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 INFOR	RMATIC	on he	arina: 9.	-1-22 e 9:30 am		
A. Nature of Application:			■ New License ☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification			
B. Entity on Whose Behalf Applicat Made:	ion is	□ Corp	☐ Corporation ■ Limited Liability Company ☐ Partnership ☐ Individual			
C. Class of License Applied For: Class B (beer, wine & liquor)			D. Entity Name: La Catrina Loung	ge LLC, dba: La Catrina Lounge		
E. Types of Permits Applied For:			0 ()	□ Outdoor Café □ Refillable Container		
(See Appendix A)			□ Retail Delivery □ Sp	irits for Cooking Wine Corkage		
F. Trade Name of Facility: La Catrina Lounge				G. Is Business a Franchise? ☐ YES ■ NO		
H. Address of Facility to be Licensed 4935 Cordell Avenue, Bethes						
SECTION 2: APPLICANT INFORM						
Applicant A Name: Lisveliz Liz Nunez	Birth 0 03/05	late: 5/1990	Personal Phone Num H:	nber: C:(301) 760-8868		
Full Address: 13807 Vanderbilt Way, Laure	l, MD :	20707	Years at this Address 5	S: Years as Maryland Resident: 5		
Email Address: Lisveliz1990@yahoo .com	Sex: Femal	е	Place of Birth: Dominican Republic			
If applicant is foreign-born, state:						
Immigration Card Number: U.S. Permanent Resident	H	Naturalized, City	/State:	Date of Naturalization:		
Ø55-121-837			1-1 1-1			
Applicant B Name: Francisco Reyes Gutierrez	Birtho 01/05	1ate: 5/1976	Personal Phone Num H:	C:(301) 254-8390		
Full Address: 13807 Vanderbilt Way, Laure	MD 2	0707	Years at this Address 7	s: Years as Maryland Resident: 22		
Email Address: inforeyesdrywall@gmail.com	Sex: Male		Place of Birth: Mexico			
If applicant is foreign-born, state:						
Immigration Card Number: U.S. Permanent Resident	H	Naturalized, City	/State:	Date of Naturalization:		
096-973-245			•			
Applicant C Name:	Birtho	late:	Personal Phone Num H:	ber: 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:				Date of Naturalization:		
			TO OVER LETTER A	0.00.0000000000000000000000000000000000		

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

SECTION 3: CORPORATION INFOR	MATION			
A. Qualifying Maryland Resident (Indi	cate with X)		☐ Applicant A ☐	☐ Applicant B ☐ Applicant C
B. Name and Full Address of Corporat	ion:			
C. Incorporated Under State Laws of:			D. Month and	Year:
E. Authorized Capital:	F. Number of Share	s Authorized:	G Number of	Shares Issued:
E. Authorized Capital.	F. Number of Share	3 Autilonizeu.	G. Number of	Silaies issueu.
Stockholders (Include all layers equalin		duals and/or pul	blicly traded, use a	
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 COF		1		
A. Qualifying Maryland Resident (Indi	cate with X)		Applicant A . Appl	licant B Applicant C
B. Name and Full Address of LLC:				
La Catrina Lounge LLC; 4935 Cordell Ave	nue, Bethesda, MD 20814	Lisveliz Liz Nunez	, Francisco Reyes Gu	tierrez
D. Organized Under State Laws of: Maryland		E. Month and April 2022	Year:	
Percentage of Ownership Interest of LL		f 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 R	oad, Fulton, N	MD 20759	Percentage: 45%
A. Name and Full Address of Partnersl				
A. Name and Full Address of Partners	11p:		,	
C. Date on Which Partnership was For	med: D	. In Which State	:	at the state of th
Percentage of Ownership Interest of Pa	rtnership (Use additions	al sheet if necess	:arv):	
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
Indicate Who are the General Partners	5:	☐ Applicant A	. □ Applicant B □ A	Applicant C
Indicate Maryland Residents:				

