

# APPLICATION

## # 1

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

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

To the Board of License Commissioners for Montgomery County:

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

**SECTION 1: LICENSE TYPE INFORMATION**

#2189544

<b>A. Nature of Application:</b>	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification		
<b>B. Entity on Whose Behalf Application is Made:</b>	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		
<b>C. Class of License Applied For:</b> Class <del>D</del> - BWL <i>Class B BDBWL</i>	<b>D. Entity Name:</b> Borges & James Enterprises, LLC		
<b>E. Types of Permits Applied For:</b> (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input checked="" 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		
<b>F. Trade Name of Facility:</b> International Corner,	<b>G. Is Business a Franchise?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>H. Address of Facility to be Licensed (No P.O. Box):</b> 5 Park Ave., Gaithersburg, MD 20877			

**SECTION 2: APPLICANT INFORMATION**

<b>Applicant A Name:</b> Carlos Borges	<b>Birthdate:</b> 10/15/1987	<b>Personal Phone Number:</b> H: N/A C: 301.765.4030	
<b>Full Address:</b> 16429 Keats Terrace, Derwood, MD 20855		<b>Years at this Address:</b> 6+	<b>Years as Maryland Resident:</b> 20+
<b>Email Address:</b> CBorges@1solutionsservices.com	<b>Sex:</b> Male	<b>Place of Birth:</b> Praia, Republic of Cabo Verde	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b> Baltimore, Maryland	<b>Date of Naturalization:</b> 06/01/2005
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<b>Applicant B Name:</b> <i>SVETLANA PORTOLANO</i>	<b>Birthdate:</b> <i>10/17/1992</i>	<b>Personal Phone Number:</b> H: C: <i>301.549.4140</i>	
<b>Full Address:</b> <i>16429 Keats Ter., Derwood, MD 20855</i>		<b>Years at this Address:</b> <i>6+</i>	<b>Years as Maryland Resident:</b> <i>20+</i>
<b>Email Address:</b> <i>sborges@1solutionsservices.com</i>	<b>Sex:</b> <i>Female</i>	<b>Place of Birth:</b> <i>Ukraine</i>	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b> <i>Baltimore, MD</i>	<b>Date of Naturalization:</b> <i>07/20/2005</i>
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<b>Applicant C Name:</b> <i>Christopher James</i>	<b>Birthdate:</b> <i>06/27/1979</i>	<b>Personal Phone Number:</b> H: C: <i>240.654.2292</i>	
<b>Full Address:</b> <i>3 Monarch Vista Ct., Germantown MD 20874</i>		<b>Years at this Address:</b> <i>5+</i>	<b>Years as Maryland Resident:</b> <i>20+</i>
<b>Email Address:</b> <i>Cjames@1solutionsservices.com</i>	<b>Sex:</b> <i>Male</i>	<b>Place of Birth:</b> <i>Jamaica</i>	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b> <i>A41459699</i>	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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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: Borges & James Enterprises, LLC - 201 N. Frederick Ave. # E, Gaithersburg, MD 20877	C. Authorized Persons of LLC Carlos Borges, CHRISTOPHER JAMES, SVETLANA BORGES
D. Organized Under State Laws of: Maryland	E. Month and Year: 03/2025

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

Name (A): Carlos Borges	Full Address: 16429 Keats Terrace, Derwood, MD. 20855	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**

<b>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> Free standing 3 story building - Total Square feet 2,268 <i>AMERICAN &amp; INTERNATIONAL RESTAURANT</i>	
<b>B. Who Will be in Charge of Day-to-Day Operations (General Manager):</b> Svetlana Portolano	
<b>C. Phone Number of Establishment:</b> 301.664.2775	<b>D. Type of Facility/Facility Concept:</b> Free Standing: American, Jamaican, Capeverdean, Portuguese, Brazilian Cuisine
<b>E. Date Applicant will Begin to Operate:</b> Currently Open <i>12/20/25</i>	<b>F. Days and Hours of Operation:</b> Sunday - Thursday 9 AM. - 2 AM. // Friday - Sunday 9 AM - 3 AM

