APPLICATION # 1

Extract from Law, if any office vice reached under the promotors of this Acceptancement appriate statements, the offender when he deemed go to be peguny. And upon indictment and condiction thereof shall be subject to penalties provided by law for that crimp

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INN)

| To | the Board | of | License | Commissioners | for | Montgomer | y County: |
|----|-----------|----|---------|---------------|-----|-----------|-----------|
|----|-----------|----|---------|---------------|-----|-----------|-----------|

Application is made by the undersigned under the provisions of Geometic Serie ages Article of the Archard. minofield the caregoric enterency and label as private submits and care coasts the following into mation required by sare lartice

11-11 8 9 5 45

| SECTION 1: LICENSE TYPE INFOR | N | | #1 | eg to G | |
|---|-------------|--|--------------------------|--------------------------------------|----------------------------------|
| A. Nature of Application: | □ New Licer | □ New License 🗹 ransfer of Location □ Transfer of Ownership □ Reclassification | | | |
| B. Entity on Whose Behalf Application Made: | ion is | ⊡ Corr | coration Vilmited Lizb | ility Con | scany I Partnership ⊏ Individual |
| C. Class of License Applied For: (ASS B W E. Types of Permits Applied For: | | | D. Entity Name: | t | |
| E. Types of Permits Applied For: | a Tas: | a Tasting (\$200) a Catering a Outdoor Café a Refillable Container | | | |
| (See Appendix A) | | #Retail Delivery & Spirits for Cooking & Wine Corkage | | | |
| F. Trade Name of Facility: Travilah B | nd Vine | | G. Is B | usiness a Franchise? TYES 1/NO | |
| H. Address of Facility to be Licensed | HIND PO | Rayl- | MD 20850 | | |
| SECTION 2: APPLICANT INFORM | | | | | |
| Applicant A Name: nurinder it Sing h Full Address: | Birthda | 7/92 | Personal Phone Nun H: | | c 240-645-51335 |
| Full Address: SIH Crossopic LN Coulthos | np 20879 | Years at this Address | 3 | s as Maryland Resident: | |
| SIH Crotspple LN Galthos Email Address: Gary Totl 3018 Grand Com | Sex: | -le | e Place of Birth: India | | |
| If applicant is foreign-born, state: | | | | | |
| Immigration Card Number: | | f Naturalized, City/State: | | Date of Naturalization: July 2 2000 | |
| Applicant 8 Name: | Birthda | | Personal Phone Num | aber: | |
| Sukhaer Singh | 02/19 | 1947 | H: 0.240-778-74.66 | | 0.240-778-7466 |
| Full Address: & DH (19.10-pple LN Crother Email Address: | Shung | MD 20879 | Years at this Address | s: Yezr | s as Maryland Resident: |
| Schlides Munnollie Como. 1. Com | Sex: | | Piace of Birth: | Mb | |
| If applicant is foreign-born, state: | | | | | |
| Immigration Card Number: | 111 | Naturalized, City/State: | | Date of | Naturalization: |
| Applicant C Name: | Birthda | rte: | Personal Phone Nun | nber: | |
| | | | H: | | £ |
| Full Address: | | | Years at this Address | s: Years as Maryland Resident: | |
| Email Address: | Sex: | | Place of Birth: | | |
| If applicant is foreign-born, state: | | | | | |
| Immigration Card Number: | lf ! | Naturalized, City | //State: | Date of | Naturalization: |
| | | | TO DI TIPLETTE & | | THE PRINCE WITH SHIP AND A STATE |

DocuSign Envelope ID: 2F7A9094-7BA0-4AE2-94C2-A552916D093E (NOTE: COMPLETE ONLY ONE SECTION (SECTIONS 3, 4, OR 5, AS APPLIES) SECTION 3: CORPORATION INFORMATION A. Qualifying Maryland Resident (Indicate with X) ☐ Applicant A ☐ Applicant B ☐ 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) Full Address: Shares Owned: Name (8): 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

| B. Name and Full Addres | esident (Indicate with X) s of LLC: | C. Authorized Perso | ant A Mapplicant B C Applicant C |
|---------------------------|--------------------------------------|--------------------------------|----------------------------------|
| D. Organized Under State | | Sukhdeer E. Month and Year: | Sinon & Gurinder & S. |
| Percentage of Ownership ! | nterest of LLC (Use additional sheet | 11/3034 | |
| Name (A): | Full Address | in necessary); | |

| Gurinderst Singh | Full Address: Full Address: SIZI (rohapple LN Grothershots MD) | Percentage: |
|--|--|-------------|
| Name (B): Sulhdeep Singh Name (C): | Full Address: OH Crohoppie W Gouther 1000 MD 20879 Full Address: | h |
| | run Address: | Percentage: |

SECTION 5: PARTNERCHID INCODMATION

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

Name (A): Full Address: Percentage: Name (B): Full Address: Percentage: Name (C): Full Address: Percentage: Indicate Who are the General Partners: □ Applicant A □ Applicant 8 □ Applicant C Indicate Maryland Residents: ☐ Applicant A ☐ Applicant B ☐ Applicant C

| SECTION 6: ESTABLISHMENT INFO | RMATION | | |
|--|---|--------------------------------------|------------------|
| | are footage of the portion of the building | ng for which licenses is enumber for | C |
| located in strip mall, restaurant, seating | ns, beer/wins, etc.): | ue io. much mentes is consusting | . Free standing, |
| 4,800 & feet white | n the Some Shopping Cen | then me new Current | t1050 |
| B. Who Will be in Charge of Day-to-Da Swindcap Sing h | y Operations (General Manager): | o Do sai caireiri c | nere |
| C. Phone Number of Establishment: | D. Type of Facility/Facility Concep | e*· | |
| 301-279-8885 | Beer Wine Store WI | ith off and on pre. | からこ |
| E Date Applicant will Begin to Operate | et F Paysond Routs of Gueration: | | |
| Approx July Lat | Sun-Thur : 10 am | P . | |
| Originial - 12/2021 | Friday - Sot : 10 am | to Apny | |
| SECTION 7: LICENSE TRANSFER (CO | MPLETE ONLY IF TRANSFERRING A | LICENSE) | |
| A. Names of all Current License Holder | | B. Date Facility Began Ope | ratina. |
| 1) Gurinder it Sigh | 3) | TBB 3-15-2022 | ame. |
| 2) Suthdeep sinsh | | 1 19 3-15-2022 | |
| C. Location of Current Licensed Facility | D. Location to Which License | is Being Transferred: | |
| 120th Porneshown & Pathille Mr | 20850 10028 Parnestown ld | Karrylle Mr 12350 | |
| | | | |
| SECTION 8: LEASED PREMISES | | | |
| A. Name of Property Owner: | B. Phone Number of Property Owner: | C. Full Address of Property Own | ar- |
| Inventoust Bradley | A second Process | 6905 Forsetterille By | |
| Inventrust Bradley | 910-670-5589 | # 202 Burham NC 27 | 213 |
| D. Date Lease Made: | | E Patertonia E | |
| | August 12, 2024 | 10 xrs form when opered | with in the |
| F. State Renewal Options, if any: | 100 | The Anna State of | ion th seer. |
| 5 W Option | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| SECTION 9: APPLICANT QUESTIONA | 4186 | | |
| Has any applicant ever been: | | | |
| 1. Convicted of a felony? | | | E YES INO |
| | verning the sale of alcohol in the State of | of Maryland or the United States? | |
| | prevention and gambling in the State o | | □ YES € NO |
| | he laws of the State of Maryland or the | | □ YES 1/NO |
| traffic offense? | | | I YES INO |
| 5: Has any applicant ever had a license | for the sale of alcoholic beverages susp | endedor revoked? | TYES KNO |
| 6. Has any applicant ever had a license | for the sale of alcoholic beverages? | | TYES INO |
| If YES, state name of applicant, name o | f facility, address for which license was | held, and the dates for which it was | s held- |
| Travilah Beer and wine 1 | | | |
| the work per and the second | | Curren- | |
| 7: Does any applicant or person with a | n ownership interest in this facility have | | |
| facility in Montgomery County or the S | tate of Maryland where an alcoholic be | everage license has been applied | □ YES WO |
| for, granted, or issued under the Alcoh | olic Beverages Article of the Annotated | Code of Maryland? | u ilonino |
| If YES, state the name of the applicant | , name and address of licensed premisi | es and ownership and add the dat | es the license |
| was held: | | | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| 8: Does any person other than the ap | | this alcoholic beverage license | a YES KNO |
| applied for, or in the facility to be cond | | | |
| If YES, state name and the financial inte | erest owned: | | |

