

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

To the Board of License Commissioners for Montgomery County:

Hearing: 2-16-17 @ 9am

Application is made by the undersigned under the provisions of Article 2B 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.

1. (a) Nature of application: New License Transfer of Ownership Transfer of Location Reclassification (b) Entity on whose behalf application is made: Corporation Partnership Limited Liability Co. Individual
2. Class of license sought: Class D Beer & Wine
3. Trade Name of Business: Taco Bar
4. Mailing address for which license is sought (no P.O. Box): 3 Russell Ave. Gaithersburg, MD 20877 (Suite A)

5. Name of Applicant (A): Raul A. Valdivia Home Tel. No.: NA
Cell Number: 301 385 3788 Email Address: tacobarllc1@aol.com
Complete Address: 2801 Ashmont Terrace Silver Spring, MD 20906 No. Years at this address: 2
Place of Birth: Mexico Birth Date: 06/09/1986 Sex: M F
Number of years as Montgomery County Resident: 17

Name of Applicant (B): Raul Valdivia Home Tel. No.: 301 515 0842
Cell Number: 301 385 3787 Email Address: tacobarllc1@aol.com
Complete Address: 13109 Clarksburg Square Rd. Clarksburg, MD 20871 No. Years at this address: 2
Place of Birth: Mexico Birth Date: 02/16/1956 Sex: M F
Number of years as Montgomery County Resident: 17

Name of Applicant (C): _____ Home Tel. No.: _____
Cell Number: _____ Email Address: _____
Complete Address: _____ No. Years at this address: _____
Place of Birth: _____ Birth Date: _____ Sex: M F
Number of years as Montgomery County Resident: _____

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

6. If any applicant is foreign-born, state:
(a) Name: Raul A. Valdivia Birthplace: Mexico
If naturalized, place Baltimore, MD Date: 09/23/2014 Immigration Card #: A088221934
(b) Name: Raul Valdivia Birthplace: Mexico
If naturalized, place Baltimore, MD Date: 09/02/2014 Immigration Card #: A088221932
(c) Name: _____ Birthplace: _____
If naturalized, place _____ Date: _____ Immigration Card #: _____

7. If application is made on behalf of a CORPORATION, state:
(a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)
(b) Name/address of Corporation: _____
(c) Incorporated under laws of _____ Month _____ Year _____
(d) Authorized Capital: _____ No. of shares authorized: _____ No. of shares issued: _____
(e) Stockholders (*Include all layers until reaching layer that is 100% owned by individuals and/or by publicly traded company)

(*Attach additional sheet if necessary):

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

(f) Corporate Officers

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

8. If application is made on behalf of a LIMITED LIABILITY COMPANY, state:

(a) The qualifying Montgomery County resident applicant(s) indicate with an "X" (A) (B) (C)
 (b) Name/address LLC: Taco Bar LLC. 3 Russell Ave, Gaithersbur, MD 20877

(c) Organized under laws of LLC MD. Month April Year 2000

(d) Percentage Ownership Interest of ENTIRE LLC (*Attach additional sheet if necessary):

<u>Raul A Valdivia</u>	<u>2801 Ashmnot Terrace, Silver Spring MD 20906</u>	<u>50%</u>
Name (A)	Address	Percentage
<u>Raul Valdivia</u>	<u>13109 Clarksburg Square Rd. Clarksburg, MD 2087</u>	<u>50%</u>
Name (B)	Address	Percentage
Name (C)	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

9. If application is made on behalf of a PARTNERSHIP, state:

(a) Name/address of Partnership: _____

(b) Date when partnership was formed: _____ In what State: _____

(c) Percentage Ownership Interest of each partner in partnership (*Attach additional sheet if necessary):

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

(d) Indicate which partners are the GENERAL PARTNERS, indicate with an "X", (A _____) (B _____) (C _____)

(e) The qualifying Montgomery County Resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)

10. 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 store, etc.): used for restaurant *900 sqft

Strip center - 3 stores (A)

11. Phone number of the establishment, including area code: (301) 987-9015

12. Type of business conducted at the premises described above (business concept): Restaurant, serving authentic Mexican food.

(a) Date applicant will begin to operate the business: opened for business since 02/14/02

(b) Days and Hours the business will be conducted: Monday-Sunday 10am-9pm (weekeds closing 10pm)

(c) Who will be in active charge of this business: Owners Raul A Valdivia and Raul Valdiva

(d) If this application is for a transfer of the current license, state:

(1) (a) Name(s) of all current license holder(s) and (b) the date the current business began operating:

(a) _____

(b) _____

(2) Location of (a) current licensed facility and (b) the location to which current license is being transferred.

(a) _____

(b) _____

13. Name of property owner: Chuck Covell

Address: 5828 Winegrove Court, Derwood Maryland 20855 Phone Number: 301-417-0331

14. If premises are leased, state:

(a) Date lease made: 05/15/2013 Date lease expires: 05/15/2018

(b) State renewal options, if any: 5 yrs Option.