SECTION 6: ESTABLISHMENT INFO	RMAT	ION				
A. Detailed description and total squa			g for which license is sought (ex.	Free standing,		
located in strip mall, restaurant, seating A 2-story row-building with total of 10,323 sq. ft.			thesda. The restaurant will have about 2	200-250 spats		
B. Who Will be in Charge of Day-to-Da Francisco Reyes Gutierrez and Lisvel	ay Oper	ations (General Manager):	anoda. The footaardit will have about 2	00-200 seats.		
C. Phone Number of Establishment: to be establizhed		D. Type of Facility/Facility Concept	t: n full-service bar. Facility will host priva	ate events as well		
E. Date Applicant will Begin to Operat		. Days and Hours of Operation:		TO OTOTICO GO TION.		
August 1, 2022		1:00 AM to 1:00 AM Sunda	v-Thursday: and			
		1:00 AM to 3:00 AM Friday				
CECTION 7. LICENCE TRANSFER /CC	DADI E	TE ONLY IE TRANSFERDING A	LICENICE\			
A. Names of all Current License Holder		TE ONLY IF TRANSFERRING A	B. Date Facility Began Oper	rating:		
1)		3)	b. Date racinty began oper	ating.		
C. Location of Current Licensed Facility	':	D. Location to Which License i	s Being Transferred:			
SECTION 8: LEASED PREMISES	D. Dl.	and the second s	C. F. H. A.L			
A. Name of Property Owner:		one Number of Property Owner:	C. Full Address of Property Owner	er:		
CORDELL AVENUE REALTY, LLC (301) 828–1202 7250 Woodmont Avenue, Suite 350 Bethesda, Marylan			ıd 20814			
D. Date Lease Made: May 2, 2022 E. Date Lease Expires: Approx. November 1, 2032						
F. State Renewal Options, if any:						
One 5-year renewal option.						
SECTION 9: APPLICANT QUESTION	ΔIRF					
Has any applicant ever been:						
1. Convicted of a felony?				☐ YES ■ NO		
2. Found guilty of violating the laws go	verning	g the sale of alcohol in the State o	f Maryland or the United States?	□ YES ■ NO		
3. Found guilty of violating the laws fo			· · · · · · · · · · · · · · · · · · ·	□ YES ■ NO		
4. Found guilty of any offense against t				□ YES ■ NO		
traffic offense?				E TES E NO		
5: Has any applicant ever had a license	for the	sale of alcoholic beverages susp	endedor revoked?	☐ YES ■ NO		
6. Has any applicant ever had a license	for the	sale of alcoholic beverages?		□ YES ■ NO		
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it 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?				□ YES ■ NO		
If YES, state the name of the applican	t, name	and address of licensed premise	es and ownership and add the da	tes the license		
was held:						
8: Does any person other than the ar	8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license \(\pi \cdot \text{YFS} \) \(\mathbb{N} \text{NO} \)					
applied for, or in the facility to be cond	-		and the west age needs	□ YES ■ NO		
If YES, state name and the financial int						

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.

	cc	. 4		
Δ	ТΠ	а	21	vit.

Address of Property Owner

Alliadric.			
"By signing this application, I do solemnly declare and true and correct to the best of my knowledge, informations and correct to the best of my knowledge, informations are the solutions and the solutions are t		erjury that the contents	of the foregoing document are
(A) Lisvenz Li Nunez (Jul 7, 2022 20:00 EDT)	Jul 7, 2022		
Signature of Applicant			
(B)		e	
Signature of Applicant			
(C)			
Signature of Applicant			
	(D)		
	(FOR CORPORATIO	N APPLICATIONS ONLY)	Corporate President Signature
alcoholic beverage license and that I hereby consent to be permitted by law, and I do hereby grant permission. Board of License Commissioners for Montgomery Cou. County to inspect and search at any and all hours, with facility is to be conducted. Affidavit:	to the State Comptroller, his only, its duly authorized agents nout warrant, the premises and	luly authorized deputies, and employees, and any any and all parts thered	, inspectors and clerks, the peace officer of Montgomery of upon and in which said
"By signing this application, I do solemnly declare and true and correct to the best of my knowledge, information	tion, and belief."	erjury that the contents	of the foregoing document are
Signature of the Property Owner			
Printed Name of Property Owner			
7250 Woodmont Avenue, Suite 350, Bethesda, M	aryland 20814 (301) 828-12	02	

Phone of Property Owner

Extract from Law: If any affidavitor 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 27722 pm 6:19