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

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

| any and all parts thereof upon a | nd in which said facility is to be conducted. | any and an nours, without warrant, the premises and |
|---|---|---|
| Affidavit: | | |
| "By signing this application, I do so true and correctto the best of my | olemnly declare and affirm under the penalties of p r knowledge, information, and belief." | perjury that the contents of the foregoing document are |
| (A) Contra Syn | | |
| Signature of Applicant | 1 | - |
| (B) Subtact | 4 | |
| Signature of Applicant | | |
| (C) | | |
| Signature of Applicant | | |
| | (D) | |
| | (FOR CORPORATIO | N APPLICATIONS ONLY) Corporate President Signature |
| Board of License Commissioners for | DY STONE DETTINSSIBILITIES STATE I DESCRIPTION DE A | operty hamed in the foregoing application for an or the sale thereon of such alcoholic beverages as may uly authorized deputies, inspectors and clerks, the and employees, and any peace officer of Montgomery any and all parts thereof upon and in which said |
| Affidavit: | | |
| IVT Travilah Square Rockville, LLC, a Delaware limited liability company | e limited partnership, its sole member member | erjury that the contents of the foregoing document are |
| By: InvenTrust Properties Corp., a Marylan | | _ |
| Signature of the Property Owner | Docusigned by: Chich d Daw d | |
| Printed Name of Property Owner | Christy L. David, EVP, COO, GC & Secretary | _ |
| 3025 Highland Pkwy, Suite 350, Downers G | Grove, IL 60515 | |
| Address of Property Owner | Phone of Property Owne | ····· |

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 grevised

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

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

1290544

JUN 24 24 0 TA

| A. Nature of Application: | | ■ New Licens | se □ Transfer of Locat | ion i | ☐ Transfer of Ownership ☐ Reclassification |
|---|------------------|-------------------------|---|---------------------------------------|--|
| | | | poration ■ Limited Liability Company □ Partnership □ Individual | | |
| B. Entity on Whose Behalf Applica Made: | tion is | □ Corpo | oration 🗷 Limited Liab | ouity | Company Partnersnip Individual |
| C. Class of License Applied For: B BWL | | | D. Entity Name: Quincy's Golf Group LLC | | |
| E. Types of Permits Applied For: | | | | | outdoor Café 🗆 Refillable Container |
| (See Appendix A) | | | □ Retail Delivery □ Spirits for Cooking ■ Wine Corkage | | |
| F. Trade Name of Facility: Quincy's Kentlands | 107/ | | G | . Is Business a Franchise? ☐ YES ■ NO | |
| H. Address of Facility to be License 245 Kentlands Blvd. Gaithersb | ed (No urg, M | P.O. Box): d. 20878 | | | |
| | | | | | |
| Applicant A Name: Birthdate: 04/24/1960 | | | Personal Phone Nun H: | | c: 301-412-0438 |
| Full Address: 14700 Spring Meadows Drive Darnestown, Md 20874 | | | Years at this Addres 20 | | Years as Maryland Resident: 20 |
| Email Address: Sex: Male | | | Place of Birth: Somers Point, New Jersey | | |
| If applicant is foreign-born, state: | | | | _ | |
| Immigration Card Number: | | If Naturalized, City | /State: | Da | ate of Naturalization : |
| Applicant B Name: | Birt | hdate: | Personal Phone Number: H: C: | | |
| Full Address: | | | Years at this Addres | ss: Years as Maryland Resident: | |
| Email Address: | Sex | ** | Place of Birth: | | |
| If applicant is foreign-born, state: | | | | | |
| Immigration Card Number: | | If Naturalized, City | /State: | Da | ate of Naturalization: |
| | | | | | |
| Applicant C Name: | Siri | thdate: | Personal Phone Number: H: C | | |
| Full Address: | | | Years at this Addres | 55: | Years as Maryland Resident: |
| Email Address: | Sex |) e | Place of Birth: | | |
| If applicant is foreign-born, state: | | | 182 | | |
| Immigration Card Number: | | If Naturalized, City | //State: | Da | ate of Naturalization: |
| (NAMES AND ESPICE OF SAME | I DE LU | EDEACTED DECEDDES | 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)

| A. Qualifying Maryland Resident (Indicat | te with X) | | | □ Annlicant A □ A | Applicant B □ Applicant C |
|---|-----------------------------------|--------------------|----------|--------------------|------------------------------|
| B. Name and Full Address of Corporation | • | | | | присант в 🗆 Аррисант С |
| | | | | | |
| C. Incorporated Under State Laws of: | | | | D. Month and Y | ear: |
| E. Authorized Capital: | F. Number of Share | es Authorized | d: | G. Number of St | nares Issued: |
| Stockholders (Include all layers equaling 1 | .00% owned by indivi | iduals and/or | r public | ly traded, use ad | ditional sheet if necessary) |
| Name (A): | Full Address: | | | | Shares Owned: |
| Name (B): | Full Address: | | | | Shares Owned: |
| Name (C): | Full Address: | Full Address: | | | Shares Owned: |
| Corporate Officers: | | | | | |
| Name (A): | Full Address: | | | | Title: |
| Name (B): | Full Address: | | | | Title: |
| Name (C): | Full Address: | | | | Title: |
| | | | | | |
| A. Qualifying Maryland Resident (Indicat | ewith XI | | - Ann | alicant A - Annlie | ant B C Applicant C |
| B. Name and Full Address of LLC: | C 601611 747 | Cauthori | | rsons of LLC | ant B □ Applicant C |
| Quincy's Golf Group LLC 14700 Spring Meadows Driv | ve Darnestown, Md 20874 | Marti | | | |
| D. Organized Under State Laws of: Maryland | | E. Month : 04-2023 | and Ye | ar: | |
| Percentage of Ownership Interest of LLC (I | Use additional sheet | if necessary) | : | | |
| Name (A): Martin Magill | Full Address: 14700 Spring Mea | adows Drive | | | Percentage: 54.2056 |
| Name (B): | Full Address: See Exhibit C | | | | Percentage: |
| Name (C): | Full Address: | | | | Percentage: |
| | | | | | |
| A. Name and Full Address of Partnership | 1 | | | | |
| | | | | | |
| C. Date on Which Partnership was Forme | d: | D. In Which S | tate: | | |
| Percentage of Ownership Interest of Partn | ership (Use addition | al sheet if ne | cessar | y): | |
| Name (A): | Full Address: | | | | Percentage: |
| Name (B): | Full Address: | | | | Percentage: |
| Name (C): | Full Address: | | | | Percentage: |
| Indicate Who are the General Partners: | | ☐ Applica | nt A 🗆 | Applicant B ☐ App | olicant C |
| Indicate Maryland Residents: | □ Applicant A □ Applicant B □ Ap | | | | |

