

APPLICATION

1

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: Shiki Bistro Bethesda Inc, 7101 Democracy Blvd, # 3200, Bethesda, MD 20817		
C. Incorporated Under State Laws of: Maryland		D. Month and Year: 08/2024
E. Authorized Capital: \$0.00	F. Number of Shares Authorized: 1,000 without par value	G. Number of Shares Issued: 1,000

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

Name (A): Weizi Xu	Full Address: 20837 Scottsbury Drive, Germantown, MD 20876	Shares Owned: 500
Name (B): Guangkun Lin	Full Address: 941 58th Street, Brooklyn, NY 11219	Shares Owned: 500
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A): Guangkun Lin	Full Address: 941 58th Street, Brooklyn, NY 11219	Title: President
Name (B): Weizi Xu	Full Address: 20837 Scottsbury Drive, Germantown, MD 20876	Title: Secretary
Name (C): Weizi Xu	Full Address: 20837 Scottsbury Drive, Germantown, MD 20876	Title: Treasurer

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.): Full-Service Sushi & Thai Fusion Restaurant located in Westfield Montgomery Mall. 6500 Square Feet.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Guangkun Lin	
C. Phone Number of Establishment: Not yet available.	D. Type of Facility/Facility Concept: Full-Service Sushi & Thai Fusion Restaurant.
E. Date Applicant will Begin to Operate: Late February or Early March, 2026	F. Days and Hours of Operation: Monday - Thursday: 11:00 am - 10:00 pm Friday - Saturday: 11:00 am - 11:00 pm Sunday: 11:00 am - 9:00 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: Montgomery Mall Owner LLC	B. Phone Number of Property Owner: 301-642-1081	C. Full Address of Property Owner: 2049 Century Park East, 42nd Fl, Los Angeles, CA 90067
D. Date Lease Made: 11/7/2024		E. Date Lease Expires: 05/31/2040
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: Weizi Xy & Guangkun Lin, Nan Xiang Soup Dumplings, 7101 Democracy Blvd., #2350, Bethesda, MD 20817. 10/8/25	
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 checked="" 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: Weizi Xy & Guangkun Lin, Nan Xiang Soup Dumplings, 7101 Democracy Blvd., #2350, Bethesda, MD 20817. 10/8/25. For Ownership, see Org. Chart, attached.	
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) Weiye Xu

Signature of Applicant Guangkun Lin

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) Guangkun Lin

(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

Address of Property Owner

Phone of Property Owner

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."

Douglas Merkel

Signature of the Property Owner

Montgomery Mall Owner LLC, by Douglas Merkel

Printed Name of Property Owner

2049 Century Park East, 42nd Floor, Los Angeles, CA 20097 301-642-1081

Address of Property Owner

Phone of Property Owner

SIGNATURE CERTIFICATE



TRANSACTION DETAILS

Reference Number
0C91E1E7-AC0A-4FF7-B1E0-B7F8FB26E875

Transaction Type
Signature Request

Sent At
02/02/2026 12:06:24 PM EST

Executed At
02/04/2026 02:00:29 PM EST

Identity Method
email

Distribution Method
email

Signed Checksum
c9746d804a1900ff09109be21e03fed96ecla93bfcc8950a1b782cce343572e5

Signer Sequencing
Disabled

Document Passcode
Disabled

DOCUMENT DETAILS

Document Name
Alcoholic Beverage License Application - for signature

Filename
Alcoholic_Beverage_License_Application_-_for_signature.pdf

Pages
5 pages

Content Type
application/pdf

File Size
123 KB

Original Checksum
00fa6df63c4e477ea0c50890a2b92b6fa1c06d3467fb9b0f701a27fe260c57d7

SIGNERS

SIGNER

Name
Guangun Lin

Email
westfield-nx@nanxiangusa.com

Components
2

E-SIGNATURE

Status
signed

Multi-factor Digital Fingerprint Checksum
4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945

IP Address
172.56.33.25

Device
Mobile Safari via iOS

Typed Signature
Guangun Lin

Signature Reference ID
0E047B2B

Typed Signature
Guangun Lin

Signature Reference ID
F3D0F0A3

EVENTS

Viewed At
02/04/2026 01:59:55 PM EST

Identity Authenticated At
02/04/2026 02:00:28 PM EST

Signed At
02/04/2026 02:00:28 PM EST

Name
Weizi Xu

Email
danielxu1994@gmail.com

Components
1

Status
signed

Multi-factor Digital Fingerprint Checksum
4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945

IP Address
173.66.109.23

Device
Mobile Safari via iOS

Typed Signature
Weizi Xu

Signature Reference ID
14164A1D

Viewed At
02/02/2026 12:29:56 PM EST

Identity Authenticated At
02/02/2026 12:31:23 PM EST

Signed At
02/02/2026 12:31:23 PM EST

AUDITS

TIMESTAMP
02/02/2026 12:06:25 PM EST

02/02/2026 12:06:25 PM EST

AUDIT
Nora Whitescarver (nwhitescarver@shulmanrogers.com) created document 'Alcoholic_Beverage_License_Application_-_for_signature.pdf' on Chrome via Windows from 50.151.9.66.

Weizi Xu (danielxu1994@gmail.com) was emailed a link to sign.

TIMESTAMP

02/02/2026 12:06:25 PM EST
02/02/2026 12:29:56 PM EST
02/02/2026 12:31:23 PM EST
02/02/2026 12:31:23 PM EST
02/04/2026 01:59:55 PM EST
02/04/2026 02:00:28 PM EST
02/04/2026 02:00:29 PM EST

AUDIT

Guangun Lin (westfield-nx@nanxiangusa.com) was emailed a link to sign.
Weizi Xu (danielxu1994@gmail.com) viewed the document on Mobile Safari via iOS from 173.66.109.23.
Weizi Xu (danielxu1994@gmail.com) authenticated via email on Mobile Safari via iOS from 173.66.109.23.
Weizi Xu (danielxu1994@gmail.com) signed the document on Mobile Safari via iOS from 173.66.109.23.
Guangun Lin (westfield-nx@nanxiangusa.com) viewed the document on Mobile Safari via iOS from 172.56.33.25.
Guangun Lin (westfield-nx@nanxiangusa.com) authenticated via email on Mobile Safari via iOS from 172.56.33.25.
Guangun Lin (westfield-nx@nanxiangusa.com) signed the document on Mobile Safari via iOS from 172.56.33.25.