15. Distance to nearest church: 1056 Feet Distance to nearest school: 1584 Feet

Distance to nearest place of business licensed to sell alcoholic beverages: 39 Feet

**Measurement of the required distance shall be made from the nearest point of the building of the proposed establishment for which the license is requested to the nearest point of the building of the school, church or other place of worship, or youth center.*

16. Has any applicant ever been:

(a) Convicted of a felony? YES NO

(b) Found guilty of violating the laws governing the sale of alcoholic beverages? YES NO

(c) Found guilty of violating the laws for the prevention of gambling in the State of Maryland? YES NO

(d) Found guilty of any offense against the laws of the State of Maryland or the United States? YES NO

17. Has any applicant ever had a license for the sale of alcoholic beverages? YES NO

If YES, state name of applicant, name of business, location for which license was held, and the period of time for which it was held:

18. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked? YES NO

19. Does any applicant or person with an ownership interest in this business have a financial interest in any other place of business in Montgomery County or the State of Maryland where alcoholic license has been applied for, granted, or issued under Article 2B of the Annotated Code of Maryland? YES NO

If yes, state the name of applicant, name and location of licensed premises & ownership: _____

20. Has any person other than the applicant(s) any financial interest in the alcoholic beverage license applied for, or in the business to be conducted under the current license? YES NO

If YES, state name and the financial interest owned: _____

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.

Act #
28025

STATE OF MARYLAND

(Montgomery County)

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

PLEASE PRINT OR TYPE IN INK

2-16-17 DEC 29 '16 AM 10:46

To the Board of License Commissioners for Montgomery County *hearing: 9:30 am*
Application is made by the undersigned under the provisions of Article 2B 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.

1. (a) Nature of application: New License Transfer of Location Reclassification Corporation Limited Liability Co. Partnership Individual
2. Class of license sought: H-BW
3. Trade Name of Business: Bombay Indian Restaurant
4. Mailing address for which license is sought (no P.O. Box): 11229 New Hampshire Ave
Silver Spring, MD 20904
5. Name of Applicant (A): PRASANTA K. GHOSH Home Tel. No.: (301) 240-474-5497
Cell Number: (301) 337-1111 Email Address: KUMAR.GHOSH2000@yahoo.com
Complete Address: 106 Duvall Lane #203, Gaithersburg MD No. Years at this address: 6
Place of Birth: India Birth Date: 07-07-1963 Sex: M F
Number of years as Montgomery County Resident: 25

Name of Applicant (B): _____ Home Tel. No.: _____
Cell Number: _____ Email Address: _____
Complete Address: _____ No. Years at this address: _____
Place of Birth: _____ Birth Date: _____ Sex: M F
Number of years as Montgomery County Resident: _____

Name of Applicant (C): _____ Home Tel. No.: _____
Cell Number: _____ Email Address: _____
Complete Address: _____ No. Years at this address: _____
Place of Birth: _____ Birth Date: _____ Sex: M F
Number of years as Montgomery County Resident: _____

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

6. If any applicant is foreign-born, state:
- (a) Name: PRASANTA K. GHOSH Birthplace: India
If naturalized, place Baltimore, MD Date: 03-15-92 Immigration Card #: _____
- (b) Name: _____ Birthplace: _____
If naturalized, place _____ Date: _____ Immigration Card #: _____
- (c) Name: _____ Birthplace: _____
If naturalized, place _____ Date: _____ Immigration Card #: _____

7. If application is made on behalf of a CORPORATION, state:
- (a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)
- (b) Name/address of Corporation: _____
- (c) Incorporated under laws of _____ Month _____ Year _____
- (d) Authorized Capital: _____ No. of shares authorized: _____ No. of shares issued: _____
- (e) Stockholders (*Include all layers until reaching layer that is 100% owned by individuals and/or by publicly traded company)

(*Attach additional sheet if necessary):

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

(f) Corporate Officers

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

8. If application is made on behalf of a LIMITED LIABILITY COMPANY, state:

- (a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A X) (B _____) (C _____) ²⁰¹⁶
- (b) Name/address LLC: Indian Masala Home, LLC 11229 New Hamp. Ave. MD
- (c) Organized under laws of the state of Maryland Month December Year 2016
- (d) Percentage Ownership Interest of ENTIRE LLC (*Attach additional sheet if necessary):

<u>PRASANTA K. GHOSH</u>	<u>106 Durrall Lane, 303, Gaith. MD</u>	<u>100%</u>
Name (A)	Address	Percentage
Name (B)	Address	Percentage
Name (C)	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

9. If application is made on behalf of a PARTNERSHIP, state:

- (a) Name/address of Partnership: _____
- (b) Date when partnership was formed: _____ In what State: _____
- (c) Percentage Ownership Interest of each partner in partnership (*Attach additional sheet if necessary):

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

(d) Indicate which partners are the GENERAL PARTNERS, indicate with an "X", (A _____) (B _____) (C _____)

(e) The qualifying Montgomery County Resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)

10. 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 store, etc.):

It's a sitting restaurant located in a strip mall.

