltimore, Maryland, Date of Naturalization: July, 21 2010

Form for Applicant B: Fields for Name, Birthdate, Personal Phone Number, Full Address, Years at this Address, Years as Maryland Resident, Email Address, Sex, Place of Birth.

If applicant is foreign-born, state:

Form with fields: Immigration Card Number, If Naturalized, City/State, Date of Naturalization

Form for Applicant C: Fields for Name, Birthdate, Personal Phone Number, Full Address, Years at this Address, Years as Maryland Resident, Email Address, Sex, Place of Birth.

If applicant is foreign-born, state:

Form with fields: 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)

JAN 27 '22 ML205

resubmitted 7-1-22

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

**SECTION 3: CORPORATION INFORMATION**

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

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

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

Corporate Officers:

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

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC:		C. Authorized Persons of LLC	
La Gelatteria LLC. 10414 Detrick Ave 500 Kensington, MD 20895		<b>Elias Montilla</b>	
D. Organized Under State Laws of:		E. Month and Year:	
Maryland		September, 2018	

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

Name (A):	Full Address:	Percentage:
Elias Montilla	3123 McComas Ave, Kensington, MD 20895	100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

**SECTION 5: PARTNERSHIP INFORMATION**

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

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

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

**SECTION 6: ESTABLISHMENT INFORMATION**

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):		2,292 SQF
B. Who Will be in Charge of Day-to-Day Operations (General Manager):		
Elias Montilla		
C. Phone Number of Establishment:	D. Type of Facility/Facility Concept:	
(301) 272-2255	Coffeeshop / ice cream parlor	
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:	
July 1 <sup>st</sup> 2022 opened - May 30, 2019	Mon - <del>SUN</del> - 8am - 8pm (Monday thru Sunday)	

**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:
Detrick Venture LLC	(703) 868-2832	7215 RIDGEWOOD TERRACE, CHEVY CHASE MD 20815
D. Date Lease Made:	E. Date Lease Expires:	
October 8, 2018	October 8, 2023	
F. State Renewal Options, if any:		
10 years (2029)		

**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

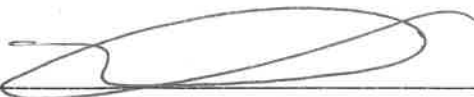
(D) \_\_\_\_\_

(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."

 01-8-22

Signature of the Property Owner

Detrick Venture LLC / Tom Brault

Printed Name of Property Owner

7215 Ridgewood Terr, Chevy Chase, MD 20915 (703) 868-2832

Address of Property Owner

Phone of Property Owner

# APPLICATION

# 4



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

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



To the Board of License Commissioners for Montgomery County: *hearing: 9-1-2022 @ 11 am*  
 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.

*#866397*

**SECTION 1: LICENSE TYPE INFORMATION**

<b>A. Nature of Application:</b>		<input type="checkbox"/> New License <input checked="" type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
<b>B. Entity on Whose Behalf Application is Made:</b>		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
<b>C. Class of License Applied For:</b> Class D, Beer & Wine		<b>D. Entity Name:</b> Nickoyan Enterprises, LLC	
<b>E. Types of Permits Applied For:</b> (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	
<b>F. Trade Name of Facility:</b> Jerk House Eatery		<b>G. Is Business a Franchise?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>H. Address of Facility to be Licensed (No P.O. Box):</b> 25 University Blvd W., Silver Spring, MD 20901			

**SECTION 2: APPLICANT INFORMATION**

<b>Applicant A Name:</b> Nickoyan Payne	<b>Birthdate:</b> 12/7/1983	<b>Personal Phone Number:</b> H: C: 240-605-3592	
<b>Full Address:</b> 1214 Gaither Road, Rockville, MD 20850		<b>Years at this Address:</b> 4	<b>Years as Maryland Resident:</b> 39
<b>Email Address:</b> paynen1207@gmail.com	<b>Sex:</b> Male	<b>Place of Birth:</b> Holy Cross Hospital, Silver Spring, MD	

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

If applicant is foreign-born, state:

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

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

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

**SECTION 3: CORPORATION INFORMATION**

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

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

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

Corporate Officers:

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

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: Nickoyan Enterprises, LLC, 25 University Blvd. W., Silver Spring, MD 20901	C. Authorized Persons of LLC <b>Nickoyan Payne</b>	
D. Organized Under State Laws of: Maryland	E. Month and Year: May, 2022	

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

Name (A): Nickoyan Payne	Full Address: 1214 Gaither Road, Rockville, MD 20850	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

**SECTION 5: PARTNERSHIP INFORMATION**

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

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

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

### SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Free standing, beer/wine with restaurant, limited seating. Approximately 1,000 sqft.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Nickoyan Payne	
C. Phone Number of Establishment: (301) 681-0070	D. Type of Facility/Facility Concept: Beer/wine store and Jamaican restaurant
E. Date Applicant will Begin to Operate: 7/1/2022	F. Days and Hours of Operation: Monday-Thursday: 11:00am - 9:30pm Friday-Saturday: 11:00am - 10:00pm Sunday: 2:00pm - 8:30pm

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

A. Names of all Current License Holders: 1) Fresh Greek Grill 2) John Mereos 3)	B. Date Facility Began Operating: 4-19-2013
C. Location of Current Licensed Facility: 25 University Blvd W., Silver Spring, MD 20901	D. Location to Which License is Being Transferred: 25 University Blvd W., Silver Spring, MD 20901

### SECTION 8: LEASED PREMISES

A. Name of Property Owner: Donis A Mereos	B. Phone Number of Property Owner: 202-670-8922	C. Full Address of Property Owner: PO Box 60644, Potomac, MD 20859
D. Date Lease Made: July 1, 2022	E. Date Lease Expires: 5 years from execution	
F. State Renewal Options, if any: 5 year option		

### SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

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."

*Donis A. Meneas*

Signature of the Property Owner:

Donis A. Meneas

Printed Name of Property Owner

P.O. Box 60644, Potomac, MD 20855

Address of Property Owner

Phone of Property Owner

202-670-8922

# APPLICATION

# 5



(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: Marda and Associates LLC, 11391 Columbia Pike, Apt. C8, Silver Spring, MD 20904		C. Authorized Persons of LLC <b>Daniel Abrha</b>
D. Organized Under State Laws of: Maryland		E. Month and Year: May 2022

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

Name (A): Daniel Abrha	Full Address: 11391 Columbia Pike, Apt. C8, Silver Spring, MD 20904	Percentage: 100
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

**SECTION 5: PARTNERSHIP INFORMATION**

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

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

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

Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C





**SECTION 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

ABYE LLC, Dagmar Laxen

Printed Name of Property Owner

2816 Hewitt Ave. Silver Spring, MD 20906

Address of Property Owner

Phone of Property Owner