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

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

**SECTION 8: LEASED PREMISES**

<b>A. Name of Property Owner:</b> Ike Igwegbe	<b>B. Phone Number of Property Owner:</b> 940.447.0036	<b>C. Full Address of Property Owner:</b> 16627 Cypress Bay Ln., Ashton, MD. 20861
<b>D. Date Lease Made:</b> August 1, 2025		<b>E. Date Lease Expires:</b> July 31, 2027
<b>F. State Renewal Options, if any:</b> Yes, 2 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

Printed Name of Property Owner

16627 CYPRESS BAY LN, ARHTON, MD, 20861

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."

  
Signature of the Property Owner

Printed Name of Property Owner

16627 CYPRESS BAY LN, ARHTON, MD, 20861

Address of Property Owner

Phone of Property Owner

# APPLICATION

## # 2



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

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

To the Board of License Commissioners for Montgomery County:

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

**SECTION 1: LICENSE TYPE INFORMATION**

#2173544

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-BWL	D. Entity Name: VIVA MEXICO RESTAURANT 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: VIVA MEXICO RESTAURANT	
G. Address of Facility to be Licensed (No P.O. Box): 18509 Woodfield Road Gaithersburg, MD 20879	

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

Applicant A Name: Sindi Janet Cruz-Bonilla	Birthdate: 09/11/1998	Personal Phone Number: H: C: 301-275-7344
Full Address: 6922 Allentown Rd Temple Hills MD	Years at this Address: 10 years	Years as Maryland Resident: 27 years
Email Address: acojutlam@gmail.com	Sex: 20748 Female	Place of Birth: Washington D.C
If applicant is foreign-born, state:		
Immigration Card Number: 094-386-984	If Naturalized, City/State:	Date of Naturalization:

Applicant B Name: Jose O. Rios-Hernandez	Birthdate: 03/28/1978	Personal Phone Number: H: C: 240-481-5976
Full Address: 1600 Fairlakes Pl Bowie MD 20721	Years at this Address: 5 years	Years as Maryland Resident: 26 years
Email Address: Vivamexicogrill@gmail.com	Sex: Male	Place of Birth: Honduras
If applicant is foreign-born, state:		
Immigration Card Number: 094-386-984	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 checked="" type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Viva Mexico Restaurant LLC 18509 Woodfield Rd Gaithersburg MD 20878	C. Authorized Persons of LLC JOSE RIOS / SINDI CRUZ
D. Organized Under State Laws of: Maryland	E. Month and Year: 04/20/2025

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

Name (A): Sindi J Cruz-Bonilla	Full Address: 6922 Allentown Rd Temple Hills MD 20748	Percentage: 7
Name (B): Jose O Rios-Hernandez	Full Address: 1600 Fairlaker Pl Bowie MD 20721	Percentage: 100%
Name (C):	Full Address:	Percentage:

### SECTION 5: PARTNERSHIP INFORMATION

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

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

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

## SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): <i>Free standing Restaurant Mexican 3,065 ft</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): <i>Sindi J Cruz - Bonilla</i>	
C. Phone Number of Establishment: <i>301-459-9779</i>	D. Type of Facility/Facility Concept: <i>Restaurant Dine-In</i>
E. Date Applicant will Begin to Operate: <i>02-30-2026</i>	F. Days and Hours of Operation: <i>Monday - Thursday 10:00 am - 12:00 am</i> <i>Friday and Saturday 6:30 am - 2:00 am</i> <i>Sunday 6:30 - 12:00 am</i>

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

A. Names of all Current License Holders: 1) <i>3)</i> 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>Wheeler + Buice Enterprises LLC</i>	B. Phone Number of Property Owner: <i>703-932-0930</i>	C. Full Address of Property Owner: <i>40 Annapolis Farms</i> <i>13073 Lutheran Church Rd</i> <i>Lovettsville VA 20180</i>
D. Date Lease Made: <i>July 29, 2025</i>		E. Date Lease Expires: <i>January 31, 2036</i>
F. State Renewal Options, if any: <i>none</i>		

## SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held: <i>Sindi J Cruz - Bonilla and Jose O. Rios Hernandez / Acajutla Restaurant</i> <i>18554 Woodfield Rd Gaithersburg MD 20879 May 15, 2025</i>	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

## SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) SINDI CRUZ

Signature of Applicant

(B) JOSE RIES

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."