Approximately 1,800 sq. ft. of space

11. Phone number of the establishment, including area code: (301) 593-7222

12. Type of business conducted at the premises described above (business concept): Serving prepared food

(a) Date applicant will begin to operate the business: 01/02/2017

(b) Days and Hours the business will be conducted: 11:00-9:30PM (M-F); 11:00-10:00PM (S&S)

(c) Who will be in active charge of this business: PRASANTA K. GHOSH

(d) If this application is for a transfer of the current license, state:

(1) (a) Name(s) of all current license holder(s) and (b) the date the current business began operating:

(a) James Rozario 8-26-2014 → present

(b) Robert Rozario

(2) Location of (a) current licensed facility and (b) the location to which current license is being transferred.

(a) ~~11229 New Hampshire Ave, Silver Sp. MD 20904~~ N/A

(b) Same as above

13. Name of property owner: Saul Subsidiary

Address: 7501 Wisconsin Ave, Bethesda, MD 20814 Phone Number: (301) 986-6200

14. If premises are leased, state:

(a) Date lease made: 12-20-2016 Date lease expires: 04-30-2019

(b) State renewal options, if any: 2 yr. option

15. Distance to nearest church: 1500 Feet Distance to nearest school: 2200 Feet

Distance to nearest place of business licensed to sell alcoholic beverages: 100 Feet

**Measurement of the required distance shall be made from the nearest point of the building of the proposed establishment for which the license is requested to the nearest point of the building of the school, church or other place of worship, or youth center.*

16. Has any applicant ever been:

(a) Convicted of a felony? YES NO

(b) Found guilty of violating the laws governing the sale of alcoholic beverages? YES NO

(c) Found guilty of violating the laws for the prevention of gambling in the State of Maryland? YES NO

(d) Found guilty of any offense against the laws of the State of Maryland or the United States? YES NO

17. Has any applicant ever had a license for the sale of alcoholic beverages? YES NO

If YES, state name of applicant, name of business, location for which license was held, and the period of time for which it was held:

18. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked? YES NO

19. Does any applicant or person with an ownership interest in this business have a financial interest in any other place of business in Montgomery County or the State of Maryland where alcoholic license has been applied for, granted, or issued under Article 2B of the Annotated Code of Maryland? YES NO

If yes, state the name of applicant, name and location of licensed premises & ownership:

20. Has any person other than the applicant(s) any financial interest in the alcoholic beverage license

applied for, or in the business 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 been a resident and taxpayer of Montgomery County, Maryland for at least two years preceding the filing of this application; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or business 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 business 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) P. K. Whosh
Signature of Applicant
- (B) _____
Signature of Applicant
- (C) _____
Signature of Applicant
- (D) _____
(FOR CORPORATION APPLICATIONS ONLY) *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 business is to be conducted.

Affidavit:

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

Signature of the Property Owner

Printed Name of Property owner

Address

Phone

APPLICATION: 3

tract 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:

2/2/17 @ 11:30am

Application is made by the undersigned under the provisions of Article 2B 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.

- 1. (a) Nature of application:
 - New License
 - Transfer of Ownership
 - Transfer of Location
 - Reclassification
- (b) Entity on whose behalf application is made:
 - Corporation
 - Partnership
 - Limited Liability Co.
 - Individual

2. Class of license sought: CLASS BD BWL

3. Trade Name of Business: BENNET SUPER MARKET DELI

4. Mailing address for which license is sought (no P.O. Box): 617 SIGO AVE
SILVER SPRING, M.D. 20910

5. Name of Applicant (A): MARUKI A. Bayih Home Tel. No.: _____
 Cell Number: (202) 669-5814 Email Address: WOLICA 01/14 @ Gmail
 Complete Address: 3021 GEORGEA AVE SILVER SPRING MD 20910 No. Years at this address: 2 Year
 Place of Birth: ETHIOPIA Birth Date: 06/24/1974 Sex: M F
 Number of years as Montgomery County Resident: 3 years → 3 years

Name of Applicant (B): Getchow Temosgen Entew Home Tel. No.: (301) 592-0164
 Cell Number: (240) 304-7328 Email Address: Getchowentew @ msn.com
 Complete Address: 307 BURWELL MILLS AVE S.S MD 20901 No. Years at this address: 13 Year
 Place of Birth: ADDIS ABABA Birth Date: 08-19-1969 Sex: M F
 Number of years as Montgomery County Resident: 18 years

Name of Applicant (C): _____ Home Tel. No.: _____
 Cell Number: _____ Email Address: _____
 Complete Address: _____ No. Years at this address: _____
 Place of Birth: _____ Birth Date: _____ Sex: M F
 Number of years as Montgomery County Resident: _____

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

6. If any applicant is foreign-born, state:
- (a) Name: MARUKI A. Bayih Birthplace: ETHIOPIAN
 If naturalized, place _____ Date: _____ Immigration Card #: A-0952-30706
 - (b) Name: Getchow Temosgen Entew Birthplace: ETHIOPIA
 If naturalized, place _____ Date: _____ Immigration Card #: 095230706
 - (c) Name: _____ Birthplace: _____
 If naturalized, place _____ Date: _____ Immigration Card #: _____

7. If application is made on behalf of a CORPORATION, state:
- (a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)
 - (b) Name/address of Corporation: _____
 - (c) Incorporated under laws of _____ Month _____ Year _____
 - (d) Authorized Capital: _____ No. of shares authorized: _____ No. of shares issued: _____
 - (e) Stockholders (*Include all layers until reaching layer that is 100% owned by individuals and/or by publicly traded company)

