

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 the offender 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)

ODT 3/24/11:55

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification		
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		
C. Class of License Applied For:	BIBWLHR	D. Entity Name:	Hossa Dog LLC
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage		
F. Trade Name of Facility:	The 4 Corners Pub	G. Is Business a Franchise?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H. Address of Facility to be Licensed (No P.O. Box):	10111 Sutherland Rd. Silver Spring, MD 20901		

SECTION 2: APPLICANT INFORMATION

Applicant A Name:	Spencer Smith	Birthdate:	12-14-87	Personal Phone Number:	H: 301-622-0253 c: 301-455-1294
Full Address:	12305 Lima dr. Silver Spring, MD 20901	Years at this Address:	8	Years as Maryland Resident:	12
Email Address:	SSmith.4cornerspub@gmail	Sex:	M	Place of Birth:	Washington D.C.

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: HOSS & Dog LLC 10111 Sutherland Rd. Silver Spring, Md 20901	C. Authorized Persons of LLC Spencer Smith
D. Organized Under State Laws of: Maryland	E. Month and Year: August 2012

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

Name (A): Spencer Smith	Full Address: 12305 Lima dr. Silver Spring, md	Percentage: 50%
Name (B): Elizabeth Smith	Full Address: 12305 Lima dr. Silver Spring, md	Percentage: 50%
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): <i>Bar, Dining room, outdoor seating, carryout, 2,985 sq ft Stand alone neighborhood restaurant</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): <i>Spencer Smith</i>	
C. Phone Number of Establishment: <i>301-593-2900</i>	D. Type of Facility/Facility Concept: <i>Casual sit down restaurant + Bar</i>
E. Date Applicant will Begin to Operate: <i>November 2021</i>	F. Days and Hours of Operation: <i>Mon, Tues, Wed, Thurs: 11am - 12am Fri: 11am - 2am Sat: 10am - 2am Sun: 10am - 12am</i>

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

A. Names of all Current License Holders: 1) <i>Spencer Smith</i> 3) 2)	B. Date Facility Began Operating: <i>November, 2012</i>
C. Location of Current Licensed Facility: <i>10111 Sutherland rd. Silver Spring, Md 20901</i>	D. Location to Which License is Being Transferred: <i>10111 Sutherland rd. Silver Spring, Md 20901</i>

SECTION 8: LEASED PREMISES

A. Name of Property Owner: <i>Brian Smith</i>	B. Phone Number of Property Owner: <i>301-775-4230</i>	C. Full Address of Property Owner: <i>4300 Banff Springs Ct. Rockville, Md 20853</i>
D. Date Lease Made: <i>November 2012</i>	E. Date Lease Expires: <i>November 2042</i>	
F. State Renewal Options, if any:		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input checked="" type="checkbox"/> YES
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: <i>The 4 Corner Pub 10111 Sutherland Rd Silver Spring MD 20901 11/2012 -> current</i>	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input checked="" type="checkbox"/> YES
If YES, state name and the financial interest owned: <i>Elizabeth Smith 50%</i>	

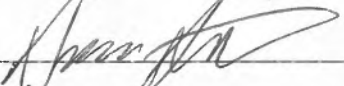
SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) 

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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



Signature of the Property Owner

Brian Smith 301-775-4230

Printed Name of Property Owner

4300 Banff Springs Ct. Rockville, Md 20853

Address of Property Owner

Phone of Property Owner

(301 775 4230)

APPLICATION

2

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

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

NOT 2/26/24 2:22
 NOT 2/24/24 2:22

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

11-7-24 c 930 am #1502544

A. Nature of Application:		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: B-BWL		D. Entity Name: Morgan Howard, LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Hard Times Cafe		G. Is Business a Franchise? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 117 Nelson St, Rockville, MD 20850			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Andrew Veith		Birthdate: 05/27/1992	Personal Phone Number: H: C: 240-401-2932	
Full Address: 509 mannahee st, Rockville, MD 20850		Years at this Address: 10	Years as Maryland Resident: 32	
Email Address: Aveithwvu02@gmail.com		Sex: male	Place of Birth: Germantown, MD	