SIGNATURE CERTIFICATE



REFERENCE NUMBER

1F3459C5-7178-460B-A118-1539BE64BFC6

TRANSACTION DETAILS

Reference Number

1F3459C5-7178-460B-A118-1539BE64BFC6

Transaction Type

Signature Request

Sent At

02/10/2026 11:42:56 AM EST

Executed At

02/10/2026 12:32:04 PM EST

Identity Method

email

Distribution Method

email

Signed Checksum

e7f9143aea6661e123359c84f7fc54eef02d3d1a3ae5d6b335a0ec0432994a50

Signer Sequencing

Disabled

Document Passcode

Disabled

DOCUMENT DETAILS

Document Name

Alcoholic Beverage License Application - for landlord signature

Filename

Alcoholic_Beverage_License_Application_-_for_landlord_signature.pdf

Pages

5 pages

Content Type

application/pdf

File Size

140 KB

Original Checksum

4c999d177b56791cfb9e67fa37b3f7ba483e78cee8fa9a10b518fafcde065a87

SIGNERS

SIGNER

Name

Douglas Merkel

Email

douglas.merkel@urw.com

Components

1

E-SIGNATURE

Status

signed

Multi-factor Digital Fingerprint Checksum

4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945

IP Address

4.15.162.114

Device

Microsoft Edge via Windows

Typed Signature

Douglas Merkel

Signature Reference ID

1CBCAC34

EVENTS

Viewed At

02/10/2026 12:31:33 PM EST

Identity Authenticated At

02/10/2026 12:32:04 PM EST

Signed At

02/10/2026 12:32:04 PM EST

AUDITS

TIMESTAMP

02/10/2026 11:42:57 AM EST

02/10/2026 11:42:57 AM EST

02/10/2026 12:31:13 PM EST

02/10/2026 12:31:33 PM EST

02/10/2026 12:32:04 PM EST

02/10/2026 12:32:04 PM EST

AUDIT

Nora Whitescarver (nwhitescarver@shulmanrogers.com) created document 'Alcoholic_Beverage_License_Application_-_for_landlord_signature.pdf' on Chrome via Windows from 50.151.9.66.

Douglas Merkel (douglas.merkel@urw.com) was emailed a link to sign.

Douglas Merkel (douglas.merkel@urw.com) viewed the document on Microsoft Edge via Windows from 4.15.162.114.

Douglas Merkel (douglas.merkel@urw.com) viewed the document on Microsoft Edge via Windows from 3.219.78.151.

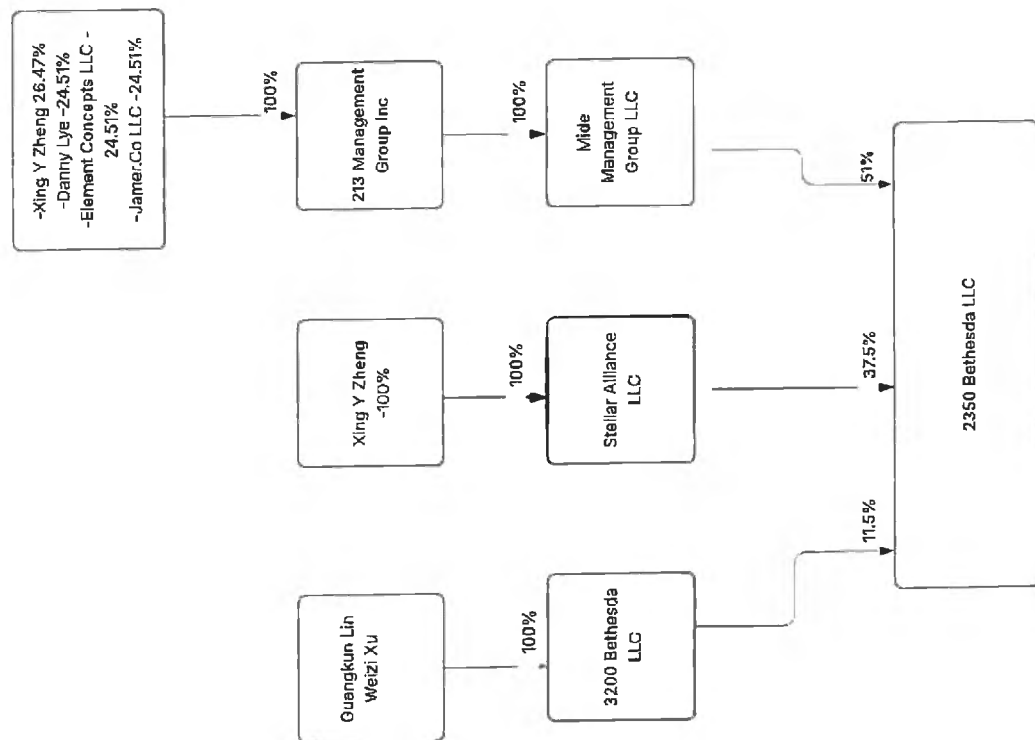
Douglas Merkel (douglas.merkel@urw.com) authenticated via email on Microsoft Edge via Windows from 4.15.162.114.

Douglas Merkel (douglas.merkel@urw.com) signed the document on Microsoft Edge via Windows from 4.15.162.114.

Section 9: Applicant Questionnaire

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 Articles of the Annotated Code of Maryland? -Yes

Ownership is detailed below.



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)

FEB 3 '26 AM 10:46

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.