(*Attach additional sheet if necessary):

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

(f) Corporate Officers

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

8. If application is made on behalf of a LIMITED LIABILITY COMPANY, state:

- (a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A) (B) (C) ZIP 20911
- (b) Name/address LLC: Bonnet Super Market & Deli Inc. 617 SIFU AVE S57
- (c) Organized under laws of Maryland Month May Year 2014
- (d) Percentage Ownership Interest of ENTIRE LLC (*Attach additional sheet if necessary):

Name (A)	Address	Percentage
<u>mark</u>	<u>A. Bayh. - 617-9190 AVE S.S. MD 20910</u>	<u>100%</u>
Name (B)	Address	Percentage
<u>GETACHOW</u>	<u>T. ENYOW. 307 BURNT MILLS AVE. S.S. MD 20910</u>	<u>NO%</u>
Name (C)	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

9. If application is made on behalf of a PARTNERSHIP, state:

- (a) Name/address of Partnership: _____
- (b) Date when partnership was formed: _____ In what State: _____
- (c) Percentage Ownership Interest of each partner in partnership (*Attach additional sheet if necessary):

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

(d) Indicate which partners are the GENERAL PARTNERS, indicate with an "X", (A _____) (B _____) (C _____).

(e) The qualifying Montgomery County Resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)

10. 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 store, etc.): APPROX. 1500 SF BTW+L

FREE STANDING

11. Phone number of the establishment, including area code: 301-565-0700

12. Type of business conducted at the premises described above (business concept): RETAIL SUPERMARKET AND DELI / BEER & WINE LIQUOR

(a) Date applicant will begin to operate the business: AS SOON AS I RECEIVE THE LICENSE

(b) Days and Hours the business will be conducted: 7-DAY IN A WEEK 10 AM TO 2 AM

(c) Who will be in active charge of this business: MARAKI A. BAYIH

(d) If this application is for a transfer of the current license, state:

(1) (a) Name(s) of all current license holder(s) and (b) the date the current business began operating:

(a) _____

(b) _____

(2) Location of (a) current licensed facility and (b) the location to which current license is being transferred.

(a) _____

(b) _____

13. Name of property owner: FRANK J. MARZELLINO (Marzellino Family LLC)

Address: 943 Bonifant Street S.S.M.D Phone Number: 301-565-0990

14. If premises are leased, state: M.D 20910

(a) Date lease made: 10/09/2014 Date lease expires: 10/09/2024

(b) State renewal options, if any: 5 Years

15. Distance to nearest church: 567 FT. D.T.O Feet Distance to nearest school: 620 FT. D.T.O Feet

Distance to nearest place of business licensed to sell alcoholic beverages: 10 FT. NEXT DOOR BEER & LIQUOR Feet

*Measurement of the required distance shall be made from the nearest point of the building of the proposed establishment for which the license is requested to the nearest point of the building of the school, church or other place of worship, or youth center.

16. Has any applicant ever been:

(a) Convicted of a felony? YES NO

(b) Found guilty of violating the laws governing the sale of alcoholic beverages? YES NO

(c) Found guilty of violating the laws for the prevention of gambling in the State of Maryland? YES NO

(d) Found guilty of any offense against the laws of the State of Maryland or the United States? YES NO

17. Has any applicant ever had a license for the sale of alcoholic beverages? YES NO

If YES, state name of applicant, name of business, location for which license was held, and the period of time for which it was held:

Maraki Bayih, Getagrow Times en cawew, Permet Supermarket 617 Sligo Ave Silver Spring MD 20910 Nov 2014-current

18. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked? YES NO

19. Does any applicant or person with an ownership interest in this business have a financial interest in any other place of business in

Montgomery County or the State of Maryland where alcoholic license has been applied for, granted, or issued under Article 2B of the Annotated Code of Maryland? YES NO

If yes, state the name of applicant, name and location of licensed premises & ownership: _____

20. Has any person other than the applicant(s) any financial interest in the alcoholic beverage license

applied for, or in the business 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 been a resident and taxpayer of Montgomery County, Maryland for at least two years preceding the filing of this application; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or business 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 business 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) 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 business 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
Stephen J. Marcelino
Printed Name of Property owner
943 Bonifant St. 301-585-0990
Address Silver Spring, MD. Phone
20910

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: 2/16/2017 @ 10:30 am
Application is made by the undersigned under the provisions of Article 2B 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.