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: 1117 Nelson St Morgan Howard LLC Rockville, MD 20850	C. Authorized Persons of LLC Andrew Veith
D. Organized Under State Laws of: Maryland	E. Month and Year: July 2008

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

Name (A): Andrew Veith	Full Address: 509 Manneke St, Rockville, MD 20850	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):	
3100 sq ft Strip Center	
B. Who Will be in Charge of Day-to-Day Operations (General Manager):	
Andrew Veith	
C. Phone Number of Establishment:	D. Type of Facility/Facility Concept:
301-294-9720	Full Service
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:
October 1st, 2024	m-closed Tues-Sat - 1130am-9pm Sun- 12pm-8pm

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

A. Names of all Current License Holders:	B. Date Facility Began Operating:
1) Robert Howard 3) 2) Scott Roth	02/18/2010
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:
1117 Nelson St, Rockville, MD	1117 Nelson St, Rockville, MD

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
JCR WOODLEY INVESTORS LLL	202 758-3571	909 IRUSE AVE. SW114 NORTH BETHESDA 20852
D. Date Lease Made:	E. Date Lease Expires:	
10/1/2014	10/1/14	
F. State Renewal Options, if any:		
N/K		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) 

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

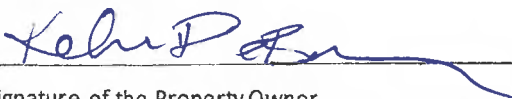
(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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



Signature of the Property Owner

JLR WOODLEY INVESTMENTS LLC

Printed Name of Property Owner

309 2016 AVE. NORTH BETHesda MD 20852

Address of Property Owner

Phone of Property Owner

APPLICATION

3

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime. **SEP 8 2019 4:37**

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

1466547

A. Nature of Application:	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: Class B (License No. BBWLHR372277)	D. Entity Name: Ninja Sushi 99 LLC (SDAT Dept. ID: W25270042)
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage
F. Trade Name of Facility: Ninja Sushi	
G. Address of Facility to be Licensed (No P.O. Box): 13452 New Hampshire Avenue, Silver Spring, MD 20904	

SECTION 2: APPLICANT INFORMATION - AT LEAST ONE APPLICANT MUST BE A US CITIZEN

Applicant A Name: LI, Qingpeng	Birthdate: 12/13/1990	Personal Phone Number: H: C: (347) 200-4377
Full Address: 6519 Dundee Drive, Unit 252, Sykesville, MD 21784	Years at this Address: 2	Years as Maryland Resident: 5
Email Address: yan36676@gmail.com	Sex: Male	Place of Birth: Fujian, China

If applicant is foreign-born, state:

Immigration Card Number: 206-291-491	If Naturalized, City/State: Green Card holder	Date of Naturalization: N/A
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Applicant B Name: LI, Yuling	Birthdate: 12/13/1990	Personal Phone Number: H: C: (917) 915-0827
Full Address: 7722 Patuxent Oak Court, Elkridge, MD 21075	Years at this Address: 6 years	Years as Maryland Resident: 6
Email Address: yumi420048165@gmail.com	Sex: Female	Place of Birth: Fujian, China

If applicant is foreign-born, state:

Immigration Card Number: 594484825 (US passport)	If Naturalized, City/State: Baltimore, MD	Date of Naturalization: 7/19/2018
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Applicant C Name:	Birthdate:	Personal Phone Number: H: C:
Full Address:	Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input checked="" type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Ninja Sushi 99 LLC 13452 New Hampshire Ave, Silver Spring, MD 20904	C. Authorized Persons of LLC Qingpeng Li and Yuling Li
D. Organized Under State Laws of: Maryland	E. Month and Year: 07/2024