SECTION 6: ESTABLISHMENT INFORMATION

| A. Detailed description and total square for | ootage of the portion of the building for which license is sought (ex. Free standing, | |
|---|---|--|
| located in strip mall, restaurant, seating, b 6437 Sq Ft strip center restaurant | eer/wine, etc.): | |
| B. Who Will be in Charge of Day-to-Day Op Martin Magill | perations (General Manager): | |
| C. Phone Number of Establishment: D. Type of Facility / Facility Concept: Restaurant / Golf Simulators | | |
| E. Date Applicant will Begin to Operate: September 2024 F. Days and Hours of Operation: M-S 8:00 am to 12:00 | | |

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

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

SECTION 8: LEASED PREMISES

| A. Name of Property Owner: | B. Phone Number of Property Owner: | C. Full Address of Property Owner: |
|-----------------------------------|------------------------------------|---------------------------------------|
| Saul Centers | 301.986.7717 | 7501 Wisconsin Ave Bethesda Md. 20814 |
| D. Date Lease Made: 3-11-24 | E. Date Lease Expires: 3-31-29 | |
| F. State Renewal Options, if any: | | |

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

| 1. Convicted of a felony? | □ YES ■ NO | | |
|--|------------|--|--|
| 2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States? | ■ YES □ NO | | |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States? | □ YES ■ NO | | |
| 4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense? | □ YES ■ NO | | |
| 5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked? | ■ YES □ NO | | |
| 6. Has any applicant ever had a license for the sale of alcoholic beverages? | ■ YES □ NO | | |
| If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was | as held: | | |
| Quincy's 616 Quince Orchard Road Gaithersburg Md, 20878 2008 to current Quincy's Uplown 9813 Damascus Md, 20872 2019 to current Quincy's Potomac 1093 Seven Locks rd, Potomac Md 20854 2021 to current | | | |
| 7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other | | | |
| facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied | | | |
| for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | | | |
| If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held: Outnoys 616 Quincy Orchard Rd, Gallbensburg Md, 20878 2008 to current 100% ownership Quincys Uptown 9813 Damascus Md, 20872 2019 to current 60% ownership Quincys Potomac 1093 Seven Locks Rd, Potomac Md, 20854 20% ownership | | | |
| 8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license | ■ YES □ NO | | |
| applied for, or in the facility to be conducted under the current license? | | | |
| If YES, state name and the financial interest owned: | | | |
| Gee exhibit c | | | |
| | | | |

SECTION 10: CERTIFICATES AND SIGNATURES

B

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

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

| 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 of true and arrest to the best of my knowledge, information, are | under the penalties of perjury that the contents of the foregoing document are nd belief." |
| (A) Of fall of 19 | |
| Signature of Applicant | |
| (B) | |
| Signature of Applicant | |
| (C) | |
| Signature of Applicant | |
| (D) | |
| | (FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature |
| Board of License Commissioners for Montgomery County, Its | State Comptroller, his duly authorized deputies, inspectors and clerks, the duly authorized agents and employees, and any peace officer of Montgomery rrant, the premises and any and all parts thereof upon and in which said |
| Affidavit: | |
| "By signing this application, I do solemnly declare and affirm true and correct to the best of my knowledge, information, are | under the penalties of perjury that the contents of the foregoing document are and belief." |
| Menthands Square LLC 71 Saul Getins, Inc., Manager (B) | |
| Signature of the Property Owner | |
| Vaugha Iskanian, Senior Vice President General Con | re I on behalf of Sail Gaters, Inc., Manager for Kertlands Sport LLi |
| Printed Name of Property Owner |)) Les Fried Frie |
| 7501 Wisconsin Are Soute 1500 E Bethella MD 20414 | 301-986-6200 |
| Address of Property Owner Pl | |

EXHIBIT C

LIST OF TENANT'S SHAREHOLDERS, PARTNERS, OR MEMBERS OF A LIMITED LIABILITY COMPANY AND PERCENTAGE OF OWNERSHIP

Martin A. Magill – 54.2056% of all issued and outstanding units

John Wolfe – 5.6075% of all issued and outstanding units

The remaining 40.1869% of all issued and outstanding units are owned by non-voting members.

END OF EXHIBIT C

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.

1297554

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

SECTION 1: LICENSE TYPE INFORMATION

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.

| A. Nature of Application: | | nse ☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification | | | |
|---|----------------------------------|---|---|--|--|
| Made: | | rporation 🗆 Limited Liability Company 🗆 Partnership 🗆 Individual | | | |
| C. Class of License Applied For: HBWHR (beer and wine, on-sale only) | | | D. Entity Name: KungFu Kitchen Inc. (SDAT ID: D24278970) | | |
| E. Types of Permits Applied For: | | □ Tast | ting (\$200) 🗆 Catering | ■ Outdoor Café 🗆 Refillable Container | |
| (See Appendix A) | | | □ Retail Delivery □ Sp | irits for Cooking Wine Corkage | |
| F. Trade Name of Facility: KungFu Kitchen | | | | G. Is Business a Franchise? ☐ YES ■ NO | |
| H. Address of Facility to be Licensed 20-A Maryland Avenue, Rock | | | | | |
| SECTION 2: APPLICANT INFORM | ATION | | | | |
| Applicant A Name: | Birthd | | Personal Phone Nun | nber: | |
| WU, Aixia | 03/04 | /1985 | H: | C :(626) 899-2589 | |
| Full Address: 6400 Bells Mill Road, Betheso | la, MD | 20817 | Years at this Address 0.5 year | s: Years as Maryland Resident: 3 years | |
| Email Address: Sex: wuaixia001@gmail.com female | | Place of Birth: Xinyang, China | | | |
| If applicant is foreign-born, state: | | | | | |
| Immigration Card Number: USCIS#: 206-335-022 | Card Number: If Naturalized, Cit | | /State: | Date of Naturalization: Not appliable. | |
| | | | ~ | | |
| Applicant B Name: Birthdate: FANG, Mingyang 09/24/1986 | | Personal Phone Number: H: C:(626) 235-2360 | | | |
| Full Address: 6400 Bells Mill Road, Bethesda, MD 20817 | | 20817 | Years at this Address: Years as Maryland Resident: 3 years | | |
| Email Address: Sex: 252851996@gg.com male | | | Place of Birth: Xinyang, China | | |
| f applicant is foreign-born, state: | | | | | |
| | | Naturalized, City ot applicable. | /State: | Date of Naturalization: Not applicable. | |
| Applicant C Name: | oplicant C Name: Birthdate: | | Personal Phone Number: H: C | | |
| Full Address: | | Years at this Address: Years as Maryland Resident: | | | |
| Email Address: Sex: | | Place of Birth: | | | |
| f applicant is foreign-born, state: | | | | | |
| Immigration Card Number: If Naturalized, Ci | | Naturalized, City | /State: | Date of Naturalization: | |
| (NOTE: ALL APPLICANTS WILL E | E HERE | AFTER 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)