1. (a) Nature of application: New License Transfer of Ownership Transfer of Location Reclassification (b) Entity on whose behalf application is made: Corporation Limited Liability Co. Partnership Individual
2. Class of license sought: H - [Beer & wine only]
3. Trade Name of Business: Peruvian Chicken & Grill LLC
4. Mailing address for which license is sought (no P.O. Box): 26400 Ridge Rd. Damascus. MD 20872

5. Name of Applicant (A): ABDUL EMMAD KAMARA Home Tel. No.: 240-341-4155
Cell Number: 301-401-0964 Email Address: emmadhamara617@gmail.com
Complete Address: 6929 Michaels Mill Rd. Buckeystown MD 21717 No. Years at this address: 3
Place of Birth: Sierra Leone Birth Date: 04-08-1975 Sex: M F
Number of years as Montgomery County Resident: _____
- Name of Applicant (B): _____ Home Tel. No.: _____
Cell Number: _____ Email Address: _____
Complete Address: _____ No. Years at this address: _____
Place of Birth: _____ Birth Date: _____ Sex: M F
Number of years as Montgomery County Resident: _____
- Name of Applicant (C): _____ Home Tel. No.: _____
Cell Number: _____ Email Address: _____
Complete Address: _____ No. Years at this address: _____
Place of Birth: _____ Birth Date: _____ Sex: M F
Number of years as Montgomery County Resident: _____

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

6. If any applicant is foreign-born, state:
(a) Name: ABDUL EMMAD KAMARA Birthplace: Sierra Leone
If naturalized, place Baltimore, Md. Date: 19 Sep 2012 Immigration Card #: US Passport
- (b) Name: _____ Birthplace: _____
If naturalized, place _____ Date: _____ Immigration Card #: _____
- (c) Name: _____ Birthplace: _____
If naturalized, place _____ Date: _____ Immigration Card #: _____

7. If application is made on behalf of a CORPORATION, state:

- (a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)
- (b) Name/address of Corporation: _____
- (c) Incorporated under laws of _____ Month _____ Year _____
- (d) Authorized Capital: _____ No. of shares authorized: _____ No. of shares issued: _____
- (e) Stockholders (*Include all layers until reaching layer that is 100% owned by individuals and/or by publicly traded company) _____

(*Attach additional sheet if necessary):

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

(f) Corporate Officers

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

8. If application is made on behalf of a LIMITED LIABILITY COMPANY, state:

(a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A X) (B) (C)
 (b) Name/address LLC: 26400 Ridge Rd. Damascus MD 20872 - Peruvian Chicken Grill LLC
 (c) Organized under laws of Maryland Month September Year 2016
 (d) Percentage Ownership Interest of ENTIRE LLC (*Attach additional sheet if necessary): 2177
ABDUL E. HAMARA 6929 Michaels Mill Rd. Buckeystown MD 100%

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

9. If application is made on behalf of a PARTNERSHIP, state:

(a) Name/address of Partnership: _____
 (b) Date when partnership was formed: _____ In what State: _____
 (c) Percentage Ownership Interest of each partner in partnership (*Attach additional sheet if necessary):

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

(d) Indicate which partners are the GENERAL PARTNERS, indicate with an "X", (A _____) (B _____) (C _____)

(e) The qualifying Montgomery County Resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)

10. 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 store, etc.): Free Standing located in Damascus MD. In town across from 711 Shore. SF is 2600, restaurant and seating is 90 Plus Capacity.

11. Phone number of the establishment, including area code: Still in renovation but owner's cell # 401-0964³⁰¹

12. Type of business conducted at the premises described above (business concept): Peruvian Charbroiled Patisserie chicken & Ten Sides to chose from. There will also be more choices in the menu.

(a) Date applicant will begin to operate the business: February of 2017

(b) Days and Hours the business will be conducted: Mon - Sun 10:30 AM to 10:30 PM

(c) Who will be in active charge of this business: ABDUL E. KAMARA (owner)

(d) If this application is for a transfer of the current license, state:

(1) (a) Name(s) of all current license holder(s) and (b) the date the current business began operating:

(a) _____

(b) _____

(2) Location of (a) current licensed facility and (b) the location to which current license is being transferred.

(a) _____

(b) _____

X 13. Name of property owner: B&D Properties, LLC. / M. Carmen Bishop

Address: 3933 Ivy Terrace Ct, NW, Washington DC 20007 Phone Number: 202-629-3779
301-346-1123 (C)

X 14. If premises are leased, state:

(a) Date lease made: September 29, 2016 Date lease expires: March 31, 2027

(b) State renewal options, if any: 2, 5-year options to renew

15. Distance to nearest church: .5 mile Feet Distance to nearest school: 1500 Feet

Distance to nearest place of business licensed to sell alcoholic beverages: 200 Feet

*Measurement of the required distance shall be made from the nearest point of the building of the proposed establishment for which the license is requested to the nearest point of the building of the school, church or other place of worship, or youth center.

16. Has any applicant ever been:

(a) Convicted of a felony? YES NO

(b) Found guilty of violating the laws governing the sale of alcoholic beverages? YES NO

(c) Found guilty of violating the laws for the prevention of gambling in the State of Maryland? YES NO

(d) Found guilty of any offense against the laws of the State of Maryland or the United States? YES NO

17. Has any applicant ever had a license for the sale of alcoholic beverages? YES NO

If YES, state name of applicant, name of business, location for which license was held, and the period of time for which it was held: _____

18. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked? YES NO

19. Does any applicant or person with an ownership interest in this business have a financial interest in any other place of business in Montgomery County or the State of Maryland where alcoholic license has been applied for, granted, or issued under Article 2B of the Annotated Code of Maryland? YES NO

If yes, state the name of applicant, name and location of licensed premises & ownership: _____

20. Has any person other than the applicant(s) any financial interest in the alcoholic beverage license applied for, or in the business 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 been a resident and taxpayer of Montgomery County, Maryland for at least two years preceding the filing of this application; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or business 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 business 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) Abdul E. Kamm
Signature of Applicant
- (B) _____
Signature of Applicant
- (C) _____
Signature of Applicant
- (D) _____
(FOR CORPORATION APPLICATIONS ONLY) 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 business 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."