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

Name (A): Qingpeng Li	Full Address: 6519 Dundee Dr., #252, Sykesville, MD 21784	Percentage: 60%
Name (B): Yuling Li	Full Address: 7722 Patuxent Oak Court, Elkridge, MD 21075	Percentage: 40%
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Full-service restaurant within a strip-mall; approx. 1,950 sq. ft.; approx. 60 seats; Class B (beer, wine, and liquor)	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Qingpeng Li and Yuling Li	
C. Phone Number of Establishment: 301-388-0676	D. Type of Facility/Facility Concept: full-service Japanese sushi restaurant
E. Date Applicant will Begin to Operate: Currently open. 9-1-2024	F. Days and Hours of Operation: Monday, Wednesday, and Thursday: 11 am-3 pm; 4 pm-9:30 pm; Friday and Saturday: 11 am-10:30 pm; Sunday: 12 pm-9 pm; and Tuesday (close).

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

A. Names of all Current License Holders: 1) CHEN, Ping 2) LI, Yuling 3) Ninja Sushi Inc.		B. Date Facility Began Operating: Approx. May 2020
C. Location of Current Licensed Facility: 13452 New Hampshire Ave, Silver Spring, MD 20904	D. Location to Which License is Being Transferred: Same location.	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Colesville Center, LLC	B. Phone Number of Property Owner: 301-236-9411	C. Full Address of Property Owner: 704 Cloverly St., Silver Spring, MD 20905
D. Date Lease Made: 12/07/2018		E. Date Lease Expires: 12/31/2024
F. State Renewal Options, if any: one 5-year renewal		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: Yuling Li; Ninja Sushi Inc.; 13452 New Hampshire Ave, Silver Spring, MD 20904; since June 2020	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) Qing Peng Li

Signature of Applicant
(B) [Signature]

Signature of Applicant
(C) _____


Signature of Applicant (D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

 Brian F. Jones

Signature of the Property Owner
Colesville Center, LLC (c/o: Kramer Enterprises)

Printed Name of Property Owner
704 Cloverly St., Silver Spring, MD 20905 301-236-9411

Address of Property Owner Phone of Property Owner

APPLICATION

4

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

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

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input checked="" type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: Class B BWLHR		D. Entity Name: Shangzha Management, LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Maya Cuisine Restaurant and Bar			
G. Address of Facility to be Licensed (No P.O. Box): 3745 A Wisconsin Avenue Bethesda MD 20814			

490323

SECTION 2: APPLICANT INFORMATION - AT LEAST ONE APPLICANT MUST BE A US CITIZEN

Applicant A Name: Rima KC		Birthdate: 05/27/1975		Personal Phone Number: H: C: 301-433-1299	
Full Address: 224 Forest preserve drive Gaithersburg MD 20878			Years at this Address: 10+		Years as Maryland Resident: 15+
Email Address: authenticfood@gmail.com		Sex: F		Place of Birth: Nepal	

If applicant is foreign-born, state:

Immigration Card Number: 34400684	If Naturalized, City/State: Baltimore MD	Date of Naturalization: 12/02/2011
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Applicant B Name:		Birthdate:		Personal Phone Number:	
Full Address:		Years at this Address:		Years as Maryland Resident:	
Email Address:		Sex:		Place of Birth:	

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: 374 E Wisconsin Avenue Bethesda	C. Authorized Persons of LLC Rima KC	
D. Organized Under State Laws of: Maryland	E. Month and Year: 2020	

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

Name (A): Rima KC	Full Address: 224 Forest preserve Drive Gaithersburg MD 20878	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): 200 SF	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Singh B. Mahajan	
C. Phone Number of Establishment: 301-656-4444	D. Type of Facility/Facility Concept: Food & Beverage Restaurant
E. Date Applicant will Begin to Operate: Currently open	F. Days and Hours of Operation: 7 days/week 11:30 AM - 2:30 PM 4:30 PM - 10:00 PM