2238544

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 <u>BD BWL</u>	D. Entity Name: No Regrets Pizza Co, 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: No Regrets <u>PIZZA CO, LLC DBA NO REGRETS PIZZERIA</u>	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): 4925 Fairmont Ave, Bethesda, MD 20814	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Richard Weiner	Birthdate: 03/01/1958	Personal Phone Number: H: 301-717-9915 C:	
Full Address: 9619 Beman Woods Way, Potomac, MD 201854	Years at this Address: 5	Years as Maryland Resident: 40	
Email Address: rick@noregetspizza.com	Sex: Male	Place of Birth: Baltimore, 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: H: C:	
Full Address:	Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

(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: No Regrets Pizza Co LLC 5454 Nicholson Lane, STE 180, N. Bethesda, MD 20852		C. Authorized Persons of LLC Richard A. Weiner
D. Organized Under State Laws of: Maryland		E. Month and Year: 01/2023

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

Name (A): Richard A. Weiner	Full Address: 9619 Beman Woods Way, Potomac, MD 20854	Percentage: 75
Name (B): Nicholas Framarini	Full Address: 1421 Florida Ave, NW, Washington, DC 20009	Percentage: 25
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.): Storefront in The Sophia building, 1000 sq feet	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Richard Weiner	
C. Phone Number of Establishment: 301-340-8600	D. Type of Facility/Facility Concept: Takeout, Min table inside + patio service
E. Date Applicant will Begin to Operate: May 1, 2026	F. Days and Hours of Operation: 7 days a week 11:00 AM - 10:00 PM

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: Marc Dubick	B. Phone Number of Property Owner: 703-234-5631	C. Full Address of Property Owner: 6100 Executive Blvd, Suite 520, Rockville, MD 20852
D. Date Lease Made: September 10, 2025		E. Date Lease Expires: August 31, 2035
F. State Renewal Options, if any: 2 FIVE YEAR OPTIONS		

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: No Regrets Pizza 5454 Nicholson Lane, N. Bethesda, MD 20852 Issued May 1, 2024	
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 checked="" 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: No Regrets Pizza 5454 Nicholson Lane, N. Bethesda, MD 20852 Issued May 1, 2024	
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: Nicholas Framarin 25%	

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

Address of Property Owner

Phone of Property Owner

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

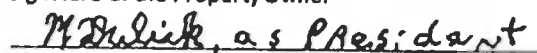
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(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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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."

St Elmo Apartments, LLC, By: Duball SE MM, LLC _____

Signature of the Property Owner
 _____

Printed Name of Property Owner
Marc Dubick, as President _____

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.

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

revised

To the Board of License Commissioners for Montgomery County:

MAR 19 '26 PM 4:02

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.

MAR 19 '26 PM 4:02

2271544

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: B.BWLHR RESTAURANT	D. Entity Name: SP WESTBARD-INC (MD SDAT D25070962)
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: SENSE OF THAI	
G. Address of Facility to be Licensed (No P.O. Box): 5314 ZENITH OVERLOOK, BETHESDA, MD 20816 (SUITES 180-3 AND 180-4)	

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

Applicant A Name: PORNTIPA PATTANAMEKAR	Birthdate: 02-02-76	Personal Phone Number: H: C: 202-390-3631	
Full Address: 2707 JENNIFER ANN DRIVE, ASHBURN, VA 20147	Years at this Address: 8	Years as Maryland Resident: 0	
Email Address: padhtipa1@gmail.com	Sex: F	Place of Birth: THAILAND	

If applicant is foreign-born, state:

Immigration Card Number: A203247228	If Naturalized, City/State: ALEXANDRIA, VA	Date of Naturalization: 11-07-2014
---	--	--

Applicant B Name: PARASAK CHOKESATEAN	Birthdate: 07-06-77	Personal Phone Number: H: C: 703-341-7537	
Full Address: 2707 JENNIFER ANN DRIVE, ASHBURN, VA 20147	Years at this Address: 8	Years as Maryland Resident: 0	
Email Address: parasak@gmail.com	Sex: M	Place of Birth: THAILAND	

If applicant is foreign-born, state:

Immigration Card Number: A214384061	If Naturalized, City/State: FAIRFAX, VA	Date of Naturalization: 05-23-2022
---	---	--

Applicant C Name: THACHAPOL PATTANAMEKAR	Birthdate: 07-03-90	Personal Phone Number: H: C: 202-390-3631	
Full Address: 14304 ROYAL FOREST LN., SILVER SPRING, MD 20904	Years at this Address: 3	Years as Maryland Resident: 7	
Email Address: hypermodel@gmail.com	Sex: M	Place of Birth: THAILAND	

If applicant is foreign-born, state:

Immigration Card Number: 218-115-040	If Naturalized, City/State: U.S. PERMANENT RESIDENT	Date of Naturalization: N/A PERMANENT RESIDENT STATUS DOES NOT EXPIRE
--	---	---

(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 checked="" type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: SP WESTBARD INC 5314 ZENITH OVERLOOK, BETHESDA, MD 20816		
C. Incorporated Under State Laws of: MARYLAND		D. Month and Year: 05/24
E. Authorized Capital: \$1,800,000	F. Number of Shares Authorized: 100	G. Number of Shares Issued: 0

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

Name (A): NO STOCK HAS BEEN ISSUED	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A): PORNTIPA PATTANAMEKAR	Full Address: 2707 JENNIFER ANN DRIVE, ASHBURN, VA 20147	Title: PRESIDENT, TREASURER
Name (B): PARASAK CHOKESATEAN	Full Address: 2707 JENNIFER ANN DRIVE, ASHBURN, VA 20147	Title: SECRETARY
Name (C): THACHAPOL PATTANAMEKAR	Full Address: 14304 ROYAL FOREST LN., SILVER SPRING, MD 20904	Title: ASSISTANT SECRETARY

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.): FIRST FLOOR OF A 3-STORY BUILDING. 4262 S.F. INTERIOR FULL-SERVICE RESTAURANT W/BAR AND 337 S.F. OUTDOOR PATIO	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): PORNTIPA PATTANAMEKAR	
C. Phone Number of Establishment: NONE YET - UNDER CONSTRUCTION	D. Type of Facility/Facility Concept: FULL-SERVICE RESTAURANT W/BAR AND OUTDOOR CAFE FEATURING THAI CUISINE
E. Date Applicant will Begin to Operate: APPROXIMATELY 04/01/26	F. Days and Hours of Operation: SUNDAY - THURSDAY 11:00AM - 10:00PM FRIDAY - SATURDAY 11:00AM - 11:00PM