Indicate Maryland Residents:

| SECTION 3: CORPORATION INFORMA | | | | | |
|---|-------------------------------------|--------------------|-----------------|---------------------------|----------------------|
| | | | 🔳 Applicant A 🔳 | Applicant B □ Applicant C | |
| B. Name and Full Address of Corporation | * | | | | |
| KungFu Kitchen Inc.; 2 | 0-A Maryla | nd Aver | nue | | |
| C. Incorporated Under State Laws of: Maryland D. Month and August 202 | | | | August 2023 | |
| E. Authorized Capital: \$1,000.00 | F. Number of Share 1,000 | | | G. Number of \$ 1,000 | |
| Stockholders (Include all layers equaling 10 | | iduals and/or | public | cly traded, use a | |
| Aixia Wu | Full Address: 3400 Bells Mill R | oad, Bethes | sda, i | MD 20817 | Shares Owned: 500 |
| Mingyang Fang | Full Address: 3400 Bells Mill R | oad, Bethes | sda, l | MD 20817 | Shares Owned: 500 |
| Name (C): | Full Address: | | | | Shares Owned: |
| Corporate Officers: | | | | | |
| | Full Address: 3400 Bells Mill Ro | oad, Bethes | sda, I | MD 20817 | Title: President |
| | Full Address: 3400 Bells Mill Ro | oad, Bethes | sda, l | MD 20817 | Title: Secretary |
| Name (C): | Full Address: | | | | Title: |
| SECTION 4: LIMITED LIABILITY CORPO | ADATION INCODM | ATION | | | |
| A. Qualifying Maryland Resident (Indicate | | | - Ann | alicant A 🖂 Anni: | ent B = Anglise t C |
| B. Name and Full Address of LLC: | | | | rsons of LLC | cant B □ Applicant C |
| b. Name and fall Address of Ecc. | | | | | |
| D. Organized Under State Laws of: | | E. Month and Year: | | | |
| Percentage of Ownership Interest of LLC (U | Jse additional sheet | if necessary): | | | |
| Name (A): | Full Address: | | | | Percentage: |
| Name (B): | Full Address: | | | | Percentage: |
| Name (C): | Full Address: | | | Percentage: | |
| SECTION 5: PARTNERSHIP INFORMAT | ION | | | | |
| A. Name and Full Address of Partnership: | | | | | |
| Arreance and rail Address off difficising. | | | | | |
| C. Date on Which Partnership was Formed: D. In Which State: | | | | | |
| Percentage of Ownership Interest of Partno | ership (Use addition | al sheet if nec | essar | y): | |
| Name (A): | Full Address: | | | | Percentage: |
| Name (B): | Full Address: | | | | Percentage: |
| Name (C): | Full Address: | | | | Percentage: |
| Indicate Who are the General Partners: | | □ Applican | t A 🗆 | Applicant B 🗆 A | oplicant C |

□ Applicant A □ Applicant B □ Applicant C

| CECTION | LC. ECTA | DISCUSSION | INICODRAGTION |
|---------|--------------------|--------------|---------------|
| SECTION | 4 b: E3 I <i>F</i> | ARLISHIVIENT | INFORMATION |

| located in strip mall, restaurant, seating, b | footage of the portion of the building for which license is sought (ex. Free standing, peer/wine, etc.): within Rockville Town Square; approx. 75 seats; looking to sell beer and wine onsite. | |
|---|--|--|
| B. Who Will be in Charge of Day-to-Day Operations (General Manager): Aixia Wu and Mingyang Fang. | | |
| C. Phone Number of Establishment: (301) 838-9188 | D. Type of Facility/Facility Concept: Full-service Chinese restaurant. | |
| E. Date Applicant will Begin to Operate: Currently open to public. F. Days and Hours of Operation: Monday to Thursday, 11:00 am-3:00 pm, 4:30 pm-9:30 pm; Frida and Saturday, 11:00 am-10:00 pm; and Sunday 11:00 am-9:00 pm | | |

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

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

SECTION 8: LEASED PREMISES

| A. Name of Property Owner: | B. Phone Number of Property Owner: | C. Full Address of Property Owner: |
|---|-------------------------------------|---|
| Morguard Rockville Retail LLC | Ms. Heather Andrade; (703) 283-3386 | 20 Maryland Ave. Rockville, MD 20850 |
| D. Date Lease Made: May 7, 2024 | | E. Date Lease Expires: 10 years (approximately 5/06/2034). |
| F. State Renewal Options, if any: One 5-year option. | | |

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

Address of Property Owner

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter 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

| 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 Aidia WV |
| Signature of Applicant (B) Ming Yang Fawl |
| Signature of Applicant |
| (C) |
| Signature of Applicant (D) Aida WU |
| (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 accility 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 rue and correct to the best of my knowledge, information, and belief." |
| ignature of the Property Owner |
| Printed Name 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 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, 1 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) Aidia WIL |
| Signoture of Applicant (B) Mill Yang Fawl |
| Signature of Applicant |
| (C) |
| Signature of Applicant (D) _Aidia_Wu |
| (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 Heather Andrade, Moranard |

Phone of Property Owner

Printed Name of Property Owner 20 Maryland Ave Rockylle MD 20850 (703) 283-3386

Address of Property Owner

APPLICATION # 4

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

STATE OF MARYLAND | MONTGOMERY COUNTY **APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