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Yoav Katz	B. Phone Number of Property Owner: 301-951-8474	C. Full Address of Property Owner: 4923 Bethesda Avenue #C Bethesda MD 20814
D. Date Lease Made: 01-01-2020	E. Date Lease Expires: 05-31-2030	
F. State Renewal Options, if any: N/A		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: Maya cuisine 7345-A Wisconsin Avenue Bethesda, MD 20814	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) Rima KC
Signature of Applicant RC

(B) _____
Signature of Applicant

(C) _____
Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

Jenny
Signature of the Property Owner

Printed Name of Property Owner

Jenny Chang (manager) 301-951-8474

Address of Property Owner Phone of Property Owner

4601 Montgomery Ave
#401
Bethesda, MD 20814

APPLICATION

5

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

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

SEP 17 2024 3:40

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.

#1458544

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: Class A - BW	D. Entity Name: Sang Kim Enterprises, LLC
E. Types of Permits Applied For: (See Appendix A) ABW	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility: Hollywood Beer, Wine, & Deli/ DYO Enterprises, Inc.	
G. Address of Facility to be Licensed (No P.O. Box): 12703 New Hampshire Ave, Silver Spring, Md 20904	

SECTION 2: APPLICANT INFORMATION - AT LEAST ONE APPLICANT MUST BE A US CITIZEN

Applicant A Name: Sang Ok, Kim	Birthdate: 05/21/1952	Personal Phone Number: H: C: 240-620-6362	
Full Address: 3680 Laurel Dr, Indian Head, Md 20640		Years at this Address: 6 years	Years as Maryland Resident: Over 20 years
Email Address: jenniferpark49@yahoo.com	Sex: Female	Place of Birth: Seoul, Korea	

If applicant is foreign-born, state:

Immigration Card Number: A047584544	If Naturalized, City/State: Baltimore, Md	Date of Naturalization: 05/04/2024
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Applicant B Name: Kee W, Kim	Birthdate: 08/15/1945	Personal Phone Number: H: C: 301-332-9437	
Full Address: 3680 Laurel Dr, Indian Head, Md 20640		Years at this Address: 6	Years as Maryland Resident: Over 20 years
Email Address: jenniferpark49@yahoo.com	Sex: Male	Place of Birth: Seoul, Korea	

If applicant is foreign-born, state:

Immigration Card Number: A047584544	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name:	Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: Sang Kim Enterprises, LLC - 12703 New Hampshire Ave Silver Spring, MD 20904		C. Authorized Persons of LLC Sang Ok Kim <i>Keo W. Kim</i>	
D. Organized Under State Laws of: Maryland		E. Month and Year: 08/2024	

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

Name (A):	Full Address:	Percentage:
Sang Ok Kim	3680 Laurel Dr, Indian Head, MD 20640	50%
Name (B): Ki Woong Kim	Full Address: 3680 Laurel Dr, Indian Head, MD 20640	Percentage: 50%
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): 1100 sqf <i>Beer Wine Store, Stand Alone Building</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Ki Woong Kim	
C. Phone Number of Establishment: 301-332-9437	D. Type of Facility/Facility Concept: Beer Wine & Deli Carry out
E. Date Applicant will Begin to Operate: FDB <i>8/15/2024</i>	F. Days and Hours of Operation: Mon thru Fri 8am-9:30pm; Sat 9am-9:30pm; Sun 12Noon-6pm

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

A. Names of all Current License Holders: 1) Hollywood Beer, Wine, & Deli 2) DYO Enterprises, Inc. 3) Dae Park		B. Date Facility Began Operating: <i>12/2004</i>
C. Location of Current Licensed Facility: 12703 New Hampshire Ave, Silver Spring, Md 20904	D. Location to Which License is Being Transferred:	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Hip Sing Asso/Patrick K, Pat	B. Phone Number of Property Owner: 703-473-4329	C. Full Address of Property Owner: 12705-B New Hampshire Ave Silver Spring, MD 20904
D. Date Lease Made: 08/05/2024		E. Date Lease Expires: 07/31/2034
F. State Renewal Options, if any: None		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: Sang Ok, Kim Lee's Market at 4310 Hawthorne Rd, Indian Head, Md 20640 - 08/18/2009 to 08/30/2017	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

