

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 perjury.

STATE OF MARYLAND | MONTGOMERY COUNTY

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

#1624544

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For:	D. Entity Name:
class BBW	YOLO CAFE Inc.
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility:	yolo cafe
G. Address of Facility to be Licensed (No P.O. Box):	18022 Mateny Rd, Germantown, MD 20874

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

Applicant A Name:	Birthdate:	Personal Phone Number:
XIU HUI WANG	3/20/1983	H: c: 240-386-7864
Full Address:	Years at this Address:	Years as Maryland Resident:
13238 Meander Cove Dr, Germantown, MD 20874	10	2011
Email Address:	Sex:	Place of Birth:
yolocafe7@gmail.com	F	CHINA

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
32045879	Baltimore, Maryland	1/27/2009

Applicant B Name:	Birthdate:	Personal Phone Number:
Tintie Wang	9/14/1985	H: c: 301-978-1711
Full Address:	Years at this Address:	Years as Maryland Resident:
22339 phillips st clarksburg, Md 20871	8	15
Email Address:	Sex:	Place of Birth:
Jaywang520@yahoo.com	M	CHINA

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
32863827	Baltimore, Maryland	9/18/2009

Applicant C Name:	Birthdate:	Personal Phone Number:
XIU HUI WANG	3/20/1983	H: c: 240-386-7864
Full Address:	Years at this Address:	Years as Maryland Resident:
13238 Meander Cove Dr, Germantown, MD 20874	10	15
Email Address:	Sex:	Place of Birth:
yolocafe7@gmail.com	F	CHINA

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 checked="" type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: Yolo Cafe Inc 18022 Mateny Rd, Germantown MD 20874		
C. Incorporated Under State Laws of: Maryland		D. Month and Year: 1 / 1994
E. Authorized Capital: 150,000	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): XIU HUI WANG	Full Address: 13238 Meander Cove Dr	Shares Owned: 100%
Name (B):	Full Address: Germantown, MD 20874	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A): JinTie Wang	Full Address: 22539 phillips ST Clarksburg,	Title: Secretary
Name (B): XIU HUI WANG	Full Address: MD. 20871 13238 Meander Cove Dr	Title:
Name (C):	Full Address: Germantown MD 20874	Title: CEO

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

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

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

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

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): <i>Restaurant (Asian Food) about 2600 sqft.</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): <i>XIUHUI WANG</i>	
C. Phone Number of Establishment: <i>301-210-2828</i>	D. Type of Facility/Facility Concept: <i>Restaurant</i>
E. Date Applicant will Begin to Operate: <i>January 2025</i>	F. Days and Hours of Operation: <i>Sun - Thurs 11:00 AM - 9:00 PM. Fri - Sat 11:00 AM - 9:30 PM.</i>

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: <i>Cloppers Mill Village Center LLC</i>	B. Phone Number of Property Owner: <i>703-442-4300</i>	C. Full Address of Property Owner: <i>5400 Westbard Ave #250 Bethesda, MD 20816</i>
D. Date Lease Made: <i>11/18/2024</i>	E. Date Lease Expires: <i>11/18/2034</i>	
F. State Renewal Options, if any: <i>NA</i>		

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: <i>Maryland, Good Fortune Cafe, 237A Kentlands Blvd, Gaithersburg, MD 20878</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 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

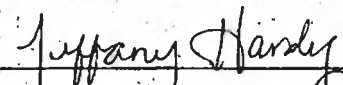
(D) _____

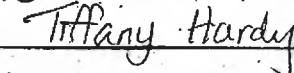
(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

 _____
Printed Name of Property Owner

5400 Westbard Ave Ste 250 Bethesda MD 20814 703.442.4315

Address of Property Owner

Phone of Property Owner

APPLICATION

2

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

00129201-3164

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

1566845

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 D (B/W/L)		D. Entity Name: Brickstone 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 type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: iRock Karaoke Lounge		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 15964 Shady Grove Rd, Gaithersburg, MD 20877			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Yi Zhao		Birthdate: 8/20/1980	Personal Phone Number: H: C: 240-994-6312	
Full Address: 20400 Mouth of Monocacy Rd, Dickerson, MD 20842		Years at this Address: 5	Years as Maryland Resident: 34	
Email Address: sing@irock-karaoke.com	Sex: male	Place of Birth: China		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore/Maryland	Date of Naturalization: 3/15/2002
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Applicant B Name: Yuan He		Birthdate: 03/22/1979	Personal Phone Number: H: C: 301-633-2351	
Full Address: 11901 Renwood Ln, Rockville MD 20852		Years at this Address: 6	Years as Maryland Resident: 15	
Email Address: hy@hyfinancial.com	Sex: Male	Place of Birth: china		

If applicant is foreign-born, state:

Immigration Card Number: 27657392	If Naturalized, City/State: memphis TN	Date of Naturalization: Sept 18, 2003
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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: <i>Brookstone LLC</i> iRock Karaoke Lounge 15964 Shady Grove Road Gaithersburg, MD 20877		C. Authorized Persons of LLC <i>Yi Zhao</i> <i>Yuan He</i>
D. Organized Under State Laws of: Maryland		E. Month and Year: April 2014