(PLEASE PRINT OR TYPE IN INK)



| To the Board of License Commissione | | | | 1991 VA SA KUTI () | |
|--|---------------|---------------------------|--|--|--|
| Application is made by the undersign alcoholic beverage license and each applications. | ed un | ider the provisions o | f Alcoholic Beverages as to the following info | Article of the Annotated Code of Maryland, for a | |
| alconone beverage neerise and each ap | pilcai | it subilits and certifi | | | |
| SECTION 1: LICENSE TYPE INFO | RMA | TION | | # 1307544 | |
| A. Nature of Application: | | ■ New Licer | nse Transfer of Locat | tion □ Transfer of Ownership □ Reclassification | |
| B. Entity on Whose Behalf Applicat | ion is | ☐ Corp | ooration 🖪 Limited Lial | bility Company □ Partnership □ Individual | |
| Made: | | | P. Falls No. | | |
| C. Class of License Applied For: DBW | | | D. Entity Name: The Lady Vintner, LLC | | |
| E. Types of Permits Applied For: | | | | g ■ Outdoor Café ■ Refillable Container | |
| (See Appendix A) | | | □ Retail Delivery □ Sp | oirits for Cooking ☐ Wine Corkage | |
| F. Trade Name of Facility: The Lady Vintner | | | | G. Is Business a Franchise? □ YES ■ NO | |
| H. Address of Facility to be License 42 Maryland Ave, Rockville, N | d (No 1D 2 | P.O. Box): 0850 | | | |
| SECTION 2: APPLICANT INFORM | IATIC | ON | | | |
| Applicant A Name: Ciara Cedeño | | hdate: 13/1986 | Personal Phone Nun H: 2022881718 | nber: C: | |
| Full Address: 44 Maryland Ave #609 Rockv | ille, I | MD 20850 | Years at this Address | s: Years as Maryland Resident: 30+ | |
| Email Address: Sex: theladyvintner@yahoo.com | | • | Place of Birth: Washington, DC | | |
| If applicant is foreign-born, state: | - | | | | |
| Immigration Card Number: | | If Naturalized, City | /State: | Date of Naturalization: | |
| | | | | | |
| Applicant B Name: | Birt | hdate: | Personal Phone Nun H: | nber: C: | |
| Full Address: | | | Years at this Address | s: Years as Maryland Resident: | |
| Email Address: | Sex | : | Place of Birth: | | |
| If applicant is foreign-born, state: | | | | | |
| Immigration Card Number: | | | /State: | Date of Naturalization: | |
| | | | | | |
| Applicant C Name: | Birt | hdate: Personal Phone Nu | | nber: C | |
| Full Address: | | | Years at this Address | s: 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 TIONS 3, 4, OR 5, AS APPLIES) SECTION 3: CORPORATION INFORMATION

| SECTION 3: CORPORATION INFORMA | ATION | | | | |
|---|----------------------------------|----------------------|--------|-------------------|-------------------------------|
| A. Qualifying Maryland Resident (Indica | te with X) | | | ☐ Applicant A ☐ | Applicant B 🗆 Applicant C |
| B. Name and Full Address of Corporation | n: | <u> </u> | | | |
| | | | | | |
| C. Incorporated Under State Laws of: | | | | D. Month and Y | ear: |
| E. Authorized Capital: | F. Number of Sha | 4 | . | G. Number of S | h |
| E. Authorized Capital. | r. Number of Sna | ires Authorizea | | G. Number of S | nares issued: |
| Stockholders (Include all layers equaling 1 | .00% owned by indi | viduals and/or | public | ly traded, use ac | lditional 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 CORPO | ORATION INFORM | AATION | | | |
| A. Qualifying Maryland Resident (Indicat | | | ■ Apr | licant A □ Annlic | ant B □ Applicant C |
| B. Name and Full Address of LLC: 42 Maryland Ave, Rockville, MD 20 | 0850 | | ed Pe | rsons of LLC | ин о 🗆 Аррисані С |
| The Lady Vintage | | | | | |
| D. Organized Under State Laws of: Maryland | | E. Month a 06/15/202 | | ar: | |
| Percentage of Ownership Interest of LLC (I | Use additional shee | t if necessary): | | | |
| | Full Address: 44 Maryland Ave | #609 Rock | /ille, | MD 20850 | Percentage: 100% |
| Name (B): | Full Address: | | | | Percentage: |
| Name (C): | Full Address: | | | | Percentage: |
| SECTION 5: PARTNERSHIP INFORMAT | TION: | | | | |
| A. Name and Full Address of Partnership | | | | | |
| | | | | | |
| C. Date on Which Partnership was Forme | d: | D. In Which Sta | ate: | | |
| Percentage of Ownership Interest of Partn | ership (Use additio | nal sheet if nec | essary | <i>ı</i>): | |
| Name (A): | Full Address: | | | | Percentage: |
| Name (B): | Full Address: | | | | Percentage: |
| Name (C): | Full Address: | | | | Percentage: |
| Indicate Who are the General Partners: | | □ Applicant | t A 🗆 | Applicant B □ Ap | plicant C |
| Indicate Maryland Residents: | | | | Applicant B □ Ap | |

| , | | | | |
|---|--------------|--|--|----------------|
| SECTION 6: ESTABLISHMENT INFO | RMATIC | ON . | | |
| A. Detailed description and total squ | are foota | ge of the portion of the buildin | g for which license is sought (ex. | Free standing. |
| located in strip mall, restaurant, seati mixed use building, beer/wine retai | ng. beer/ | wine. etc.): | | - |
| B. Who Will be in Charge of Day-to-Da Ciara Cedeño | ay Operat | ions (General Manager): | | |
| C. Phone Number of Establishment: TBA | D. Be | Type of Facility/Facility Concept er & Wine Shop/ Wine Bar | ··· | |
| E. Date Applicant will Begin to Operat September 1, 2024 tentative | sur | Days and Hours of Operation: n-wed: 12pm-8pm rs-sat: 12pm-9pm | | |
| SECTION 7: LICENSE TRANSFER (CO | | E ONLY IF TRANSFERRING A | LICENSE) | |
| A. Names of all Current License Holder | - | | B. Date Facility Began Oper | ating: |
| 1) | 3) | | | |
| 2) | _ | I m a series and a | | |
| C. Location of Current Licensed Facility | ': | D. Location to Which License is | s Being Transferred: | |
| SECTION 8: LEASED PREMISES | ÷ | | | |
| A. Name of Property Owner: | | e Number of Property Owner: | C. Full Address of Property Own | er: |
| | 703.23 | 0.1985 | Comstock 44 Maryland, L.C to Comstock Companies 900 Reston Metor Piaza, 10th Floor Reston, Virginia 20190 | |
| D. Date Lease Made: | | | E Data Lance E. o.l. | |
| March 15, 2024 | | | E. Date Lease Expires: March 15, 2034 | |
| F. State Renewal Options, if any: Two (2) renewal terms of Five (5 |) years | each | | |
| SECTION 9: APPLICANT QUESTION | VIDE | | | |
| Has any applicant ever been: | MIKE | | | |
| 1. Convicted of a felony? | | | | □ YES ■ NO |
| 2. Found guilty of violating the laws go | verning t | he sale of alcohol in the State of | Maryland or the United States? | |
| 3. Found guilty of violating the laws for | | | | ☐ YES ■ NO |
| 4. Found guilty of any offense against t | | | | □ YES ■ NO |
| traffic offense? | | | | □ YES ■ NO |
| 5: Has any applicant ever had a license | for the s | ale of alcoholic beverages suspe | ended or revoked? | ☐ YES ■ NO |
| 6. Has any applicant ever had a license | for the s | ale of alcoholic beverages? | | □ YES ■ NO |
| If YES, state name of applicant, name of | of facility, | address for which license was h | neld, and the dates for which it wa | |
| 7: Does any applicant or person with a | n owners | ship interest in this facility have | a financial interest in any other | |
| facility in Montgomery County or the | | | | □ YES = NO |

If YES, state name and the financial interest owned:

applied for, or in the facility to be conducted under the current license?

was held:

If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license

8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license

for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?