Bobby Joe Wheeler

Signature of the Property Owner

Bobby Joe Wheeler

Printed Name of Property Owner

46 Anchor Farms, 13073 Lutheran Church Rd., Lovettsville, VA 20180

Address of Property Owner

Phone of Property Owner 703-932-9030

# 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**  
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**SECTION 1: LICENSE TYPE INFORMATION**

<b>A. Nature of Application:</b>		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input checked="" type="checkbox"/> Reclassification	
<b>B. Entity on Whose Behalf Application is Made:</b>		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
<b>C. Class of License Applied For:</b> D & W		<b>D. Entity Name:</b> Coopersmith Inc	
<b>E. Types of Permits Applied For:</b> (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input checked="" type="checkbox"/> Refillable Container <input checked="" type="checkbox"/> Retail Delivery <input checked="" type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage	
<b>F. Trade Name of Facility:</b> Old Town Market		<b>G. Is Business a Franchise?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>H. Address of Facility to be Licensed (No P.O. Box):</b> 10251 Kensington Parkway, Kensington, MD 20895			

**SECTION 2: APPLICANT INFORMATION**

<b>Applicant A Name:</b> Robert Cooper	<b>Birthdate:</b> 10/16/1972	<b>Personal Phone Number:</b> H: C:2026420100	
<b>Full Address:</b> 9708 Elrod Road Kensington, MD 20895		<b>Years at this Address:</b> 10	<b>Years as Maryland Resident:</b> 35
<b>Email Address:</b> rob@theoldtownmarket.com	<b>Sex:</b> M	<b>Place of Birth:</b> Liberia	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b> Baltimore, MD	<b>Date of Naturalization:</b> 3/31/25
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<b>Applicant B Name:</b> Susan Cooper	<b>Birthdate:</b> 03/29/1969	<b>Personal Phone Number:</b> H: C:2024274200	
<b>Full Address:</b> 9708 Elrod Road, Kensington MD 20895		<b>Years at this Address:</b> 10	<b>Years as Maryland Resident:</b> 35
<b>Email Address:</b> soozeetone@icloud.com	<b>Sex:</b> F	<b>Place of Birth:</b> Washington, DC	

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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(NOTE: ALL APPLICANTS WILL BE HEREFTER 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 checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: Coopersmith Inc. 9708 Elrod Road. Kensington MD 20895		
C. Incorporated Under State Laws of: Maryland		D. Month and Year: 6/2007
E. Authorized Capital: 1000	F. Number of Shares Authorized: 100	G. Number of Shares Issued: 100

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

Name (A): Robert S Cooper	Full Address: 9708 Elrod Road, Kensington MD 20895	Shares Owned: 50
Name (B): Susan M Cooper	Full Address: 9708 Elrod Road, Kensington MD 20895	Shares Owned: 50
Name (C):	Full Address:	Shares Owned:

**Corporate Officers.**

Name (A): Susan M Cooper	Full Address: 9708 Elrod Road, Kensington MD 20895	Title: President
Name (B): Robert S Cooper	Full Address: 9708 Elrod Road, Kensington MD 20895	Title: Vice President-Finance
Name (C):	Full Address:	Title:

**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.): Free standing building in a retail center with indoor and outdoor seating <span style="float: right;">2704</span>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Robert Cooper	
C. Phone Number of Establishment: (301) 942 2294	D. Type of Facility/Facility Concept: Restaurant with off-premise Beer/Wine
E. Date Applicant will Begin to Operate: Currently operating as beer/wine retailer 11-8-2011	F. Days and Hours of Operation: Mon-Sat 8AM to 8PM Sun 9AM to 7PM