To the Board of License Commissioner Application is made by the undersign alcoholic beverage license and each ap	ed unde	r the provisions of	of Alcoholic Beverages	Arti	ng: 9-1-22 @ 10 am icle of the Annotated Code of Maryland, for a stook required by said article.	
		ai a	#8	3<	777 97	
SECTION 1: LICENSE TYPE INFO	MATK			- (
A. Nature of Application:		New Licer	nse 🗆 Transfer of Loca	tion	n □ Transfer of Ownership □ Reclassification	
B. Entity on Whose Behalf Applicat Made:	ion is	□ Cor	poration E Limited Lia	bilit	ry Company □ Partnership □ Individual	
C. Class of License Applied For: Class D — BWL		D. Entity Name: Aroma Lounge,	LL	C		
E. Types of Permits Applied For:		□ Tas	ting (\$200) 🗆 Caterin	g 🗆	Outdoor Café Refillable Container	
(See AppendixA)			□ Retail Delivery □ S	pirit	ts for Cooking - Wine Corkage	
F. Trade Name of Facility: Aroma Lounge,				1	G. Is Business a Franchise? ☐ YES ■ NO	
H. Address of Facility to be License 948 Sligo Avenue, SilverSprir	d (No P. ng, Ma	0. Box): ryland 20910				
SECTION 2: APPLICANT INFORM	ATION					
Appiicant A Name: Alemayehu Akalu	Birtho 01/02		Personal Phone Nu	Personal Phone Number: H: C:202-415-5574		
Full Address: 1205 Ruppert Road, SilverSpring, Maryland 209		d 20903	Years at this Addre	ss:	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:			laturalized, City/State: Shington, DC		Date of Naturalization: 2016	
					· · · · · · · · · · · · · · · · · · ·	
Applicant B Name:	Birthd	ate:	Personal Phone Nu	mbe	er: C:	
Full Address:			Years at this Addres	s:	Years as Maryland Resident:	
Email Address:	Sex:		Place of Birth:			
If applicant is foreign-born, state:						
Immigration Card Number: If Naturalized, Ci		Naturalized, City	/State: Date of Naturalization:		ate of Naturalization:	
n . i*						
Applicant C Name:	Birthd	ate:	Personal Phone Number		r:	
Full Address:			Hi	_	ε	
ran Address:			Years at this Addres	s:	Years as Maryland Resident:	
Email Address:	Sex:		Place of Birth:			
If applicant is foreign-born, state:						
Immigration Card Number:	15	Naturalized, City	//State:	D:	ate of Naturalization	

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

If Naturalized, City/State:

Date of Naturalization:

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

SECTION 3: CORPORATION INFORMATION

BECTION BUCCHPURATION INFORM				
A. Qualifying Maryland Resident (Indica	ate with X)		□ Applicant A □	☐ Applicant B ☐ Applicant C
S. Name and Full Address of Corporation:				the state of the s
C. Incorporated Under State Laws of:			D. Month and	i Year:
E. Authorized Capital:	7 31	6 - 45. W. Y		
E. Actionized Capitali	F. Number of Shar	es Authofizeg:	C. Number of	Shares Issued:
Stockholders (include all layers equaling	100% owned by indiv	iduals and/or publ	iciy traded, use:	additional sheet if necessary
Name (A):	Fuil Address:			Shares Owned:
Name (B):	Fuil Address:			Shares Owned:
Name (C):	Full Address:			Shares Owned:
Corporate Officers:				
Name (A):	Full Address:			Title:
Name (B):	Fuil Address:			Title:
Name (C):	Fuil Address:			Title:
A. Qualifying Maryland Resident (Indica B. Name and Full Address of LLC: Aroma Lounge, LLC, 948 Sligo Avenue, SilverSpri		C. Authorized Po	ersons of LLC	icant B □ Applicant C
D. Organized Under State Laws of: Maryland		E. Month and Year: May 2021		
Percentage of Ownership Interest of LLC (Use additional sheet i	i necessary):		
Name (A):	Full Address:			Percentage:
Alemayehu Akalu	1205 Ruppert Road,	SilverSpring, Mary	land 20903	100%
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
ECTION 5: PARTNERSHIP INFORMA	TION			
A. Name and Fuil Address of Partnership				
C. Date on Which Partnership was Forme	rd:	. In Which State:		
ercentage of Ownership Interest of Partn	ership (Use additions	ilsheetif necessar	y):	
Name (A):	Full Address:			Percentage:
Name (8):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
indicate Who are the General Partners:		C Analisant A c	Applicant 2 = :	
Indicate Maryland Residents:			Applicant 8 - Ap	
		T Applicant A LI	Applicant B 🗆 Ap	oplicant C

SECTION 6: ESTABLISHMENT INFORMA		
A. Detailed description and total square for	ootage of the portion of the building for	which license is sought (ex. Free standing,
located in strip mali, restaurant, seating, b Free Standing, 2,040 Square Feet	eer/wine, etc.}:	
B. Who Will be in Charge of Day-to-Day Op Alemayehu Akalu	perations (General Manager):	
C. Phone Number of Establishment: 202-415-5574	D. Type of Facility/Facility Concept: Lounge - Ethiopian Culsine	
E. Date Applicant will Begin to Operate: April 2022	F. Days and Hours of Operation: Monday-Wednesday 1:00p.m un Thursday-Sunday 1:00p.m until 3	til 2:00a.m
SECTION 7: LICENSE TRANSFER (COMP	LETE ONLY IF TRANSFERRING A LICE	
A. Names of all Current License Holders:		B. Date Facility Began Operating:

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

SECTION 8: LEASED PREMISES

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

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

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

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.