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANFERRING 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: EQUITY ONE (NORTHEAST PORTFOLIO) LLC	B. Phone Number of Property Owner: C/O ANDREW KABAT 703-442-4300 X 4310	C. Full Address of Property Owner: 5400 WESTBARD AVE., SUITE 250, BETHESDA, MD.20816
D. Date Lease Made: 06/13/24		E. Date Lease Expires: 06/13/34
F. State Renewal Options, if any: 5 YEARS + 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 checked="" type="checkbox"/> YES <input 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: PLEASE SEE ATTACHMENT	
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 checked="" 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: PLEASE SEE ATTACHMENT	
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

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

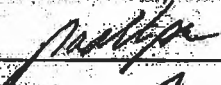
SECTION 10: CERTIFICATES AND SIGNATURES

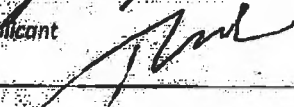
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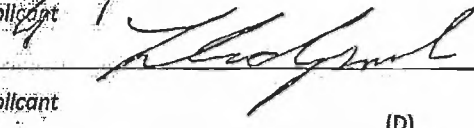
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(A) 
Signature of Applicant

(B) 
Signature of Applicant


(C) 
Signature of Applicant

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

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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."

 (ANDREW KABAT)
Signature of the Property Owner

Equity One Investment Portfolio LLC
Printed Name of Property Owner

5400 WENTLAND AVE SUITE 150, BETHesda, MD 20816
Address of Property Owner

Phone of Property Owner

SP WESTBARD, INC.
T/A SENSE OF THAI
ALCOHOLIC BEVERAGE LICENSE APPLICATION
2026
LIQUOR BOARD HISTORY FOR APPLICANTS

Thai at Silver Spring (Montgomery County, Maryland) (NO LONGER OWNED AS OF 2025)
License issued 2005
2006 Alcohol Awareness: employee not present – fined \$100
2015 Sale to minor – failed test – fined \$1000
2023 Sale to minor – failed test – fined \$1000

Sense of Thai (Ashburn, Virginia)
License issued 2015
2019 Customer was allowed to buy more than 2 drinks at one time (bought 4), Customer who showed signs of possible intoxication was allowed to buy alcohol, Kitchen closed earlier than allowed by license condition.
Disposition: No fine, no suspension, conditions/restrictions placed on license
2019 Records not immediately available during routine inspection - fined \$500
2019 Security personnel on duty not registered with Virginia Dept. of Criminal Justice Services – fined \$1500

Thai at Waugh Chapel (Anne Arundel County, Maryland)
License issued 2012
No violations
No complaints

Thai at Laurel (Prince George's County, Maryland)
License issued 2016
No violations
No complaints
Passed 6 inspections

Dok Khao Thai Eatery (Woodbridge, Virginia)
License issued 2020
In compliance

Dok Khao Thai Eatery (Howard County, Maryland)
License issued 2021
In compliance

Tiki Thai (Reston, Virginia)
License issued 2020
In compliance

Sense of Thai (Chantilly, Virginia)
License issued 2024
In compliance

Dok Khao Thai Eatery (Chevy Chase – Montgomery County, Maryland)
License issued 2025
In compliance

Please note: This information was compiled by Martin Johnson, using original documents held by the applicants, government agency records, and personal interviews with inspectors.

SP WESTBARD, INC.
T/A SENSE OF THAI
ALCOHOLIC BEVERAGE LICENSE APPLICATION
2026
RE: PARASAK CHOKESATEAN

PRIOR EMPLOYMENT AND
LICENSED ALCOHOL ESTABLISHMENT INVOLVEMENT

DATES ARE APPROXIMATE.

DATE FROM	DATE TO	BUSINESS NAME, ADDRESS, PHONE	BUSINESS LIQUOR LICENSED	MY POSITION
2025	PRES	DOK KHAO THAI EATERY 8551 CONNECTICUT AVE., CHEVY CHASE, MD 20815	YES	OWNER
2005	2025 (SOLD)	THAI AT SILVER SPRING 921 E. ELLSWORTH DR., SILVER SPRING, MD 20910 301-650-0666	YES	OWNER
2013	PRES	THAI AT WAUGH CHAPEL 1406 S. MAIN CHAPEL WAY, GAMBRILLS, MD 20154 410-415-1004	YES	OWNER
2016	PRES	THAI AT LAUREL 14724 BALTIMORE AVE., LAUREL, MD 20707 301-317-8899	YES	OWNER
2015	PRES	SENSE OF THAI 20413 EXCHANGE ST., ASHBURN, VA 20147 703-858-1980	YES	OWNER
2020	PRES	DOK KHAO THAI EATERY 15200 POTOMAC TOWN PL., WOODBRIDGE, VA 20191	YES	OWNER
2021	PRES	DOK KHAO THAI EATERY 6000 MERRIWEATHER DRIVE, COLUMBIA, MD 21044	YES	OWNER
2020	PRES	TIKI THAI 12100 SUNSET HILLS RD., RESTON, VA 20190	YES	OWNER
2024	PRES	SENSE OF THAI 25031 RIDING PLAZA, CHANTILLY, VA 20152	YES	OWNER

SP WESTBARD, INC.
T/A SENSE OF THAI
ALCOHOLIC BEVERAGE LICENSE APPLICATION
2026
RE: PORNTIPA PATTANAMEKAR

PRIOR EMPLOYMENT AND
LICENSED ALCOHOL ESTABLISHMENT INVOLVEMENT

DATES ARE APPROXIMATE.

DATE FROM	DATE TO	BUSINESS NAME, ADDRESS, PHONE	BUSINESS LIQUOR LICENSED	MY POSITION
2025	PRES	DOK KHAO THAI EATERY 8551 CONNECTICUT AVE., CHEVY CHASE, MD 20815	YES	OWNER
2005	2025 (SOLD)	THAI AT SILVER SPRING 921 E. ELLSWORTH DR., SILVER SPRING, MD 20910 301-650-0666	YES	OWNER
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2015	PRES	SENSE OF THAI 20413 EXCHANGE ST., ASHBURN, VA 20147 703-858-1980	YES	OWNER
2020	PRES	DOK KHAO THAI EATERY 15200 POTOMAC TOWN PL., WOODBRIDGE, VA 20191	YES	OWNER
2021	PRES	DOK KHAO THAI EATERY 6000 MERRIWEATHER DRIVE, COLUMBIA, MD 21044	YES	OWNER
2020	PRES	TIKI THAI 12100 SUNSET HILLS RD., RESTON, VA 20190	YES	OWNER
2024	PRES	SENSE OF THAI 25031 RIDING PLAZA, CHANTILLY, VA 20152	YES	OWNER

2000-2005 I was a student at George Washington University.