☐ YES ■ NO

☐ YES ■ NO

SECTION 10: CERTIFICATES AND SIGNATURES

Address of Property Owner

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

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

| any and all parts thereof upon and in which said facility is to be conducted. |
|--|
| Affidavit: |
| "By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief." |
| (A) Ciraledeno |
| Signature of Applicant |
| (B) |
| Signature of Applicant |
| (C) |
| Signature of Applicant |
| (D) |
| 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." |
| As Agust for Comstack 44 Manyland, LC |
| Signature of the Property Owner |
| Stephanie Tysun |
| Printed Name of Property Owner 900 Feston Metro Plaza, 10th Floor, Roston VA 20190 |

Phone of Property Owner

APPLICATION # 5

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

#1284519

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

SECTION 1: LICENSE TYPE INFORMATION

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

| SECTION 2: ENGLISH THE HATON | UVIATIO | | | | TOTOT | |
|---|--------------------|-------------------|--------------------------------------|-----------|--------------------------------|------------------|
| A. Nature of Application: | | ■ New Lice | nse 🗆 Transfer of Loca | tion 🗆 | Transfer of Ownership 🗆 | Reclassification |
| B. Entity on Whose Behalf Applicat | ion is | □ Cor | poration 🗷 Limited Lia | bility (| Company Partnership | Individual |
| Made: | | | | | | |
| C. Class of License Applied For: Class D Beer and Wine License | | | D. Entity Name: Dill Dinkers, LLC | | | |
| E. Types of Permits Applied For: | | □ Tas | ting (\$200) 🗆 Catering | g □ Ou | itdoor Café 🗆 Refillable Co | ontainer |
| (See Appendix A) | | | | | or Cooking Wine Corka | |
| F. Trade Name of Facility: Dill Dinkers | | | | G. 1 | Is Business a Franchise? | □ YES ■ NO |
| H. Address of Facility to be Licensed 4942 Boiling Brook Parkway, No | | | 852 | | | |
| SECTION 2: APPLICANT INFORM | ATION | | | | | |
| Applicant A Name: Katherine Mooney | Birthda 03/05/1 | | Personal Phone Nun H: | nber: | C: 443-812-0443 | |
| Full Address: 1135 Wedgewood Road, Baltim | ore, MD | 21229 | Years at this Addres | s: Y 3 | 'ears as Maryland Residen 2 | t: |
| Email Address: kmooney@dilldinkers.com | Sex: Female | | Place of Birth: Towson, MD | | | |
| If applicant is foreign-born, state: | | | | | | |
| Immigration Card Number: | If N | laturalized, City | //State: | Date | e of Naturalization: | |
| | | | | | | |
| Applicant B Name: | Birthdat | te: | Personal Phone Nun H: | nber: | C: | |
| Full Address: | | | Years at this Addres | s: Y | ears as Maryland Residen | t: |
| Email Address: | Sex: | | Place of Birth: | | | |
| If applicant is foreign-born, state: | | | I. | | | |
| Immigration Card Number: | If N | aturalized, City | //State: | Date | of Naturalization: | |
| | | | | | | |
| Applicant C Name: | Birthdat | e: | Personal Phone Nun H: | nber: | С | |
| Full Address: | | | Years at this Address | s: Y | ears as Maryland Residen | t: |
| Email Address: | Sex: | | Place of Birth: | | | |
| If applicant is foreign-born, state: | | | | | | |
| Immigration Card Number: | If N | aturalized, City | /State: | Date | of Naturalization: | |
| MOTE: ALL ADDITIONTS WILL B | E HEDEA | ETED DECEDDES | TO BY THE LETTER A | 2 00 | C DDECEDING THEIR MAN | C 4001101 |

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

Indicate Maryland Residents:

| SECTION 3: CORPORATION INFORM. | ATION | | | | |
|---|------------------------------|---------------------------|--------|----------------------------|---------------------------|
| A. Qualifying Maryland Resident (Indica | te with X) | | [| □ Applicant A □ A | Applicant B □ Applicant C |
| B. Name and Full Address of Corporation | n: | • | | | |
| | | | | | |
| C. Incorporated Under State Laws of: | | | | D. Month and Y | ear: |
| | | | | | |
| E. Authorized Capital: | F. Number of Sh | ares Authorized: | | G. Number of Si | nares Issued: |
| Stockholders (Include all layers equaling 1 | 1000/ average by the | المحالمة المحالمة | مناطنه | historia de la consecución | -19-2 |
| Name (A): | Full Address: | ilviduais and/or p | public | ny traded, use ad | Shares Owned: |
| Name (A). | ruii Address. | | | | Snares 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 CORPO | ORATION INFORI | MATION | | | |
| A. Qualifying Maryland Resident (Indicat | te with X) | | ■ App | olicant A 🗆 Applica | ant B 🗆 Applicant C |
| B. Name and Full Address of LLC: | | | | rsons of LLC | |
| Dill Dinkers, 9220 Rumsey Road, Co | lumbia, MD 2104 | | | ne Moor | ney |
| D. Organized Under State Laws of: Maryland | | E. Month ar March 2022 | | ar: | |
| Percentage of Ownership Interest of LLC (| | et if necessary): | | | |
| Name (A): Dill Dinkers Holdings | Full Address: 9220 Rumsey Re | oad, Columbia, | , MD | 21045 | Percentage: 100% |
| Name (B): | Full Address: | | | | Percentage: |
| Name (C): | Full Address: | | | | Percentage: |
| CECTION E DA DENEDOUID INCODADA | TION | | | | |
| SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnership | | | | | |
| A. Name and run Address of Farthership | • | | | | |
| C. Date on Which Partnership was Forme | ed: | D. In Which Sta | ate: | - | |
| Percentage of Ownership Interest of Partr | nership (Use additio | onal sheet if nece | essary | /): | |
| Name (A): | Full Address: | | | | Percentage: |
| Name (B): | Full Address: | | | | Percentage: |
| Name (C): | Full Address: | | | | Percentage: |
| Indicate Who are the General Partners: | | ☐ Applicant | : A 🗆 | Applicant B □ App | olicant C |

 \square Applicant A \square Applicant B \square Applicant C

SECTION 6: ESTABLISHMENT INFORMATION

| 1 | |
|--|--|
| located in strip mall, restaurant, seating, b | potage of the portion of the building for which license is sought (ex. Free standing, peer/wine, etc.): er; part of a larger building with other tenants; square footage is 28,552 |
| B. Who Will be in Charge of Day-to-Day Op Katherine Mooney, Director of Operation | perations (General Manager): ons and Sales |
| C. Phone Number of Establishment: 240-248-3303 | D. Type of Facility/Facility Concept: Indoor pickleball facility |
| E. Date Applicant will Begin to Operate: July 22, 2023 | F. Days and Hours of Operation: Monday-Sunday 8am-10pm |
| | |