Affidavít:			
"By signing this application, I do solemnly declare and true and consistent the best of my knowledge, informa (A)	affirm under the penalties of petion, and belief."	erjury that the contents	of the foregoing document are
	(D)		
	(FOR CORPORATION	APPLICATIONS ONLY)	Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I hereby certification betwerage license and that I hereby consent to be permitted by law, and I do hereby grant permission Board of License Commissioners for Montgomery Court County to inspect and search at any and all hours, with facility is to be conducted. Affidavit:	o the use of the said property for to the State Comptroller, his du ntv. its duly authorized agents a	or the sale thereon of su ally authorized deputies, and employees, and any	ch alcoholic beverages as may inspectors and clerks, the
"By signing this application, I do solemnly declare and a true and correct to the best of my knowledge, informat	offirm under the penalties of pe ion, and belief."	rjury that the contents	of the forego ing document are
Docusigned by: Luck Mengistu 514848391082414		_	
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	-	

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 INFO	RMATION	hear	ung: 9-1-3	22 e 10:30 am
A. Nature of Application:		■ New Licer	nse 🗆 Transfer of Locati	ion $\ \square$ Transfer of Ownership $\ \square$ Reclassification
B. Entity on Whose Behalf Applicat Made:	ion is	□ Corp		ility Company □ Partnership □ Individual
C. Class of License Applied For: Class B (B/W/L)			D. Entity Name: La Gelatteria LLC	
E. Types of Permits Applied For:				□ Outdoor Café □ Refillable Container
(See Appendix A)			□ Retail Delivery □ Sp	irits for Cooking Uine Corkage
F. Trade Name of Facility: La Gelatteria				G. Is Business a Franchise? □ YES ■ NO
H. Address of Facility to be Licensed 10414 Detrick Ave #500 Kens				
SECTION 2: APPLICANT INFORM				
Applicant A Name: Elias J Montilla	Birthdat 09/08/7		Personal Phone Num H:	c :202-271-3653
Full Address: 3123 McComas Ave, Kensing	ton, MD	20895	Years at this Address 6	: Years as Maryland Resident: 20
Email Address: eliasjmontilla@gmail.com	Sex: M		Place of Birth: Dominican Republic	
If applicant is foreign-born, state:				
Immigration Card Number:		aturalized, City timore, Mary		Date of Naturalization : July, 21 2010
	n'ul lu		Danie and Dhaire Mone	Lau
Applicant B Name:	Birthdat	e:	Personal Phone Num H:	C:
Full Address:			Years at this Address	: Years as Maryland Resident:
Email Address:	Sex:		Place of Birth:	N 19
If applicant is foreign-born, state:				
Immigration Card Number:	If Na	aturalized, City	/State:	Date of Naturalization:
Applicant C Name:	Birthdat	e:	Personal Phone Num	ber:
			Н:	С
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 Na	aturalized, City	/State:	Date of Naturalization:
ALOTE: ALL ADOLICANTS MILL	THE LICE A	TEO DEFENDE	TO BY THE LETTER A	P OP C DECEDING THEIR MARK ADOVE

J#W 27/22 PM 12/05 resubmitted 7-1-22

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

SECTION 3: CORPORATION INFORM	17 17 17 17			
A. Qualifying Maryland Resident (Indica			■ Applicant A □	Applicant B □ Applicant C
B. Name and Full Address of Corporation	on:			
C. Incorporated Under State Laws of:			D. Month and	Year:
E. Authorized Capital:	F. Number of Sha	ares Authorized:	G. Number of	Shares Issued:
Stockholders (Include all layers equaling	100% owned by indi	ividuals and/or pu	blicly traded, use a	dditional sheet if necessary)
Name (A):	Full Address:			Shares Owned:
Name (B):	Full Address:	:4		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:
La Gelatteria LLC. 10414 Detrick Ave 500 Ke D. Organized Under State Laws of: Maryland	silangon, MD 20033	E. Month and September,	Year:	
Percentage of Ownership Interest of LLC ((Use additional shee			
Name (A): Elias Montilla	Full Address: 3123 McComas		on. MD 20895	Percentage: 100%
Name (B):	Full Address:	<u> </u>	,	Percentage:
Name (C):	Full Address:			Percentage:
ECTION 5: PARTNERSHIP INFORMA	TION			-
A. Name and Full Address of Partnership):			
C. Date on Which Partnership was Forme	ed:	D. In Which State	:	
ercentage of Ownership Interest of Partr	nership (Use addition	nal sheet if necess	sary):	
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:	1		Percentage:
Name (C):	Full Address:			Percentage:
ndicate Who are the General Partners:		☐ Applicant A	☐ Applicant B ☐ Ap	plicant C
ndicate Maryland Residents:			☐ Applicant B ☐ Ap	
			= - / 1/4	