SP WESTBARD, INC.
T/A SENSE OF THAI
ALCOHOLIC BEVERAGE LICENSE APPLICATION
2026
RE: THACHAPOL PATTANAMEKAR

LICENSED ALCOHOL ESTABLISHMENT INVOLVEMENT

DATES ARE APPROXIMATE.

DATE FROM	DATE TO	BUSINESS NAME, ADDRESS, PHONE	BUSINESS LIQUOR LICENSED	MY POSITION
2025	PRES	DOK KHAO THAI EATERY 8551 CONNECTICUT AVE., CHEVY CHASE, MD 20815	YES	LICENSEE
2021	PRES	DOK KHAO THAI EATERY 6000 MERRIWEATHER DRIVE, COLUMBIA, MD 21044	YES	STAFF MEMBER

No violations at either location.

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 FILL OUT FORM IN ENTIRETY)

MAR 6 '26 AM 11:15

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.

Revised

2267544

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: B (beer, wine and liquor)		D. Entity Name: Genki Rockville 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: Genki Wagyu House			
G. Address of Facility to be Licensed (No P.O. Box): 860 Festival Street, Rockville, MD 20852			

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

Applicant A Name: CHEUNG, Frankie Wingkei		Birthdate: 11/08/1976	Personal Phone Number: H: C: (240) 516-8881	
Full Address: 9017 Marseille Drive, Potomac, MD 20854		Years at this Address: 6	Years as Maryland Resident: 25	
Email Address: frankiewcheung@gmail.com	Sex: male	Place of Birth: Hong Kong, China		

If applicant is foreign-born, state:

Immigration Card Number: U.S. citizen	If Naturalized, City/State: Baltimore, Maryland	Date of Naturalization: 03/07/2008
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Applicant B Name:		Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex: femal	Place of Birth:		

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: 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: Genki Rockville LLC; 8341 Beechcraft Ave., Gaithersburg, MD 20879	C. Authorized Persons of LLC Frankie Wingkei Cheung
D. Organized Under State Laws of: Maryland	E. Month and Year: November 2024

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

Name (A): Frankie Wingkei Cheung	Full Address: 9017 Marseille Drive, Potomac, MD 20854	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.): A 4,232 sq. ft. restaurant at Twinbrook Quarter mix-used center; will have approx. 100 seats inside with 500 sq. patio (40 seats); seeking Class H (BWL) license.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Frankie Wingkei Cheung. / Huijun Liang	
C. Phone Number of Establishment: TBD	D. Type of Facility/Facility Concept: Japanese BBQ restaurant.
E. Date Applicant will Begin to Operate: April 1, 2026	F. Days and Hours of Operation: Monday through Sunday: 12:00 pm to 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: TWINBROOK QUARTER LLC	B. Phone Number of Property Owner: 301-986-6200 (Saul Centers)	C. Full Address of Property Owner: 7501 Wisconsin Ave., Ste 1500E Bethesda, MD 20814
D. Date Lease Made: August 19, 2024		E. Date Lease Expires: 124 months after opening
F. State Renewal Options, if any: Two 5-year options.		

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? See attached supplement.	<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: See attached supplement.	
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

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

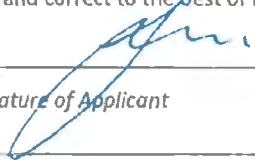
SECTION 10: CERTIFICATES AND SIGNATURES

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."

Twinbrook Quarter LLC
By: Saul Centers, Inc., its Manager

By: 
Name: Vaughn Iskanian
Title: Senior Vice President and General Counsel
Twinbrook Quarter LLC
Printed Name of Property Owner
7501 Wisconsin Avenue, Suite 1500E, Bethesda, MD 20814 (301) 986-6200
Address of Property Owner Phone of Property Owner

SUPPLEMENTAL ANSWERS TO SECTION 9 OF APPLICATION

Applicant: Frankie Wingkei Cheung and Genki Rockville LLC d.b.a.: Genki Wagyu House.

Applicant's Answer to Section 9, Question 6:

Mr. Frankie Wingkei Cheung has a 10% ownership interest (as an LLC member) in the following restaurants in Virginia:

Restaurant Name	Address	Alcohol License No. (Date Issued)
Southeast Impression (Southeast Scout LLC)	9530 Fairfax Blvd. Fairfax, VA 22031	013428922 (approx. October 2023)
Gyu Shige (Tamashi Group LLC)	2980 District Ave. Unit #100 Fairfax, VA 22031	754229 (approx. February 2021)

APPLICATION

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Extract from Law: If any affidavit or oath require 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)

FEB 13 '26 PM 2:25

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.

2258544

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 B/N/L	D. Entity Name: CGI POTOMAC, 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: MAURIZIOS	
G. Address of Facility to be Licensed (No P.O. Box): 10120 RIVER RD, POTOMAC, MD 20854	

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

Applicant A Name: LAMBROS GRIGOROPULOS	Birthdate: 6/21/80	Personal Phone Number: H: (301) 529-9090
Full Address: 8616 WHITE POST CT. POTOMAC, MD 20854	Years at this Address: 2	Years as Maryland Resident: 45
Email Address: lkg@grigora.com	Sex: m	Place of Birth: SILVER SPRING, MD
If applicant is foreign-born, state:		
Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:

Applicant B Name: THEODORE KONOWESTOS	Birthdate: 4/29/78	Personal Phone Number: H: (301) 742-9090
Full Address: 4526 HAWTHORNE ST. NW WASHINGTON DC	Years at this Address: 1	Years as Maryland Resident: 47
Email Address: teo@grigora.com	Sex: m	Place of Birth: WASHINGTON, DC
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: CG, POTDMAC LLC 5704 CHAMPAIN MILLS DR #210 ROCKVILLE, MD 20852		C. Authorized Persons of LLC LAMBRIS GEORGIOPOULOS THEODORE XANONESTOS
D. Organized Under State Laws of: MARYLAND		E. Month and Year: SEPTEMBER 2024