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

A. Names of all Current License Holders: 1) <span style="float: right;">3)</span> 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: C-F Kensington, LLC	B. Phone Number of Property Owner: 240 399 1460	C. Full Address of Property Owner: 7811 Montrose Rd, Ste 200, Potomac MD20854
D. Date Lease Made: 6/1/2014		E. Date Lease Expires: 5/31/2026
F. State Renewal Options, if any: Completing 10-year lease renewal in Nov 2025 with additional 5 year option. Commencing 6/1/2026		

# 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: The Old Town Market, 10251 Kensington Parkway, Kensington MD 20895. Currently held with Montgomery County MD <span style="float: right;">11-2011-</span>	
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

Richard Cohen, Managing Member

Printed Name of Property Owner

7811 Montrose Rd, #200 Potomac, MD 20854 240-399-1460

Address of Property Owner

Phone of Property Owner

# APPLICATION

## # 4

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

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

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application: <input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: CLASS A - B W	D. Entity Name: TK 16125 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 Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: TOBACCO BEER AND WINE	
G. Address of Facility to be Licensed (No P.O. Box): 16125 SHADY GROVE RD, Gaithersburg, MD 20877	

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

Applicant A Name: SAED SALIM	Birthdate: 04/04/1986	Personal Phone Number: H: c: 661-777-6298
Full Address: 15316 dillwyn ct, woodbridge, VA, 22193		Years at this Address: 10
Email Address: tk18528inc@gmail.com		Place of Birth: Somalia

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Fresno, California	Date of Naturalization: October, 17, 2005
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Applicant B Name: EPHREM GEBRESELAM	Birthdate: 10/22/1980	Personal Phone Number: H: c: 641-451-4209
Full Address: 5550 MUNCASTER MILL RD, ROCKVILLE, MD, 20850		Years at this Address: 1
Email Address: EPHREM@ETHIOCPA.COM		Place of Birth: ETHIOPIA

If applicant is foreign-born, state:

Immigration Card Number: 208-386-669	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name:	Birthdate:	Personal Phone Number: H: C:
Full Address:		Years at this Address: Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:

If applicant is foreign-born, state:

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

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

**SECTION 3: CORPORATION INFORMATION**

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input checked="" 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: TK 16125 LLC 16125 Shady Grove Rd, Gaithersburg, MD 20877		C. Authorized Persons of LLC Saed Salim EPHREM Gebreselam
D. Organized Under State Laws of: MARYLAND		E. Month and Year: 11/28/2023

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

Name (A): SAED SALIM	Full Address: 15316 DILLWYN CT, WOODBRIDGE, VA, 22193	Percentage: 60%
Name (B): EPHREM gebreselam	Full Address: 5550 MUNCASTER MILL RD, ROCKVILLE, MD, 20855	Percentage: 40
Name (C):	Full Address:	Percentage:

**SECTION 5: PARTNERSHIP INFORMATION**

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

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

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



## SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): <b>LOCATED IN STRIP MALL 1200 sqft</b>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): <b>EPHREM GEBRESELAM</b>	
C. Phone Number of Establishment: <b>301-605-7022</b>	D. Type of Facility/Facility Concept: <b>STORE, Tobacco, Beer &amp; Wine</b>
E. Date Applicant will Begin to Operate: <b>01/01/2026</b>	F. Days and Hours of Operation: <b>9:00 AM TO 11:00 PM</b>

## 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: <b>CRESTHILL MANAGEMENT INC</b>	B. Phone Number of Property Owner: <b>301-606-5886</b>	C. Full Address of Property Owner: <b>14415 Shirley Bohn Rd. Mt. Airy, MD 21771</b>
D. Date Lease Made: <b>01/01/2024</b>		E. Date Lease Expires: <b>12/31/2034</b>
F. State Renewal Options, if any: <b>5 yr. option</b>		

## 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

\_\_\_\_\_

Printed Name of Property Owner

14415 Shickley Bohn Rd Mt Airy MD 301 829 7213

Address of Property Owner

Phone of Property Owner