M. Carmen Bismof
Signature of the Property Owner
M. CARMEN BISMOF
Printed Name of Property owner
3933 Ivy Terrace Ct. NW
Address Washington DC
202-629-3779
Phone

APPLICATION: 5

EXEMPT 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 2-16-17 @ 11 am

Application is made by the undersigned under the provisions of Article 2B 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.

- 1. (a) Nature of application:
 - New License
 - Transfer of Ownership
 - Transfer of Location
 - Reclassification
- (b) Entity on whose behalf application is made:
 - Corporation
 - Partnership
 - Limited Liability Co.
 - Individual

2. Class of license sought: Bear, Wine & Liquor License Class B

3. Trade Name of Business: Island Pride OASIS

4. Mailing address for which license is sought (no P.O. Box): 617 S. Frederick Ave; Gaithersburg Md 20877

5. Name of Applicant (A): Joan Beckford Home Tel. No.: 301 528 3956
 Cell Number: 301 814 4375 Email Address: Joan.beckford@yahoo.com
 Complete Address: 21202 Virginia Pine Ter Gaithersburg Md 20878 No. Years at this address: 16
 Place of Birth: Jamaica Birth Date: 12/28/1956 Sex: M F
 Number of years as Montgomery County Resident: 32 years

Name of Applicant (B): _____ Home Tel. No.: _____
 Cell Number: _____ Email Address: _____
 Complete Address: _____ No. Years at this address: _____
 Place of Birth: _____ Birth Date: _____ Sex: M F
 Number of years as Montgomery County Resident: _____

Name of Applicant (C): _____ Home Tel. No.: _____
 Cell Number: _____ Email Address: _____
 Complete Address: _____ No. Years at this address: _____
 Place of Birth: _____ Birth Date: _____ Sex: M F
 Number of years as Montgomery County Resident: _____

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

6. If any applicant is foreign-born, state:
- (a) Name: Joan Beckford Birthplace: Jamaica MD
 If naturalized, place Baltimore Date: 1997 Immigration Card #: 43028760 (Pass pvt #)
 - (b) Name: _____ Birthplace: _____
 If naturalized, place _____ Date: _____ Immigration Card #: _____
 - (c) Name: _____ Birthplace: _____
 If naturalized, place _____ Date: _____ Immigration Card #: _____

7. If application is made on behalf of a CORPORATION, state:
- (a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)
 - (b) Name/address of Corporation: _____
 - (c) Incorporated under laws of _____ Month _____ Year _____
 - (d) Authorized Capital: _____ No. of shares authorized: _____ No. of shares issued: _____
 - (e) Stockholders (*Include all layers until reaching layer that is 100% owned by individuals and/or by publicly traded company)

DEC 14 10 51 AM '16

(*Attach additional sheet if necessary):

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

(f) Corporate Officers

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

8. If application is made on behalf of a LIMITED LIABILITY COMPANY, state:

Island
Pride
Oasis
LLC

(a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A X) (B) (C)
 (b) Name/address LLC: 617 S Frederick Ave Gaithersburg Md 20877
 (c) Organized under laws of Maryland Month October Year 2016
 (d) Percentage Ownership Interest of ENTIRE LLC (*Attach additional sheet if necessary):

Name (A)	Address	Percentage
<u>Daniel Beckford</u>	<u>21202 Virginia Pine Ter</u>	<u>50%</u>
Name (B)	Address	Percentage
<u>Joan Beckford</u>	<u>21202 Virginia Pine Ter</u>	<u>50%</u>
Name (C)	Address	Percentage
	<u>German town Md 20876</u>	
Name	Address	Percentage
Name	Address	Percentage

9. If application is made on behalf of a PARTNERSHIP, state:

(a) Name/address of Partnership: _____
 (b) Date when partnership was formed: _____ In what State: _____
 (c) Percentage Ownership Interest of each partner in partnership (*Attach additional sheet if necessary):

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

(d) Indicate which partners are the GENERAL PARTNERS, indicate with an "X", (A _____) (B _____) (C _____)

(e) The qualifying Montgomery County Resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)

10. 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 store, etc.): 4563 sq Free Standing

Walnut Center Gaithersburg

11. Phone number of the establishment, including area code: 240 477 5155

12. Type of business conducted at the premises described above (business concept): Restaurant
Catering and Sport bar

(a) Date applicant will begin to operate the business: 12/17/2016

(b) Days and Hours the business will be conducted: Sun to Saturday 11Am to 2

(c) Who will be in active charge of this business: Joan Beckford and Daniel Beck

(d) If this application is for a transfer of the current license, state:

(1) (a) Name(s) of all current license holder(s) and (b) the date the current business began operating:

(a) _____

(b) _____

(2) Location of (a) current licensed facility and (b) the location to which current license is being transferred.