SECTION 6: ESTABLISHIVIENT INFO			
A. Detailed description and total squ located in strip mall, restaurant, seat	uare footage of the portion of the builditing, beer/wine, etc.): 2	ng for which license is sought (ex	. Free standing,
B. Who Will be in Charge of Day-to-D	ay Operations (General Manager):	lias Montilla	
C. Phone Number of Establishment:	D. T F		1,50
E. Date Applicant will Begin to Operat	te: F. Days and Hours of Operation:	The acarring	100
duly 1st 202	mon-BUN-		
Opened - May 30, 2019	(monday tha Su	nday)	100
SECTION 7: LICENSE TRANSFER (CO	OMPLETE ONLY IF TRANSFERRING A	LICENSE)	
A. Names of all Current License Holde		B. Date Facility Began Ope	rating:
1) 2)	3)		
C. Location of Current Licensed Facility	y: 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 Own	er:
Detrick Venture LLC	(703) 868-2832	7215 RIDGEWOOD TERRACE, CHEVY CHASE MD	20815
D. Date Lease Made: October 8, 2018		E. Date Lease Expires: October 8, 2023	
F. State Renewal Options, if any:			
10 years (2029)			
SECTION 9: APPLICANT QUESTION	IAIRE		
Has any applicant ever been:			
1. Convicted of a felony?			□ YES ■ NO
	overning the sale of alcohol in the State of		□ YES ■ NO
	or prevention and gambling in the State of		□ YES ■ NO
4. Found guilty of any offense against t traffic offense?	the laws of the State of Maryland or the	United States other than a minor	□ YES ■ NO
	e for the sale of alcoholic beverages susp	pended or revoked?	□ YES ■ NO
6. Has any applicant ever had a license	for the sale of alcoholic beverages?		□ YES ■ NO
If YES, state name of applicant, name of	of facility, address for which license was	held, and the dates for which it w	as held:
	an ownership interest in this facility hav		
	State of Maryland where an alcoholic boolic Beverages Article of the Annotated		□ YES ■ NO
If YES, state the name of the applicant was held:	t, name and address of licensed premis	es and ownership and add the da	tes the license
8: Does any person other than the apapplied for, or in the facility to be conditive. If YES, state name and the financial int		n this alcoholic beverage license	□ YES ■ NO

A CC1 -1 -- - 14-

Address of Property Owner

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

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

·e

Amidavit:		
"By signing this application, I do solemnly declare and affirm under true and correct to the best of my knowledge, information, and be		of the foregoing document a
(A) / Her		
Signature of Applicant		
(B)		
Signature of Applicant		
(C)		•
Signature of Applicant		
(D)		
	(FOR CORPORATION APPLICATIONS ONLY)	Corporate President Signatur
be permitted by law, and I do hereby grant permission to the State Board of License Commissioners for Montgomery County, its duly County to inspect and search at any and all hours, without warrant facility is to be conducted. Affidavit:	authorized agents and employees, and any	peace officer of Montgomery
"By signing this application, I do solemnly declare and affirm under true and correct to the best of my knowledge, information, and be		of the forego ing document ar
	1-8-22	
Signature of the Property Owner Denck Verrive LLC / Tol	n Brault	
Printed Name of Property Owner 7215 Rudgewood HM Chay	ohase, MD 20915 (703)).868-2832

Phone of Property Owner

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 (NK)

SECTION 1: LICENSE TYPE IN				#	nation required by said article.
A. Nature of Application:		□ New Lice	ense 🙇 Transfer of I	ocatio	on d Transfer of Ownership Reclassification
B. Entity on Whose Behalf Appl Made:	ication is				lity Company Partnership Individual
C. Class of License Applied For: Class D, Beer & Wine			D. Entity Name Nickoyan Enter		s, LLC
E. Types of Permits Applied For: (See Appendix A)		□ Tas	sting (\$200) 🗆 Cate	ring [□ Outdoor Café □ Refillable Container rits for Cooking □ Wine Corkage
F. Trade Name of Facility: Jerk House Eatery					G. Is Business a Franchise? ☐ YES ■ NO
H. Address of Facility to be Licen 25 University Blvd W., Silver Sp	sed (No P.C ring, MD 20). Box):)901			
SECTION 2: APPLICANT INFO					
Applicant A Name: Nickoyan Payne	Birthda 12/7/19		Personal Phone	Numb	er: C: 240-605-3592
Full Addres s: 1214 Gaither Road, Rockville, N	1D 20850		Years at this Add	ress:	
Email Address: paynen1207@gmail.com	Sex: Male		Place of Birth: Holy Cross Hospi	tal. Sil	
f applicant is foreign-born, state:				the contra	, see a see
Immigration Card Number:	If P	laturalized, Cit	y/State:		Date of Naturalization:
Applicant B Name:	Birthda	te:	Personal Phone f	lumbe	er:
Full Address:			H:		C:
			Years at this Add	ress:	Years as Maryland Resident:
Email Address:	Sex:		Place of Birth:		
applicant is foreign-born, state:					
mmigration Card Number:	If N	aturalized, City	/State:	D	ate of Naturalization:
Applicant C Name:	Birthdat	e:	Personal Phone N	umbe	er:
ivil A dalace			H:		C
ull Address:			Years at this Addr	ess:	Years as Maryland Resident:
mail Address:	Sex:		Place of Birth:		
applicant is foreign-born, state:				=	
nmigration Card Number:	1654	turalized, City			ate of Naturalization:

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

A. Qualifying Maryland Resident (Indi	cate with X)		D Amelia . A	
B. Name and Full Address of Corporat	ion:		☐ Applicant A	☐ Applicant B ☐ Applicant C
C. Incorporated Under State Laws of:				
c. incorporated under State Laws of:			D. Month and	Year:
E. Authorized Capital:	F. Number of Shar	os Authorizad.	C No. 1	
			1	Shares Issued:
Stockholders (Include all layers equaling Name (A):	g 100% owned by indiv	iduals and/or pub	licly traded use:	edditional share it
Name (A):	Full Address:	, , , ,	any muucu, use a	Shares Owned:
North (D)				Situres O Wiled:
Name (B):	Full Address:			Shares Owned:
Name (C):	Full A.C.L.			
	Full Address:			Shares Owned:
Corporate Officers:	1			
Name (A):	Full Address:			Title:
				ride:
Name (B):	Full Address:			Title:
Name (C):				
Name (c):	Full Address:			Title:
SECTION 4: LIMITED LIABILITY CORF	OPATION INCODE	TION		
A. Qualifying Maryland Resident (Indica	te with X)			
B. Name and Full Address of LLC:		C. Authorized P	plicant A Appli	cant B 🗆 Applicant C
Nickoyan Enterprises, LLC, 25 University Blvd. W	J. Piles-Dude top conf.	I lea		
	v., Silver Spring, MD 20901	INICKOya	n Payne	
D. Organized Under State Laws of: Maryland		E. Month and Ye		
		May, 2022		
ercentage of Ownership Interest of LLC Name (A):	(Use additional sheet i	f necessary):		
Nickoyan Payne	Full Address; 1214 Gaither Road, I	Poologija AAD oog		Percentage:
Name (B):	Full Address:	Nockville, MD 208	350	100%
	· un Addicas.			Percentage:
Name (C):	Full Address:			Percentage:
				reitelitäge.
ECTION E. DARTHERCHE				
ECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership	TION			
);			
. Date on Which Partnership was Forme	ed: D.	In Which State:		
	1			
rcentage of Ownership Interest of Partr	ership (Use additiona	sheet if necessar	y):	
lame (A):	Full Address:			Percentage:
lame (B):	P. 0. 6.4.1			
	Full Address:		_	Percentage:
lame (C):	Full Address:			
	- wii Audi E33,			Percentage:
dicate Who are the General Partners:		□ Applicant A □	Applicant B 🗆 App	olicant C
idicate Maryland Residents:			Applicant B Applicant B Applicant Applicant B Applican	
			Abhicatic p II Abb	meant C

SECTION 6: ESTABLISHMENT INFORMATIO	FORMATIO	INFO	MENTI	BLIS	ESTA	6:	ION	SECT
-------------------------------------	----------	------	-------	------	-------------	----	-----	------

Free standing, beer/wine with restaurant,	, limited seating. Approximately 1,000 soft
B. Who Will be in Charge of Day-to-Day O Nickoyan Payne	perations (General Manager):
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		B. Date Facility	Began Operating:
2) John Mereoc		1	4-19-2013
C. Location of Current Licensed Facility: 25 University Blvd W., Silver Spring, MD 20901	D. Location to Which License is Bein 25 University Blvd W., Silver Spring	ng Transferred:	

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Donis A Mereos	202-670-8922	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		o years norn execution

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

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

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.

employees, and any peace officer of Montgomery County to Inspect and search any and all parts thereof upon and in which said facility is to be conducted.	mery County, its duly authorized agents and at any and all hours, without warrant, the premises and
Affidavit	
"By signing this application, I do solemnly declare and affirm under the penalties of true and correct to the best of my knowledge, information, and belief." (A)	perjury that the contents of the foregoing document are
Signoture of Applicar	_
(8)	
Signature of Applicant	
(C)	=:
Signature of Applicant	
(D)	·
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the p alcoholic beverage license and that I hereby consent to the use of the said property be permitted by law, and I do hereby grant permission to the State Comptroller, his of Board of License Commissioners for Montgomery County, its duly authorized agents County to inspect and search at any and all hours, without warrant, the premises and facility is to be conducted.	for the sale thereon of such alcoholic beverages as makely authorized deputies, inspectors and clerks, the
Affidavit	
'By signing this application, I do solemnly declare and affirm under the penalties of purious and correct to the best of my knowledge, information, and belief."	rjury that the contents of the foregoing document are
Danhill	_
Don't A. Moreos	_
P.O. Box 60644, Potomic, MN 2085	5
Idress of Property Owner Phone of Property Owner 202-570-53	
202-670-89	22