SECTION 10: CERTIFICATES AND SIGNATURES

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

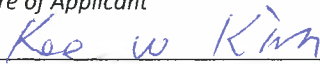
Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County,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

Affidavit:

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


(A) 

Signature of Applicant

(B) 

Signature of Applicant

(C) _____
Signature of Applicant

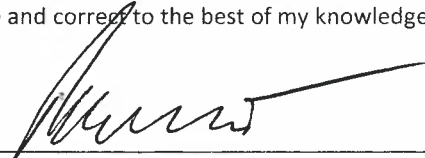
(D) 

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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



Signature of the Property Owner
Patrick K, Pat

Printed Name of Property Owner
12705 -B New Hampshire Ave Silver Spring, Md 20904 410-987-9576

Address of Property Owner Phone of Property Owner

APPLICATION

6

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

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

SEP 24 AM 9:41

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

#1458547

A. Nature of Application:	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification		
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		
C. Class of License Applied For: BBWLHR	D. Entity Name: Kanpai USA LLC (SDAT #: W23469489)		
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage		
F. Trade Name of Facility: Kanpai BBQ & Shabu Shabu Buffet			
G. Address of Facility to be Licensed (No P.O. Box): 1701 Rockville Pike, Unit A10, Rockville, MD 20852			

SECTION 2: APPLICANT INFORMATION - AT LEAST ONE APPLICANT MUST BE A US CITIZEN

Applicant A Name: VUONG, Thuy Minh	Birthdate: 11/17/1997	Personal Phone Number: H: C: 301-351-4098	
Full Address: 13508 Stockbridge Court, Silver Spring, MD 20906	Years at this Address: 820	Years as Maryland Resident: 8	
Email Address: vuongthuyminh17@gmail.com	Sex: femal	Place of Birth: Soc Trang, Vietnam	
If applicant is foreign-born, state:			
Immigration Card Number: 219-057-394	If Naturalized, City/State: Permanent Resident/Green Card	Date of Naturalization: N/A	

Applicant B Name: ZHU, Yuan Kun	Birthdate: 03/29/1981	Personal Phone Number: H: C: 240-421-8869	
Full Address: 13120 Clarksburg Square Road, Clarksburg, MD 20871	Years at this Address: 2 years	Years as Maryland Resident: 20	
Email Address: penroad400@gmail.com	Sex: male	Place of Birth: Fujian, China	
If applicant is foreign-born, state:			
Immigration Card Number: A39016033	If Naturalized, City/State: Baltimore, MD	Date of Naturalization: 12/17/2004	

Applicant C Name:	Birthdate:	Personal Phone Number: H: C: 301-351-4098	
Full Address:	Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:	
If applicant is foreign-born, state:			
Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:	

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Kanpai USA LLC; 8341 Beechcraft Dr., Gaithersburg MD 20879	C. Authorized Persons of LLC Thuy Minh Vuong and Yuan Kun Zhu
D. Organized Under State Laws of: Maryland	E. Month and Year: November 2022

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

Name (A): Thuy Minh Vuong	Full Address: 13508 Stockbridge Ct., Silver Spring, MD 20906	Percentage: 80%
Name (B): Yuan Kun Zhu	Full Address: 13120 Clarksburg Square Rd., Clarksburg, MD 20871	Percentage: 20%
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Japanese buffet restaurant in a strip mall (The Shops at Congressional Village). It will have 111 seats, serving beer, wine, and liquor. 6,640 sq. ft.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Thuy Minh Vuong	
C. Phone Number of Establishment: 240-669-8394	D. Type of Facility/Facility Concept: Japanese BBQ and shabu shabu restaurant
E. Date Applicant will Begin to Operate: September 15, 2024	F. Days and Hours of Operation: Sunday through Thursday, 12:00 noon to 10:00 pm; and Friday and Saturday, 12:00 noon to 11:00 pm.