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

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

SECTION 8: LEASED PREMISES

| A. Name of Property Owner: | B. Phone Number of Property Owner: | C. Full Address of Property Owner: |
|---|------------------------------------|--|
| Randolph Buildings Limited Partnership | 301.530.9700 x43 | 6700 Rockledge Drive, Suite 500A, Bethesda, MD 20817 |
| D. Date Lease Made: 05/23/2023 | | E. Date Lease Expires: 07/25/2038 |
| F. State Renewal Options, if any: c/o Transwestern Carey Winston D | DBA Transwestern | • |

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

Address of Property Owner

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter 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 true and correct to the best of my knowledge, information, and belief." (A) Signature of Applicant (B) | that the contents of the foregoing document are |
| Signature of Applicant (D) | |
| 22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property alcoholic beverage license and that I hereby consent to the use of the said property for the separated by law, and I do hereby grant permission to the State Comptroller, his duly aut Board of License Commissioners for Montgomery County, its duly authorized agents and em County to inspect and search at any and all hours, without warrant, the premises and any an facility is to be conducted. Affidavit: | sale thereon of such alcoholic beverages as may horized deputies, inspectors and clerks, the ployees, and any peace officer of Montgomery d all parts thereof upon and in which said |
| "By signing this application, I do solemnly declare and affirm under the penalties of perjury t true and correct to the best of my knowledge, information, and belief." | hat the contents of the foregoing document are |
| Signature of the Property Owner | |
| Printed Name 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 herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and derks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

| any and an parts thereof about and in evines one same, | |
|---|--|
| Affidavit: | |
| "By signing this application, I do solemnly declare and affirm true and correct to the best of my knowledge, information, | n under the penalties of perjury that the contents of the foregoing document are and belief." |
| m | |
| Signature of Applicant (B) | Second Control of the |
| Signature of Applicant | |
| (C) | |
| Signature of Applicant | V WII RICKINGS |
| (D)_ | |
| | (FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature |
| | |
| alcoholic beverage license and that I hereby consent to the be permitted by law, and I do hereby grant permission to the Board of License Commissioners for Montgomery County, is | t I am the owner of the property named in the foregoing application for an use of the said property for the sale thereon of such alcoholic beverages as may ne State Comptroller, his duly authorized deputies, inspectors and clerks, the ts duly authorized agents and employees, and any peace officer of Montgomery warrant, the premises and any and all parts thereof upon and in which said |
| Affidavit: | |
| "By signing this application, I do solemnly declare and affire true and correct to the best of my knowledge, information, | n under the penalties of perjury that the contents of the foregoing document are and belief." |
| Sy C/o Pandoly B. | ldys C.P. |
| Signature of the Property Owner 19. Dolly, Grund Cand | |
| Printed Name of Property Owner | |
| 5715 Francy Care Hillor ? | OCHWA MAN JONG |
| Address of Property Owner | Phone of Property Owner |
| | 711 <30 97W +43 |

Dill Dinkers Holdings, Inc. Stockholders List 6/19/2024

| Name Abbie and Ronald Fenicle Anish Shah Billesdon Revocable Living Trust Dated July 2, 2014 | Common (CS) 90,000 8,800 35,714 | Percentage 6.4% 0.6% 2.5% |
|--|--|------------------------------------|
| Brian Lloyd Chris and Andrea Zahlis Criscial Lahs LLC | 100,000 60,000 8 800 | 7.1% 4.3% |
| Crucial Labs LLC Debbie Pell | 8,800 5,000 | 0.6% 0.4% |
| Donna Borum | 5,000 | 0.4% |
| Erika Spalding | 10,000 | 0.7% |
| Faisal Faquih and Jeevan Sana Khalid | 11,764 | 0.8% |
| Faith Johnson | 5,000 | 0.4% |
| FOS of MD LLC | 24,000 | 1.7% |
| John Walker | 30,000 | 5./% 2.1% |
| Ken Billingsley | 10,000 | 0.7% |
| Kevin O'Connell | 10,000 | 0.7% |
| Mark and Karen Cerione | 20,000 | 1.4% |
| Mark Martin | 18,800 | 1.3% |
| Mary Colleen Lanthrip | 5,000 | 0.4% |
| Michael O'Connell | 10,000 | 0.7% |
| MICHAEL V ORTMAN and MARY CATHERINE ORTMAN, Co- Trustees of the MICHAEL AND KATE ORTMAN | | |
| Molly Shaw | 25,000 20,000 | 1.8% 1.4% |

| 100.0% | 1,408,968 | Total |
|--------|-----------|-----------------------------------|
| 0.6% | 8,800 | William Gunnar Radhe Jr. |
| 20.6% | 290,000 | William & Denise Richards |
| 0.6% | 8,800 | Wayne Hosek |
| 0.7% | 10,000 | Waymon Peet |
| 1.2% | 17,600 | Ventauri Investments |
| 9.8% | 138,390 | Timothy G. Dull Roth IRA |
| 3.2% | 45,000 | Tim and Maureen Mooney |
| 1.4% | 20,000 | Suzanne Rothwell |
| 0.4% | 5,000 | Scott Keenum |
| 4.3% | 60,000 | Robert Pless and Patricia Pless |
| 0.9% | 12,500 | Roth - 4524821 |
| | | Quest Trust Company FBO Vanya Sen |
| 0.7% | 10,000 | Patrick Kopins |
| 6.4% | 90,000 | Nancy and Tim McClanahan |

APPLICATION # 6

Extract from Law: If any affidavit or oath require der the provisions of this Act shall contain any fall stements, 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)

JUN 25 124 6F1 13444

To the Board of License Commissioners for Montgomery County:

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

| SECTION 1: LICENSE TYPE INFORMA | TION | | #1325594 | |
|--|--------------------------------|--|--|--|
| A. Nature of Application: | ■ New Licer | nse 🗆 Transfer of Locat | ion □ Transfer of Ownership □ Reclassification | |
| B. Entity on Whose Behalf Application is Made: | 5 □ Corp | ☐ Corporation ■ Limited Liability Company ☐ Partnership ☐ Individual | | |
| C. Class of License Applied For: Class B B W | | D. Entity Name: | DW BLOSDOWS, 40 | |
| E. Types of Permits Applied For: | □ Tast | ting (\$200) 🗆 Catering | □ Outdoor Café □ Refillable Container | |
| (See Appendix A) | | ☐ Retail Delivery ☐ Spirits for Cooking ☐ Wine Corkage | | |
| F. Trade Name of Facility: | | CO | G. Is Business a Franchise? ☐ YES ■ NO | |
| H. Address of Facility to be Licensed (No 1909 Seminary Rd, Silver Spring, | | | | |
| SECTION 2: APPLICANT INFORMATION | | · | | |
| tath Jaysour | thdate: 08/06/1975 | Personal Phone Num H: | c: 786-547-3241 | |
| Full Address: Sath Van Down | 57 + N404 | Years at this Address | Years as Maryland Resident: | |
| Email Address: Sex SARSOURIFATHI @ ameril: Com | c M | Place of Birth: 08/26 / (975 TU | INIS - TUNISIA | |
| If applicant is foreign-born, state: | | 7 - 1 - 2 | | |
| Immigration Card Number: | If Naturalized, City | /State: | Date of Naturalization: | |
| | Miami | - FL | 6-29- 2010 | |
| A | | n 101 01 | | |
| | thdate: 05/09/1/488 | Personal Phone Num H: | c: 202-802-5210 | |
| Full Address: Sqol 3th ST, DC 200 | 11 | Years at this Address | Years as Maryland Resident: | |
| Email Address: Sex CHAVEZT. DANNYP ama Com | NI | Place of Birth: | - SALVADOR | |
| If applicant is foreign-born, state: | | | | |
| Immigration Card Number: | If Naturalized, City WASTかん | | Date of Naturalization: 2-20-2016 | |
| And France Change and the second seco | | | | |
| Applicant C Name: [William A TORRES] 2 | hdate: 2/22//948 | Personal Phone Num H: | ber: c 202-812-9093 | |
| Full Address: 651) REDTOP RD, HA | TISVIUE MO | Years at this Address | : Years as Maryland Resident: | |
| Email Address: Sex | M 20183 | Place of Birth: | FI SALVANDO | |
| If applicant is foreign-born, state: | / / | | UC - SIIC VAIDUR | |
| Immigration Card Number: | If Naturalized, City | /State: | Date of Naturalization: | |
| mangiation cara number. | WASHING P |) N - DC | 3-01-2014 | |
| (NOTE: ALL APPLICANTS WILL BE HE | | | B, OR C PRECEDING THEIR NAME ABOVE) | |

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

| SECTION 3: CORPORATION INFORMA | | | | |
|---|---|---------------------------|---|--|
| A. Qualifying Maryland Resident (Indicat | e with X) □ Applicant A □ Ap | | Applicant B □ 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 S | | hares Issued: | |
| Stockholders (Include all layers equaling 1 | 00% owned by individuals and/o | r publicly traded, use ac | dditional 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: | | Title: | |
| A. Qualifying Maryland Resident (Indicate B. Name and Full Address of LLC: TWO BIOSSOMS . Rd D. Organized Under State Laws of: MACY CAP Percentage of Ownership Interest of LLC (U | C. Authori Silver Spring FATH MD. 20910 E. Month: April 12, 20 | and Year: 024 | Applicant C Applicant C ANN (HAVE 2 / William VE) CHAVE | |
| | Full Address: | | Percentage: | |
| | 901 8th St NE, Washington DC, 20002 | | 50% | |
| Name (B): | ull Address: 50 South Van Dorn St, N404, Alexandria , VA 22304 | | Percentage: 50% | |
| Name (C): | ull Address: | | Percentage: | |
| SECTION 5: PARTNERSHIP INFORMATION A. Name and Full Address of Partnership: | | | | |
| C. Date on Which Partnership was Formed | d: D. In Which S | tate: | | |
| Percentage of Ownership Interest of Partn | ership (Use additional sheet if ne | cessary): | | |
| Name (A): | Full Address: | •• | Percentage: | |
| Name (B): | Full Address: | | Percentage: | |
| Name (C): | Full Address: | | Percentage: | |
| Indicate Who are the General Partners: | ☐ Applica | nt A □ Applicant B □ Ap | plicant C | |
| Indicate Maryland Residents: | | nt A 🗆 Applicant B 🗆 Ap | | |

| 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.): | | | | | |
| B. Who Will be in Charge of Day-to-Day Operations (General Manager): William CHaves | | | | | |
| C. Phone Number of Establishment: | D. Type of Facility/Facility Concep | t: Fast Casnal Ca | tin | | |
| E. Date Applicant will Begin to Operate: | | | | | |
| E. Date Applicant will Begin to Operate: F. Days and Hours of Operation: Closed on Monday April - 11 - 2024 TUE-FRIT AM - 10 PM SUN 9AM - 8 PM | | | | | |
| SECTION 7: LICENSE TRANSFER (COMP | | | | | |
| A. Names of all Current License Holders: | | B. Date Facility Began Oper | ating: | | |
| 1) 2) | 3) | | | | |
| C. Location of Current Licensed Facility: | D. Location to Which License | is Being Transferred: | | | |
| SECTION 8: LEASED PREMISES | | | | | |
| A. Name of Property Owner: B. F | Phone Number of Property Owner: | C. Full Address of Property Own | er: | | |
| ABDUR ROB 3 | 012546192 | 1909 Seminary N | NO 2091 | | |
| 3.20.2024 E. Date Lease Expires: 3.20-2029 | | | | | |
| F. State Renewal Options, if any: \\ES \ \forall 5 \\ /ears | | | | | |
| SECTION 9: APPLICANT QUESTIONAIRE | | | | | |
| Has any applicant ever been: | | | | | |
| 1. Convicted of a felony? | | | □ YES ■ NO | | |
| 2. Found guilty of violating the laws govern | ing the sale of alcohol in the State o | f Maryland or the United States? | ☐ YES ■ NO | | |
| 3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States? | | | | | |
| | | | □ YES ■ NO | | |
| 5: Has any applicant ever had a license for t | the sale of alcoholic beverages susp | ended or revoked? | ☐ YES ■ NO | | |
| 6. Has any applicant ever had a license for t | the sale of alcoholic beverages? | | □ YES ■ NO | | |
| If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: | | | | | |
| 7: Does any applicant or person with an ow | vnership 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 YES = N | | | □ YES ■ NO | | |
| for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland? | | | | | |
| If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held: | | | | | |
| 8: Does any person other than the applica | ant(s) have any financial interest in | this alcoholic beverage license | □ YES ■ NO | | |
| applied for, or in the facility to be conducted | | | | | |
| If YES, state name and the financial interest owned: | | | | | |

SECTION 10: CERTIFICATES AND SIG TURES

Address of Property Owner

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

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

| 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 peritrue and correct to the best of my knowledge, information, and belief." (A) | ury that the contents of the foregoing document ar |
| (D)(FOR CORPORATION A | APPLICATIONS ONLY) Corporate President Signatur |
| 22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the prop alcoholic beverage license and that I hereby consent to the use of the said property for the permitted by law, and I do hereby grant permission to the State Comptroller, his duly Board of License Commissioners for Montgomery County, its duly authorized agents and County to inspect and search at any and all hours, without warrant, the premises and an facility is to be conducted. | he sale thereon of such alcoholic beverages as may authorized deputies, inspectors and clerks, the employees, and any peace officer of Montgomery |
| Affidavit: | |
| "By signing this application, I do solemnly declare and affirm under the penalties of perjutrue and correct to the best of my knowledge, information, and belief." | rry that the contents of the foregoing document are |
| | |
| Signature of the Property Owner ANTONIO MASTRANGELO 8 M | |
| Printed Name of Property Owner | IBBER |
| イノプわカ (八 ク.HN ヒヵ科()廾 . Iカ(N)ドグ ね)た | 14468 |

Phone of Property Owner