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

Name (A): LAMBRIS GEORGIOPOULOS	Full Address: 8616 WHITE POST CT. POTOMAC, MD 20854	Percentage: 50%
Name (B): THEODORE XANONESTOS	Full Address: 20016 US26 ANNAPOLIS ST. NW WASHINGTON DC	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.): Strip mall 2400 sq feet for a full service restaurant	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): SUSAN PHAM	
C. Phone Number of Establishment: (301) 905-9090	D. Type of Facility/Facility Concept: RESTAURANT
E. Date Applicant will Begin to Operate: MAY 2024	F. Days and Hours of Operation: SUNDAY - 10:30 - 10 MONDAY - THURSDAY - 11-10 FRIDAY - 11-11 SATURDAY 10:30 - 11

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: ETONNE PURCE LIMITED PARTNERSHIP	B. Phone Number of Property Owner: (301) 656-0544	C. Full Address of Property Owner: 2 WISCONSIN CIR. SUITE 1050, CHEVY CHASE, MD 20815
D. Date Lease Made: 9/20/2024	E. Date Lease Expires: 10/1/2034	
F. State Renewal Options, if any: 2 - 5yr. options		

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 <input 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: CANA MORE RESTAURANT - 2026-2026 JULY - BARBARIAN - 2025-2026 CANA MORE OWNER - MOUNTAIN - SEE ATTACHED	
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 checked="" 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: SEE ATTACHED	
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

JAMES RICH
Printed Name of Property Owner

Printed Name of Property Owner

TWO WISCONSIN CIRCLE SUITE 1090 CHEVY CHASE, MD 20815

Address of Property Owner

Phone of Property Owner

LIQUOR LICENSES IN MONTGOMERY COUNTY LIST:

LAMBROS GRIGOROPOULOS:

BOUBOULINA

50% OWNERSHIP 2024 – 2026

921 MEETING ST

NORTH BETHESDA, MD 20852

CAVA MEZZE ROCKVILLE

51% OWNERSHIP 2006 - 2026

9713 TRAVILLE GATEWAY DR.

ROCKVILLE MD 20850

CAVA MEZZE OLNEY

51% OWNERSHIP 2015 - 2026

3124 OLNEY SANDY SPRING RD

OLNEY, MD 20832

JULII

50% OWNERSHIP 2018 – 2026

11915 GRAND PARK AVENUE

NORTH BETHESDA, MD 20852 (2018-2026)

MELINA

50% OWNERSHIP 2021 - 2026

905 ROSE AVENUE

ROCKVILLE, MD 20852

THEODORE XENOHRISTOS:

MELINA

50% OWNERSHIP 2021 - 2026

905 ROSE AVENUE

ROCKVILLE, MD 20852

JULII

50% OWNERSHIP 2018 – 2026

11915 GRAND PARK AVENUE

NORTH BETHESDA, MD 20852 (2018-2026)

BOUBOULINA

50% OWNERSHIP 2024 – 2026

921 MEETING ST

NORTH BETHESDA, MD 20852

CLOSED ENTITIES:

CAVA GRILL BETHESDA (2009 - 2010)

4832 Bethesda Ave.

Bethesda, MD 20814

SUGO OSTERIA (2010 - 2013)

12505 Park Potomac Ave.

Potomac, MD 20854

LIST OF INDIVIDUALS WITH SERV SAFE:

GENERAL MANAGER : SUSAN LERCHE

CHEF: ARISTIDIS TSEKOURAS

BAR MANAGER: CARLOS RODRIGUEZ

At least 5 other employees have serv safe as well.

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 thereon, 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)

MAR 5 '26 PM 12:51

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.

#2287544

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: BBWLHR	D. Entity Name: ASADOS 5 ESTRELLAS 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: ASADOS 5 ESTRELLAS	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): 1163 UNIVERSITY BLVD E TAKOMA PARK MD 20912	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: AMADO GONZALEZ	Birthdate: 02/08/1978	Personal Phone Number: H: C:3017404084	
Full Address: 23622 PLACID HILL PL CALIFORNIA MD 20619	Years at this Address: 3	Years as Maryland Resident: 20	
Email Address: INFO@AGMULTISERVICE.COM	Sex: M	Place of Birth: DOMINICAN REPUBLIC	

If applicant is foreign-born, state:

Immigration Card Number: A2635166	If Naturalized, City/State: NEW YORK, NY	Date of Naturalization: 10/14/2009
---	--	--

Applicant B Name: SEPTIEMBRE AREVALO MATUTE	Birthdate: 09/07/1987	Personal Phone Number: H: C:2407026330	
Full Address: 23622 PLACID HILL PL CALIFORNIA MD 20619	Years at this Address: 3	Years as Maryland Resident: 20	
Email Address: ELIZABETH@AGMULTISERVICE.COM	Sex: F	Place of Birth: EL SALVADOR	

If applicant is foreign-born, state:

Immigration Card Number: 097-958-150	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: ASADOS 5 ESTRELLAS LLC 1163 UNIVERSITY BLVD E TAKOMA PARK MD 20912	C. Authorized Persons of LLC SEPTIEMBRE AREVALO MATUTE, AMADO GONZALEZ
D. Organized Under State Laws of: MARYLAND	E. Month and Year: MARCH 2025

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

Name (A):	Full Address:	Percentage:
AMADO GONZALEZ	23622 PLACID HILL PL CALIFORNIA MD 20619	40
Name (B): SEPTIEMBRE AREVALO MATUTE	Full Address: 23622 PLACID HILL PL CALIFORNIA MD 20619	Percentage: 60
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.): 1800 SQFT RESTAURANT LOCATED IN A STRIP MALL	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): SEPTIEMBRE AREVALO MATUTE	
C. Phone Number of Establishment: 240-531-2900	D. Type of Facility/Facility Concept: RESTAURANT <i>Honduran</i>
E. Date Applicant will Begin to Operate: 8/1/2025	F. Days and Hours of Operation: SUNDAY-THURSDAY 10AM-10PM FRIDAY-SATURDAY 10AM-12AM

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: <i>Saul Subsidiary I Limited Partnership</i> B. F. Saul Company & Affiliates	B. Phone Number of Property Owner: 301.986. 7717 6200	C. Full Address of Property Owner: 7501 Wisconsin Avenue, Ste 1500E Bethesda, MD 20814
D. Date Lease Made: 5/29/2025 (<i>assigned to Asados 5 Estrella LLC</i>)	<i>10/10/20 - original lease</i>	E. Date Lease Expires: 12/10/2030 8/31/31
F. State Renewal Options, if any: <i>one (1) five (5) year option</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) [Handwritten Signature]
Signature of Applicant

(B) [Handwritten 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."