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: WINDFALL ROCKVILLE LLC	B. Phone Number of Property Owner: keikenberg@csinvestors.com; (301) 692-1930	C. Full Address of Property Owner: 121 Congressional Lane, #200, Rockville, MD 20852
D. Date Lease Made: January 31, 2023	E. Date Lease Expires: 10 years from opening of restaurant	
F. State Renewal Options, if any: One 5-year option.		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	YES ■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	YES ■ NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	YES ■ NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	YES ■ NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it 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 applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	YES ■ NO
If YES, state name and the financial interest owned:	

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A)  _____
Thuy Minh Vuong (Sep 1, 2024 12:15 EDT)

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

Signature of the Property Owner
Windfall Rockville LLC

Printed Name of Property Owner
121 Congressional Lane, #200, Rockville, MD 20852 (301) 692-1930

Address of Property Owner

Phone of Property Owner







Kanpai Alcohol Application (for e-sign)

Final Audit Report

2024-09-01

Created:	2024-09-01
By:	michael hsur (kingchz@aol.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAzzSHHpY5oZgXwOb3ji9weyQ4ruolJDkL

"Kanpai Alcohol Application (for e-sign)" History

-  Document created by michael hsur (kingchz@aol.com)
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-  Document emailed to vuongthuyminh17@gmail.com for signature
2024-09-01 - 4:04:20 PM GMT
-  Email viewed by vuongthuyminh17@gmail.com
2024-09-01 - 4:15:10 PM GMT - IP address: 104.28.77.177
-  Signer vuongthuyminh17@gmail.com entered name at signing as Thuy minh vuong
2024-09-01 - 4:15:42 PM GMT - IP address: 100.15.112.243
-  Document e-signed by Thuy minh vuong (vuongthuyminh17@gmail.com)
Signature Date: 2024-09-01 - 4:15:44 PM GMT - Time Source: server- IP address: 100.15.112.243
-  Agreement completed.
2024-09-01 - 4:15:44 PM GMT

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) _____

Signature of Applicant

(B) Yuanjun zhu (Sep 2, 2024 01:52 EDT) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

Signature of the Property Owner

Windfall Rockville LLC

Printed Name of Property Owner

121 Congressional Lane, #200, Rockville, MD 20852 (301) 692-1930

Address of Property Owner

Phone of Property Owner







Kanpai Alcohol Application (for e-sign)

Final Audit Report

2024-09-02

Created:	2024-09-01
By:	michael hsur (kingchz@aol.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMSCgLgXxWI2tPpRMFNrsacpb3PkBnCnA

"Kanpai Alcohol Application (for e-sign)" History

-  Document created by michael hsur (kingchz@aol.com)
2024-09-01 - 4:06:07 PM GMT - IP address: 72.66.16.178
-  Document emailed to penroad400@gmail.com for signature
2024-09-01 - 4:06:13 PM GMT
-  Email viewed by penroad400@gmail.com
2024-09-01 - 4:06:30 PM GMT - IP address: 74.125.210.134
-  Signer penroad400@gmail.com entered name at signing as Yuankun zhu
2024-09-02 - 5:52:57 AM GMT - IP address: 100.36.58.217
-  Document e-signed by Yuankun zhu (penroad400@gmail.com)
Signature Date: 2024-09-02 - 5:52:59 AM GMT - Time Source: server- IP address: 100.36.58.217
-  Agreement completed.
2024-09-02 - 5:52:59 AM GMT

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) _____

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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



edward yo (Sep 3, 2024 12:19 EDT)