Extract from Law: If any effective reporter reporter ander the assistant of this Actshall contain any false statements, the offender shall be decimed guilty of perfect, Aast upon indications and concertain there is shall be subject to penalties provided by Law for that or me

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commission	ners for Mo	ntgomery Count	hearin	q:	9-1-22 @ 11.30 am gridle of the Annotated Code of Maryland, for all
Application is made by the under alcoholic beverage license and each	signed under Lapplicant si	the provisions of the provision of t	of Alcoholic Beverage les to the following in	esy Arrei feorena	tion received by suit in title
The second second				_	862396
SECTION 1: LICENSE TYPE IN	ORMATIO	N	11		
A. Nature of Application:		nse Transfer of Location Transfer of Ownership 1 Reclassification			
		poration 🖷 Limited Liability Company 🕕 Partnership া Individual			
Made:					
C. Class of License Applied For: Class B - BBWLHR			D. Entity Name: Marda and Associated	ciates	LLC
		sting (\$200) Catering - Outdoor Café Refillable Container			
(See Appendix A)			Retail Delivery Spirits for Cooking Wine Corkage		
F. Trade Name of Facility: Effoi					G. Is Business a Franchise? YES NO
H. Address of Facility to be Licer	rsed (No P.C	D. Boxl:			
8233 Fenton Street, Silver Spri					
SECTION 2: APPLICANT INFO					
Applicant A Name: Daniel Abrha	Birthd		Personal Phone N	umbe	c: 240-533-1702
Full Address:	5/27/19	102	H: Years at this Addr	neer.	
11391 Columbia Pike, Apt. C8,	Silver Sprin	ng, MD 20910	1	622:	Years as Maryland Resident: 5
Email Address:	Sex:		Place of Birth:		
danim2021@gmail.com	Male		Ethiopia		
If applicant is foreign-born, state Immigration Card Number:		Materalized Cit	u/Ctato:	Τa	ate of Naturalization:
mangration card number.	rtion Card Number: If Naturalized, C Baltimore, MD		8/30/2021		
Annline of Diame.	Birthd	-4	Description of Discuss At		
Applicant B Name:	Diffild	ate:	Personal Phone Number: H: C:		C:
Full Address:			100		Years as Maryland Resident:
Email Address:	Sex:		Place of Birth:		
If applicant is foreign-born, state	:		1		
Immigration Card Number:	If Naturalized, Cit		y/State: D		ate of Naturalization:
		74			
Applicant C Name:	Birthd	ate:	Personal Phone Number: H: C		er:
Full Address:			Years at this Addr	ess:	Years as Maryland Resident:
Email Address:	Sex:		Place of Birth:		
If applicant is foreign-born, state	:				
Immigration Card Number:		Naturalized, Cit	γ/State:	D	ate of Naturalization:

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

SECTION 3: CORPORATION INFORMA	ATION				
A. Qualifying Maryland Resident (Indicate with X)			Applicant A Applicant B Applicant C		
B. Name and Full Address of Corporation	1:				
C. Incorporated Under State Laws of:		D. Month and Year:			
E. Authorized Capital:	F. Number of Shares Authorized: G. Number of Sh		nares issued:		
L Stockholders (Include all layers equaling 1	00% owned by individ	uals and/or pub	licly traded , use ad	ditional sheet if necessary)	
Name (A):	Full Address:			Shares Owned:	
Name (8):	Full Address:			Shares Owned:	
Name (C):	Full Address:			Shares Owned:	
Corporate Officers:					
Name (A):	Full Address:		•	Title:	
Name (8):	Full Address:			Title:	
Name (C):	Full Address:	Full Address:			
SECTION 4: LIMITED LIABILITY CORPO	DEATION INCODERA	TION			
A. Qualifying Maryland Resident (Indicat			nnligant A III Annlig	ant B 🖪 Applicant C	
B. Name and Full Address of LLC:		C. Authorized P		ant b Mphileant C	
Marda and Associates LLC, 11391 Columbia Pike, Apt.	C8, Silver Spring, MD 20904	Daniel A	Abrha		
D. Organized Under State Laws of: Maryland		E. Month and Y May 2022	ear:		
Percentage of Ownership Interest of LLC (Use additional sheet if	necessary):		1994	
Name (A): Daniel Abrha	Full Address: 1391 Columbia Pike, Apt. C8, Silver Spring, MD 20904			Percentage:	
Manna /Di.		Apt. C8, Silver	Spring, MD 20904	100	
Name (B):	Full Address:	Apt. C8, Silver	Spring, MD 20904	Percentage:	
Name (C):		Apt. C8, Silver	Spring, MD 20904		
Name (C):	Full Address:	Apt. C8, Silver	Spring, MD 20904	Percentage:	
Name (C):	Full Address: Full Address:	Apt. C8, Silver	Spring, MD 20904	Percentage:	
Name (C): SECTION 5: PARTNERSHIP INFORMA	Full Address: Full Address:	Apt. C8, Silver	Spring, MD 20904	Percentage:	
Name (C): SECTION 5: PARTNERSHIP INFORMA	Full Address: Full Address: FION	In Which State:		Percentage:	
Name (C): SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership C. Date on Which Partnership was Forme	Full Address: Full Address: FION : d: D.	In Which State:		Percentage:	
Name (C): SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership	Full Address: Full Address: FION : d: D.	In Which State:		Percentage:	
Name (C): SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership C. Date on Which Partnership was Forme Percentage of Ownership Interest of Partnership	Full Address: Full Address: FION : d: D. ership (Use additional)	In Which State:		Percentage:	
Name (C): SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership C. Date on Which Partnership was Forme Percentage of Ownership Interest of Partn Name (A):	Full Address: Full Address: CION cership (Use additional Full Address:	In Which State:		Percentage: Percentage: Percentage:	
Name (C): SECTION 5: PARTNERSHIP INFORMAT A. Name and Full Address of Partnership C. Date on Which Partnership was Forme Percentage of Ownership Interest of Partn Name (A): Name (B):	Full Address: Full Address: d: D. ership (Use additional Full Address: Full Address:	In Which State:	nry):	Percentage: Percentage: Percentage: Percentage:	

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):

Free standing restaurant with two floors totalling 4,868 square feet, food, beer, wine, liquor; also would like to serve food and alcohol outdoors

B. Who Will be in Charge of Day-to-Day Operations (General Manager):

Daniel Abrha

C. Phone Number of Establishment:

240-533-1702

E. Date Applicant will Begin to Operate:

6/15/2022

F. Days and Hours of Operation:

Seven days per week, 9:00 AM - 2:00 AM

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

A. Names of all Current License Holders: 1) Bekelech Y. Delelegne 2) Dagmawi Lakew 3)		B. Date Facility Began Operating: 3/26/2012
C. Location of Current Licensed Facility: 8233 Fenton Street, Silver Spring, MD 20910	D. Location to Which License is Bei 8233 Fenton Street, Silver Spring,	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: B. Phone Number of Property Owner		C. Full Address of Property Owner:		
ABYE LLC 3017750709		1680 White Oak Vista Dr., Silver Spring, MD 2090		
D. Date Lease Made: 6/1/2022		E. Date Lease Expires: 5/31/2024		
F. State Renewal Options, if any: five one-year extensions		•		

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

1. Convicted of a felony?	TIYES NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	YES NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	YES NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	YES NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	u YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	U YES ■ NO
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	⊔ YES ■ NC
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? If YES, state the name of the applicant, name and address of licensed premises and ownership and add the date.	
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? If YES, state the name of the applicant, name and address of licensed premises and ownership and add the darwas held: 8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license	tes the license
	tes the license

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

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

any and all parts thereof upon and in which said facility is to be conducted.		
Affidavit:		
"By signing this application, I do solemnly declare and affirm under the penalties of per true and correct to the best of my knowledge, information, and belief."	jury that the contents	of the foregoing document are
(A) Danly		
Signature of Applicant		
(8)		
Signature of Applicant		
(C)		3
Signature of Applicant		
(D)	W	No. of the contract of the con
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the propalcoholic beverage license and that I hereby consent to the use of the said property for be permitted by law, and I do hereby grant permission to the State Comptroller, his du Board of License Commissioners for Montgomery County, its duly authorized agents an County to inspect and search at any and all hours, without warrant, the premises and a facility is to be conducted. Affidavit:	the sale thereon of suly authorized deputies, demployees, and any	ch alcoholic beverages as may inspectors and clerks, the peace officer of Montgomery
"By signing this application, I do solemnly declare and affirm under the penalties of per true and correct to the best of my knowledge, information, and belief."	jury that the contents	of the foregoing document are
	_	
Signature of the Property Owner ABYELLC, Dagmauri Lavew Printed Name of Property Owner 2816 Hariff Ave. Silver Spring mid 20906 Address of Property Owner Phone of Property Owner		