Saul Subsidiary I Limited Partnership
By: [Handwritten Signature]
Vaughn Iokentis, General Counsel and Senior Vice President



Signature of the Property Owner
Saul Subsidiary I Limited Partnership

Printed Name of Property Owner
c/o Saul Holdings Limited Partnership 301-986-6200

Address of Property Owner
7501 Wisconsin Ave., Suite 1500 E
Bethesda, MD 20814
Attn: Legal Department

APPLICATION

7

Extract from Law: If any affidavit or oath require 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)

MAR 18 '26 PM 1:22

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.

#2314544

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 - Beer, Wine & Liquor	D. Entity Name: Westbard Padel 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: Padel Social	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): 5455 Westbard Avenue, Bethesda, MD 20816	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: James B. Weinstock	Birthdate: 10-12-1971	Personal Phone Number: H: _____ C: (917) 509-2655	
Full Address: 5416 Sherier Place NW, Washington, DC 20016	Years at this Address: 11	Years as Maryland Resident: N/A	
Email Address: jake@padelsocial.com	Sex: Male	Place of Birth: New York, NY	

If applicant is foreign-born, state:

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

Applicant B Name: Heather Walsh	Birthdate: 6/15/1969	Personal Phone Number: H: _____ C: (202) 731-4739	
Full Address: 8003 Whittier Boulevard, Bethesda, MD 20817	Years at this Address: 6	Years as Maryland Resident: 40	
Email Address: heatherwalsh00@gmail.com	Sex: Female	Place of Birth: Alexandria, VA	

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 type="checkbox"/> Applicant A <input checked="" type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Westbard Padel LLC - 5455 Westbard Avenue, Besthesda, MD 20816	C. Authorized Persons of LLC James Weinstock Heather Walsh
D. Organized Under State Laws of: Maryland	E. Month and Year: June 2024

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

Name (A): [SEE ATTACHMENT 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.): 40,000 square feet of recreational commercial space located within shopping center, to be operated as padel sports and fitness facility featuring padel courts, fitness area, and food / beverage service area.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): James B. Weinstock	
C. Phone Number of Establishment: (301) 526-6339	D. Type of Facility/Facility Concept: Padel (raquet sport) facility with courts, amenities, and social areas.
E. Date Applicant will Begin to Operate: May 2026	F. Days and Hours of Operation: Monday - Sunday 7:00 am - 11:00 pm

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: Equity One (Northeast Portfolio) LLC	B. Phone Number of Property Owner: (305) 947-1664	C. Full Address of Property Owner: One Independent Drive, Suite 114 Jacksonville, FL 32202
D. Date Lease Made: November 7, 2024		E. Date Lease Expires: Approximately November of 2040
F. State Renewal Options, if any: Two terms of ten lease 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: N/A	
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: N/A	
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: N/A	

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 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 ~~that~~ the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

James Weinstock

5620542A09074CB...

Signature of Applicant - James B. Weinstock

Heather Walsh

EBB670989BA34FE...

Signature of Applicant - Heather Walsh

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

Address of Property Owner

Phone of Property Owner

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 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~~ the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

Signature of Applicant - James B. Weinstock

Signature of Applicant - Heather Walsh

Signature of Applicant

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

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

Affidavit:

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

DocuSigned by:
Mia Centeno
8E58C3120E2944C

Signature of the Property Owner
Mia Centeno

Printed Name of Property Owner
5400 Westbard Ave. #250, Bethesda MD 20816

Address of Property Owner Phone of Property Owner

ATTACHMENT A

Alcoholic Beverage License Application of

PADEL SOCIAL
Bethesda, Maryland

Section 4

Westbard Padel, LLC is owned in its entirety by Black Point Padel, LLC.

Black Point Padel, LLC is owned 50% by James Weinstock 2021 Gift Trust, LLC and 50% by Leanne Mos 2021 Gift Trust.

APPLICATION

8

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)

MAR 19 '26 PM 1:07

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.

#2319544

5-7-26 @ 12:30pm

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: Class D (B/W)		D. Entity Name: Qen Mata 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 checked="" type="checkbox"/> Retail Delivery <input checked="" type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Buna & Barley		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): 901 Silver Spring Ave, Silver Spring, MD 20910			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Teffera Teffera	Birthdate: 06/12/1989	Personal Phone Number: H: c: 2404232474	
Full Address: 1700 East West Hwy, Silver Spring, MD 20910		Years at this Address: 10	Years as Maryland Resident: 20
Email Address: TefferaGirma@outlook.com	Sex: Male	Place of Birth: Addis Ababa, Ethiopia	

If applicant is foreign-born, state:

Immigration Card Number: 095416326	If Naturalized, City/State: Baltimore, Maryland	Date of Naturalization: 03/16/2012
--	---	--

Applicant B Name: Sadat Mahmud	Birthdate: 03/08/1988	Personal Phone Number: H: c: 2404415201	
Full Address: 3627 Worthington Blvd Urbana, MD 21704		Years at this Address: 6	Years as Maryland Resident: 24
Email Address: Sadat.a.mahmud@gmail.com	Sex: Male	Place of Birth: Sidamo-Awassa, Ethiopia	

If applicant is foreign-born, state:

Immigration Card Number: 095416326	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: Qenmata@gmail.com	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: Gen Mata LLC - 901 Silver Spring Ave, MD 20910	C. Authorized Persons of LLC Sadat Mahmud, Teffera Teffera
D. Organized Under State Laws of: Maryland	E. Month and Year: 09/2025