03/09/24

Signature of the Property Owner
Windfall Rockville LLC

Printed Name of Property Owner
121 Congressional Lane, #200, Rockville, MD 20852 (301) 692-1930

Address of Property Owner Phone of Property Owner






Kanpai Alcohol Application (for e-sign)

Final Audit Report

2024-09-03

Created:	2024-09-01
By:	michael hsur (kingchz@aol.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAfloXMSgcZW_mssYWITLDYDVHTR8AqxIH

"Kanpai Alcohol Application (for e-sign)" History

-  Document created by michael hsur (kingchz@aol.com)
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-  Document emailed to edward yo (edwardyo@gmail.com) for signature
2024-09-01 - 4:09:09 PM GMT
-  Email viewed by edward yo (edwardyo@gmail.com)
2024-09-01 - 4:10:32 PM GMT - IP address: 74.125.210.130
-  Document e-signed by edward yo (edwardyo@gmail.com)
Signature Date: 2024-09-03 - 4:19:15 PM GMT - Time Source: server- IP address: 72.81.137.116
-  Agreement completed.
2024-09-03 - 4:19:15 PM GMT



APPLICATION

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Tasteful Table Catering, LLC, 26130 Frederick Road, Clarksburg, MD 20871	C. Authorized Persons of LLC Yaron Kingsley <i>Meaghan Ford</i>
D. Organized Under State Laws of: Maryland	E. Month and Year: 08/2024

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

Name (A): Yaron Kingsley	Full Address: 23200 Robin Song Drive, Clarksburg, MD 20871	Percentage: 100
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Milton Ridge, Reception Hall and Patio with Pavilion - 4000 Sq Ft	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Meaghan Ford and Yaron Kingsley	
C. Phone Number of Establishment: 240 257 2560	D. Type of Facility/Facility Concept: Banquet Hall
E. Date Applicant will Begin to Operate: 11/10/2024	F. Days and Hours of Operation: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday from 10 am to 12 am

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: KINGSLEY ESTATES LLC YARON KINGSLEY	B. Phone Number of Property Owner: 202 436 2429	C. Full Address of Property Owner: 23200 ROBIN SONN DR. CLARKSBURG MD 20871
D. Date Lease Made: PROPERTY OWNER	E. Date Lease Expires: N/A	
F. State Renewal Options, if any: N/A		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

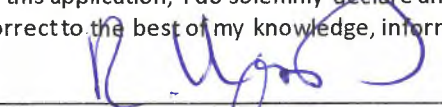
SECTION 10: CERTIFICATES AND SIGNATURES

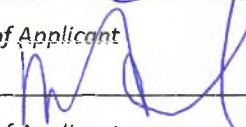
21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises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

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

Affidavit:

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

(A) 
Signature of Applicant

(B) 
Signature of Applicant

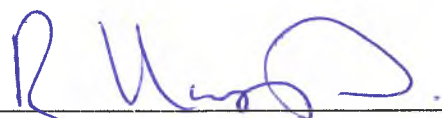
(C) _____
Signature of Applicant

(D) _____
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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


Signature of the Property Owner

MARON KINGSCLEY

Printed Name of Property Owner
23200 ROBINSON DR. CHARLESPT MD, 20871

Address of Property Owner
Phone of Property Owner 202 436 2429

APPLICATION

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

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

007 324-1209

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

1493544

A. Nature of Application:		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: <i>CLASS B, Beer/Wine</i>		D. Entity Name: Rama Food LLC	
E. Types of Permits Applied For: (See Appendix A) <i>GBWHR</i>		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input checked="" type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: <i>Pizza Stop</i>		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 2231 Bel Pre Rd, Silver Spring, MD 20906			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Morteza Peiravi		Birthdate: 06/20/1984	Personal Phone Number: H: C:2028449084	
Full Address: 10604 Drumm Ave, Kensington, MD 20895		Years at this Address: 5	Years as Maryland Resident: 10	
Email Address: Ramafoodllc@gmail.com	Sex: Male	Place of Birth: Mashhad/ Iran		
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City/State: Baltimore/MD	Date of Naturalization: 8/7/2018	