(a) _____

(b) _____

13. Name of property owner: Herbert Porown

Address: P.O. Box 449 Barnesville Md 20838 Phone Number: 301 349 2850

14. If premises are leased, state: 600 ft Maryland

(a) Date lease made: 10/1/2016 Date lease expires: 10/1/2021

(b) State renewal options, if any: Renewed after 5 years

15. Distance to nearest church: 600 Feet Distance to nearest school: 950 Feet

Distance to nearest place of business licensed to sell alcoholic beverages: 100 ft Feet

*Measurement of the required distance shall be made from the nearest point of the building of the proposed establishment for which the license is requested to the nearest point of the building of the school, church or other place of worship, or youth center.

16. Has any applicant ever been:

(a) Convicted of a felony? YES NO

(b) Found guilty of violating the laws governing the sale of alcoholic beverages? YES NO

(c) Found guilty of violating the laws for the prevention of gambling in the State of Maryland? YES NO

(d) Found guilty of any offense against the laws of the State of Maryland or the United States? YES NO

17. Has any applicant ever had a license for the sale of alcoholic beverages? YES NO

If YES, state name of applicant, name of business, location for which license was held, and the period of time for which it was held:

18. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked? YES NO

19. Does any applicant or person with an ownership interest in this business have a financial interest in any other place of business in

Montgomery County or the State of Maryland where alcoholic license has been applied for, granted, or issued under Article 2B of the

Annotated Code of Maryland? YES NO

If yes, state the name of applicant, name and location of licensed premises & ownership: _____

20. Has any person other than the applicant(s) any financial interest in the alcoholic beverage license

applied for, or in the business to be conducted under the current license? YES NO

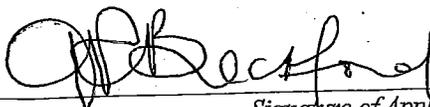
If YES, state name and the financial interest owned: _____

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has been a resident and taxpayer of Montgomery County, Maryland for at least two years preceding the filing of this application; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or business 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 business is to be conducted.

Affidavit:

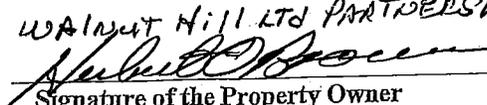
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) 
Signature of Applicant
(B) _____
Signature of Applicant
(C) _____
Signature of Applicant
(D) _____
(FOR CORPORATION APPLICATIONS ONLY) 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 business 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."

WALNUT HILL LTD PARTNERSHIP

Signature of the Property Owner
HERBERT O. BROWN
Printed Name of Property owner
P.O. BOX 449, BARNESVILLE, MD 20838 301-349-2850
Address Phone

APPLICATION: 6

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

27464

STATE OF MARYLAND
(Montgomery County)
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
PLEASE PRINT OR TYPE IN INK

OCT 24 11 43 AM '16

To the Board of License Commissioners for Montgomery County:

hearing: 2/16/2017 @ 11:30 am

Application is made by the undersigned under the provisions of Article 2B 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.

- 1. (a) Nature of application:
 - New License
 - Transfer of Ownership
 - Transfer of Location
 - Reclassification
- (b) Entity on whose behalf application is made:
 - Limited Liability Co.
 - Corporation
 - Partnership
 - Individual
- 2. Class of license sought: B - BWL
- 3. Trade Name of Business: Badlands, LLC - BADLANDS NATURAL PLAY SPACE
- 4. Mailing address for which license is sought (no P.O. Box): 5200 Randolph Rd
Rockville, MD 20852

5. Name of Applicant (A): Mikel Blair Home Tel. No.: 301-299-9565
 Cell Number: 301-910-5459 Email Address: mblair@badlandsplayspace.com
 Complete Address: 9907 River View Ct., Potomac, MD 20854 No. Years at this address: 8
 Place of Birth: Oklahoma Birth Date: 5/18/1978 Sex: M F
 Number of years as Montgomery County Resident: 10

Name of Applicant (B): _____ Home Tel. No.: _____
 Cell Number: _____ Email Address: _____
 Complete Address: _____ No. Years at this address: _____
 Place of Birth: _____ Birth Date: _____ Sex: M F
 Number of years as Montgomery County Resident: _____

Name of Applicant (C): _____ Home Tel. No.: _____
 Cell Number: _____ Email Address: _____
 Complete Address: _____ No. Years at this address: _____
 Place of Birth: _____ Birth Date: _____ Sex: M F
 Number of years as Montgomery County Resident: _____

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

- 6. If any applicant is foreign-born, state:
 - (a) Name: _____ Birthplace: _____
 If naturalized, place _____ Date: _____ Immigration Card #: _____
 - (b) Name: _____ Birthplace: _____
 If naturalized, place _____ Date: _____ Immigration Card #: _____
 - (c) Name: _____ Birthplace: _____
 If naturalized, place _____ Date: _____ Immigration Card #: _____