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

Name (A): Teffera Teffera	Full Address: 1700 East West Hwy, Silver Spring, MD 20910	Percentage: 50
Name (B): Sadat Mahmud	Full Address: 3627 Worthington Blvd, Frederick, MD 21704	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.): Retail store with a 845 total sq/ft and incidental seating on first floor of 2 floor commercial building. <i>Convenient Mart / Specialty Shop</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Sadat Mahmud, Teffera Teffera	
C. Phone Number of Establishment: 2404415201	D. Type of Facility/Facility Concept: Retail and specialty shop, sale of packaged goods and beverages
E. Date Applicant will Begin to Operate: 04/01/2026	F. Days and Hours of Operation: Mon/Tue/Wed/Thu/Fri/Sat/Sun 7am-12am (midnight)

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: Hope Real Estate Mgmt, Inc	B. Phone Number of Property Owner: 2025380311	C. Full Address of Property Owner: 10916 Barn Wood Ln, Potomac, MD 20854
D. Date Lease Made: 12/10/2025		E. Date Lease Expires: 11/30/2030
F. State Renewal Options, if any: 10 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)  _____
Signature of Applicant

(B)  _____
Signature of Applicant

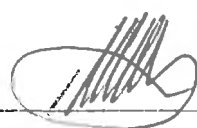
(C) _____
Signature of Applicant

(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
Hope Real Estate Mgmt, Inc

Printed Name of Property Owner
10916 Barn Wood Ln, Potomac, MD 20854

Address of Property Owner Phone of Property Owner

APPLICATION

9

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.

Connie Park
cpark@gleekapllc.com
(Esq.)

STATE OF MARYLAND | MONTGOMERY COUNTY
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
(PLEASE FILL OUT FORM IN ENTIRETY)

APR 2 '26 PM 12:13

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 Code.

APR 2 '26 PM 12:13

2334545

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: Beer and light wine license: class A (off sale)		D. Entity Name: VHP & FAMILY 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: Flower Hill Beer & Wine			
G. Address of Facility to be Licensed (No P.O. Box): 1825 Flower Hill Way, Gaithersburg, MD 20879			

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

Applicant A Name: Milan Anilkumar Patel	Birthdate: 07/09/1997	Personal Phone Number: H: C: (240) 732-9666	
Full Address: 1011 Collindale Ave, Mount Airy, MD 21771		Years at this Address: 5 years	Years as Maryland Resident: 15 years
Email Address: Milanpatelfordgt122@gmail.com	Sex: MALE	Place of Birth: India	

If applicant is foreign-born, state:

Immigration Card Number: A061-469-562	If Naturalized, City/State: Baltimore, Maryland	Date of Naturalization: 06/27/2019
--	--	---------------------------------------

Applicant B Name: Himal S. Patel	Birthdate: 11/06/1993	Personal Phone Number: H: C: (872) 803-2630	
Full Address: 315 Hollyhock Dr., Manchester, PA 17345		Years at this Address: 4 years	Years as Maryland Resident: N/A
Email Address: HimalSpatel93@gmail.com	Sex: Male	Place of Birth: India	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Philadelphia, PA	Date of Naturalization: 02/06/2024
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Applicant C Name: Kirtikumar Kashiram Patel	Birthdate: 06/19/1966	Personal Phone Number: H: C: 586-339-5328	
Full Address: 315 Hollyhock Dr. Manchester, PA 17345		Years at this Address: 2 years	Years as Maryland Resident: N/A
Email Address: kirtikumarkpatel66@gmail.com	Sex: Male	Place of Birth: India	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore, MD	Date of Naturalization: 07/16/2019
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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: VHP & FAMILY LLC 18253 Flower Hill Way, Catonsville, MD 20879	C. Authorized Persons of LLC Himal S Patel Milan Anilkumar Patel Kirtikummar R Patel	
D. Organized Under State Laws of: State of Maryland	E. Month and Year: January 2026	

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

Name (A): Milan Anilkumar Patel	Full Address: 1611 Collindale Ave, Mount Airy, MD 21771	Percentage: 15%
Name (B): Himal S. Patel	Full Address: 315 Hollyhock Dr. Manchester, PA 17345	Percentage: 75%
Name (C): Kirtikummar Kashiram Patel	Full Address: 315 Hollyhock Dr. Manchester, PA 17345	Percentage: 10%

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>A retail beer & wine store approximately 2,400 sq ft located in shopping center (strip mall)</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): <i>Owner managed (member of LLC, Himad Patel will manage the business)</i>	
C. Phone Number of Establishment: <i>(240) 671-8570</i>	D. Type of Facility/Facility Concept: <i>Beer & wine (retail) store</i>
E. Date Applicant will Begin to Operate: <i>04/01/2026</i>	F. Days and Hours of Operation: <i>Monday - Thursday 09:30 am - 09:00 pm</i> <i>Friday - Saturday 09:30 am - 10:00 pm</i> <i>Sunday 09:30 am - 08:00 pm</i>

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

A. Names of all Current License Holders: 1) <i>Sang Lee</i> 3) 2)	B. Date Facility Began Operating: <i>2007</i>
C. Location of Current Licensed Facility: <i>1825 D Flower Hillway, Gaithersburg, MD 20879</i>	D. Location to Which License is Being Transferred: <i>1825 D Flower Hillway, Gaithersburg, MD 20879</i>

SECTION 8: LEASED PREMISES

A. Name of Property Owner: <i>Pette Commercial Properties LLC</i>	B. Phone Number of Property Owner: <i>(301) 975-1020</i>	C. Full Address of Property Owner: <i>18205 -D Flower Hillway</i> <i>Gaithersburg, MD 20879</i>
D. Date Lease Made: <i>06/01/2021</i>	E. Date Lease Expires: <i>10/31/2029</i>	
F. State Renewal Options, if any: <i>10 years (11/1/2039 - 10/31/2049)</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 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

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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) Milan A. [Signature]

Signature of Applicant

(B) [Signature]

Signature of Applicant

(C) [Signature]

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

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(A) _____

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

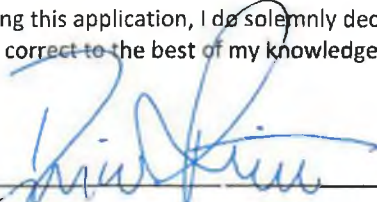
(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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Signature of the Property Owner

Perth Commercial Properties, LLC
Printed Name of Property Owner

18705-D Flower Hill way, Gaithersburg, MD 20879
Address of Property Owner

301-975-1020x402
Phone of Property Owner