Applicant B Name: Sarah Charmchi		Birthdate: 08/07/1985	Personal Phone Number: H: C:4438777440	
Full Address: 10604 Drumm Ave, Kensington, MD 20895		Years at this Address: 5	Years as Maryland Resident: 20	
Email Address: Saracharmchi@yahoo.com	Sex: F	Place of Birth: Lawrence, KS		
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City/State:	Date of Naturalization:	

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

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

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of Corporation:			
C. Incorporated Under State Laws of:		D. Month and Year:	
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:	
Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary)			
Name (A):	Full Address:	Shares Owned:	
Name (B):	Full Address:	Shares Owned:	
Name (C):	Full Address:	Shares Owned:	
Corporate Officers:			
Name (A):	Full Address:	Title:	
Name (B):	Full Address:	Title:	
Name (C):	Full Address:	Title:	

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC:		C. Authorized Persons of LLC	
10604 Drumm Ave, Kensington, MD 20895		Morteza Peiravi, Sarah Charmchi	
D. Organized Under State Laws of:		E. Month and Year:	
Maryland		06/21/2024	
Percentage of Ownership Interest of LLC (Use additional sheet if necessary):			
Name (A):	Full Address:	Percentage:	
Morteza Peiravi	10604 Drumm Ave, Kensington, MD 20895	50	
Name (B):	Full Address:	Percentage:	
Sarah Charmchi	10604 Drumm Ave, Kensington, MD 20895	50	
Name (C):	Full Address:	Percentage:	

SECTION 5: PARTNERSHIP INFORMATION

A. Name and Full Address of Partnership:			
C. Date on Which Partnership was Formed:		D. In Which State:	
Percentage of Ownership Interest of Partnership (Use additional sheet if necessary):			
Name (A):	Full Address:	Percentage:	
Name (B):	Full Address:	Percentage:	
Name (C):	Full Address:	Percentage:	
Indicate Who are the General Partners:		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
Indicate Maryland Residents:		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Dine in resturant located in a strip mall. approximately 1,200 square feet.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Morteza Peiravi	
C. Phone Number of Establishment: 2028449084	D. Type of Facility/Facility Concept: Dine-In resturant
E. Date Applicant will Begin to Operate: 9/9/2024	F. Days and Hours of Operation: 7 days, 11am-9pm

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

A. Names of all Current License Holders: 1) Aung Oo 2) Lin Oo 3) Julia Oo		B. Date Facility Began Operating: 7/1/2020
C. Location of Current Licensed Facility: 2231 Bel Pre Rd, Silver Spring, MD 20906	D. Location to Which License is Being Transferred: 2231 Bel Pre Rd, Silver Spring, MD 20906	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: FLV Plaza Del Mercado, LP d/b/a FLV Plaza del Mercado LP by: Federal Realty OP LP	B. Phone Number of Property Owner: 301-998-8100	C. Full Address of Property Owner: 2211 Bel Pre Road Silver Spring, MD 20906
D. Date Lease Made: June 23, 2016	E. Date Lease Expires: June 30, 2031	
F. State Renewal Options, if any: Maryland 5 years		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) Morteza Peiravi

Signature of Applicant

(B) Sarah chermchi

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

FLV Plaza del Mercado, LP d/b/a FLV Plaza del Mercado LP. By Federal Realty OP LP as owner or authorized agent

Rebecca D. Walker

Signature of the Property Owner

Rebecca D Walker as Vice President, Head of Legal-Real Estate for Federal Realty OP LP

Printed Name of Property Owner
909 Rose Avenue Suite 200, N Bethesda, MD 20852 301-998-8100

Address of Property Owner

Phone of Property Owner