- 7. If application is made on behalf of a CORPORATION, state:
 - (a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)
 - (b) Name/address of Corporation: _____
 - (c) Incorporated under laws of _____ Month _____ Year _____
 - (d) Authorized Capital: _____ No. of shares authorized: _____ No. of shares issued: _____
 - (e) Stockholders (*Include all layers until reaching layer that is 100% owned by individuals and/or by publicly traded company)

(*Attach additional sheet if necessary):

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

(f) Corporate Officers

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

8. If application is made on behalf of a LIMITED LIABILITY COMPANY, state:

- (a) The qualifying Montgomery County resident applicant(s) indicate with an "X", (A X) (B _____) (C _____)
- (b) Name/address LLC: Badlands, LLC 11101 WASHINGTON PARKWAY, 10TH FLOOR, ROCKVILLE, MD 20852
- (c) Organized under laws of Delaware Month June Year 2015

(d) Percentage Ownership Interest of ENTIRE LLC (*Attach additional sheet if necessary):

<u>Mikel Blair</u>	<u>9907 River View Ct. Potomac, Md 20854</u>	<u>100%</u>
Name (A)	Address	Percentage
Name (B)	Address	Percentage
Name (C)	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

9. If application is made on behalf of a PARTNERSHIP, state:

- (a) Name/address of Partnership: _____
- (b) Date when partnership was formed: _____ In what State: _____
- (c) Percentage Ownership Interest of each partner in partnership (*Attach additional sheet if necessary):

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

(d) Indicate which partners are the GENERAL PARTNERS, indicate with an "X", (A _____) (B _____) (C _____)
(e) The qualifying Montgomery County Resident applicant(s) indicate with an "X", (A _____) (B _____) (C _____)

10. 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 store, etc.): 20,000 sq ft located in Loehmann's Plaza containing Cafe with seating for 40+.

11. Phone number of the establishment, including area code: TBD

12. Type of business conducted at the premises described above (business concept): Family entertainment center with special events, birthday parties, indoor playground, & Cafe components

- (a) Date applicant will begin to operate the business: February 1, 2017
- (b) Days and Hours the business will be conducted: Sun-Sat 9am-7pm w/ occasional special events in the evening.
- (c) Who will be in active charge of this business: Mark Nardone, General Manager
- (d) If this application is for a transfer of the current license, state: na

- (1) (a) Name(s) of all current license holder(s) and (b) the date the current business began operating:
 - (a) _____
 - (b) _____
- (2) Location of (a) current licensed facility and (b) the location to which current license is being transferred.
 - (a) _____
 - (b) _____

13. Name of property owner: Rosenfeld Investment, LLC c/o JBG Retail Management, LLC
Address: 4445 Willard Ave, Suit 400, Chevy Chase, MD 20815 Phone Number: 240-333-3600

14. If premises are leased, state:
(a) Date lease made: August 31, 2016 Date lease expires: 5 years after lease commencement
(b) State renewal options, if any: none

15. Distance to nearest church: 1056 Feet Distance to nearest school: 1056 Feet
Distance to nearest place of business licensed to sell alcoholic beverages: 175 Feet

*Measurement of the required distance shall be made from the nearest point of the building of the proposed establishment for which the license is requested to the nearest point of the building of the school, church or other place of worship, or youth center.

16. Has any applicant ever been:
- (a) Convicted of a felony? YES NO
 - (b) Found guilty of violating the laws governing the sale of alcoholic beverages? YES NO
 - (c) Found guilty of violating the laws for the prevention of gambling in the State of Maryland? YES NO
 - (d) Found guilty of any offense against the laws of the State of Maryland or the United States? YES NO

17. Has any applicant ever had a license for the sale of alcoholic beverages? YES NO
If YES, state name of applicant, name of business, location for which license was held, and the period of time for which it was held:

18. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked? YES NO

19. Does any applicant or person with an ownership interest in this business have a financial interest in any other place of business in Montgomery County or the State of Maryland where alcoholic license has been applied for, granted, or issued under Article 2B of the Annotated Code of Maryland? YES NO

If yes, state the name of applicant, name and location of licensed premises & ownership: _____

20. Has any person other than the applicant(s) any financial interest in the alcoholic beverage license applied for, or in the business 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 been a resident and taxpayer of Montgomery County, Maryland for at least two years preceding the filing of this application; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or business 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 business 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) Michael Blair
Signature of Applicant

(B) _____
Signature of Applicant

(C) _____
Signature of Applicant

(D) _____
(FOR CORPORATION APPLICATIONS ONLY) *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 business is to be conducted.

Affidavit:

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

Signature of the Property Owner

Printed Name of Property owner

Address

Phone

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has been a resident and taxpayer of Montgomery County, Maryland for at least two years preceding the filing of this application; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or business 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 business 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) Michael Blair
Signature of Applicant

(B) _____
Signature of Applicant

(C) _____
Signature of Applicant

(D) _____
(FOR CORPORATION APPLICATIONS ONLY) 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 business 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."

Robert J. Rosenberg
Signature of the Property Owner

ROBERT J. ROSENBERG
Printed Name of Property owner

4445 WILLARD AVE #700 301-657-0700
Address CHEVY CHASE, MD 20815 Phone