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

Name (A): Yi Zhao	Full Address: 20400 Mouth of Monocacy Rd, Dickerson, MD 20842	Percentage: 25.01%
Name (B): Joseph Kir	Full Address: 667 Pullman Pl, Gaithersburg, MD 20877	Percentage: 24.17%
Name (C): Yuan He	Full Address: 11901 Renwood Ln, Rockville, MD 20852	Percentage: 25.41%
Name (D): Shouyi Wu	Full Address: 33 Monroe St Apt 706, Rockville, MD 20850	Percentage: 25.41%

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):	
Located in shopping plaza, 3420 SF Karaoke Lounge	
B. Who Will be in Charge of Day-to-Day Operations (General Manager):	
Yi Zhao	
C. Phone Number of Establishment:	D. Type of Facility/Facility Concept:
301-355-6177	Karaoke Lounge
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:
4/23/2024	Sunday, Monday, Tuesday, Wednesday, Thursday: 5pm - 2 AM Friday and Saturday: 5pm - 2:30 AM

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

A. Names of all Current License Holders:	B. Date Facility Began Operating:
1) Joseph Kir 2) 3)	Sept 2014
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:
15964 Shady Grove Rd, Gaithersburg, MD 20877	15964 Shady Grove Rd, Gaithersburg, MD 20877

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Bob Begelman	301-873-4002	15942 Shady Grove Rd, Gaithersburg, MD 20877
D. Date Lease Made:	E. Date Lease Expires:	
May 1st, 2009	April 30, 2029	
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 type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name and the financial interest owned:	
Joseph Kir, 24.17%	
Shouyi Wu, 25.41%	
Yuan He, 25.41%	

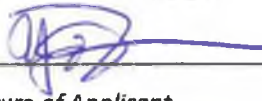
SECTION 10: CERTIFICATES AND SIGNATURES


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

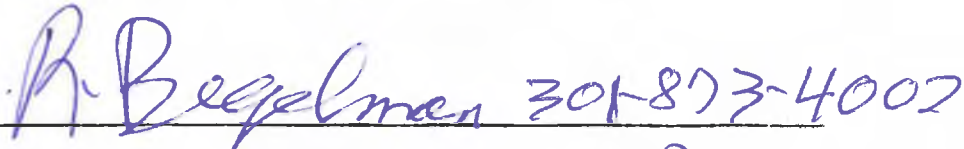
(C) _____
Signature of Applicant

(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

BEGELMAN, R
Printed Name of Property Owner

15942 SHADY GROVE Rd, GAITHERSBURG, Md
Address of Property Owner

301-873-4002 20877
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.

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.

EDMONT, MD

#1628544

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: Class B - BBWLHR		D. Entity Name: Sunshine Holdings 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 type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Effoi		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): 8233 Fenton Street, Silver Spring, MD 20910			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Nigist Teferi		Birthdate: 12/12/1977	Personal Phone Number: H: C:240-660-1337	
Full Address: 12519 Winexburg Manor Dr. Apt. T1, Silver Spring MD 20906		Years at this Address: 5	Years as Maryland Resident: 5	
Email Address: nigistme1277@gmail.com	Sex: Female	Place of Birth: Ethiopia		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Washington D.C.	Date of Naturalization: 05/08/2018
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Applicant B Name:		Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address: mige5691@yahoo.com	Sex:	Place of Birth:		

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: <small>Sunshine Holdings LLC 12519 Winexburg Manor Dr. Apt. T1 Silver Spring MD 20906</small>	C. Authorized Persons of LLC Nigist Teferi
D. Organized Under State Laws of: Maryland	E. Month and Year: December 2024

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

Name (A):	Full Address:	Percentage:
Nigist Teferi	12519 Winexburg Manor Dr. Apt T1 Silver Spring MD 20906	50
Name (B): Maernet Gebremichael	Full Address: 2720 Hunters Gate Ter. Silver Spring MD 20904	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.): Free standing restaurant with two floors totalling 4,868 square feet, food, beer, wine, liquor; also would like to serve food and alcohol outdoors.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Nigist Teferi	
C. Phone Number of Establishment: 240-660-1337	D. Type of Facility/Facility Concept: Restaurant
E. Date Applicant will Begin to Operate: 01/15/2025	F. Days and Hours of Operation: Seven days per week 9:00 AM - 2:00 AM

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Abye LLC	B. Phone Number of Property Owner: 3017750709	C. Full Address of Property Owner: 1680 White Oak Vista Dr. Silver Spring MD 20904
D. Date Lease Made: 12/09/2024	E. Date Lease Expires: 12/09/2029	
F. State Renewal Options, if any: Five One-Year extensions		

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

Bakelech Delelegne
Printed Name of Property Owner

1680 White Oak Vista Dr., S.S. MD 20904
Address of Property Owner

Phone of Property Owner
301-351-8961