

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

#2132545

A. Nature of Application:	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: A - Blw	D. Entity Name: Gwena Hops LLC LLC
E. Types of Permits Applied For: (See Appendix A)	<input checked="" 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: Hop N Cru	G. Is Business a Franchise? <input type="checkbox"/> YES <input type="checkbox"/> NO
H. Address of Facility to be Licensed (No P.O. Box): 20940-G Frederick Rd, Hop N Cru, Germantown, MD 20876	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Tatenda Gwena	Birthdate: 11/22/1987	Personal Phone Number: H: 2028538097 C:
Full Address: 18701 Flower Hill Way, Gaithersburg, 20879	Years at this Address: 2	Years as Maryland Resident: 10
Email Address: gwenatate@gmail.com	Sex: Male	Place of Birth: Zimbabwe
If applicant is foreign-born, state:		
Immigration Card Number: 41267481	If Naturalized, City/State: Washington, District of Columbia	Date of Naturalization: 10/08/2019

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

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

(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: <i>GWENA HOPS, LC</i>		C. Authorized Persons of LLC	
18701 Flower Hill, Gaithersburg, Maryland, 20879		Tatenda Gwena	
D. Organized Under State Laws of: Maryland		E. Month and Year: October 2025	
Percentage of Ownership Interest of LLC (Use additional sheet if necessary):			
Name (A):	Full Address:	Percentage:	
Tatenda Gwena	18701 Flower Hill Way, Gaithersburg, MD, 20879	100	
Name (B):	Full Address:	Percentage:	
Name (C):	Full Address:	Percentage:	

SECTION 5: PARTNERSHIP INFORMATION

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Strip Mall, located in Neelsville Village Center in Germantown, lot 120, 1276 sq feet. Its a beer and wine retail store with no seating	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Tatenda Gwena	
C. Phone Number of Establishment: 202 853 8097	D. Type of Facility/Facility Concept: Beer and Wine: Selling Beer and Wine
E. Date Applicant will Begin to Operate: December 1st 2025	F. Days and Hours of Operation: Monday to Thursday 11AM - 9PM Friday to Sunday: 10AM - 9PM

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

A. Names of all Current License Holders: 1) Naveen Beeram 301 646 1300 3) 2) Sangeetha Beeram	B. Date Facility Began Operating: October, 2023
C. Location of Current Licensed Facility: 20940-G Frederick Rd, Hop N Cru, Germantown, MD 20876	D. Location to Which License is Being Transferred: 20940-G Frederick Rd, Hop N Cru, Germantown, MD 20876

SECTION 8: LEASED PREMISES

A. Name of Property Owner: NEELSVILLE (FKA) LLC	B. Phone Number of Property Owner: 202 902 2600	C. Full Address of Property Owner: 1221 MAIN STREET, SUITE 1000 COLUMBIA, SC, 29201
D. Date Lease Made: 02/18/2026	E. Date Lease Expires: 01/31/2029	
F. State Renewal Options, if any: N/A		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:

7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?

YES NO

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

8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?

YES NO

If YES, state name and the financial interest owned:

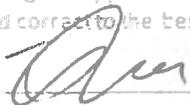
SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A)  _____
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 thereof of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:

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

Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) Tatenda Jwona

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."

Please see attached for signature

Signature

Please see attached for signature

Printe

**1221 Main Street
Columbia, SC 29201**

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 FILL OUT FORM IN ENTIRETY)

revised
 FEB 11 '26 PM 12:51

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

#2252544

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input checked="" type="checkbox"/> New License		<input type="checkbox"/> Transfer of Location	<input type="checkbox"/> Transfer of Ownership	<input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:		<input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual				
C. Class of License Applied For:		D-B/W/L		D. Entity Name: Parciti Golf Bethesda LLC		
E. Types of Permits Applied For: (See Appendix A)		Tasting (\$200) <input checked="" 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: ParCiti Golf						
G. Address of Facility to be Licensed (No P.O. Box): 7500 Old Georgetown Rd., suite 5, Bethesda, MD 20814						

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

Applicant A Name: Abraham Melles	Birthdate: 08/20/1975	Personal Phone Number: H: C: 202-439-1405
Full Address: 2108 S Pierce Street Arlington, VA 22202-1517		Years at this Address: 20 Years as Maryland Resident: 0
Email Address: abmelles@gmail.com play@parciti.com	Sex: M	Place of Birth: Ethiopia
If applicant is foreign-born, state:		
Immigration Card Number: 37503625	If Naturalized, City/State: Vienna, VA	Date of Naturalization: 06/24/2015

Applicant B Name: Hailemariam Negash	Birthdate: 12/12/78	Personal Phone Number: H: C: 202 421-7356
Full Address: 5039 Bradley Blvd, #3, Chevy Chase, MD, 20815		Years at this Address: 12 Years as Maryland Resident: 12
Email Address: hailenegash@gmail.com	Sex: M	Place of Birth: Ethiopia
If applicant is foreign-born, state:		
Immigration Card Number: S76227040	If Naturalized, City/State: Chevy Chase, MD	Date of Naturalization: 01/09/2018

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

(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: ParCiti Golf Bethesda LLC 7500 Old Georgetown Road, Bethesda, MD 20814		C. Authorized Persons of LLC Hailemariam Negash and Abraham Melles		
D. Organized Under State Laws of: Maryland		E. Month and Year: February 2025		

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

Name (A): Abraham Melles	Full Address: 2108 S. Pierce St. Arlington, VA 22202-1517	Percentage: 100
Name (B): Hailemariam Negash	Full Address: 5039 Bradley Blvd. #3, Chevy Chase MD 20815	Percentage: 0
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.):
 3,308 rentable sq. ft. known as Suite 05, comprising a portion of the Metro Level floor of the Building

B. Who Will be in Charge of Day-to-Day Operations (General Manager):
 Abraham Melles

C. Phone Number of Establishment: ^ 2	D. Type of Facility/Facility Concept: boutique indoor golf lounges that combine tour-grade simulators
E. Date Applicant will Begin to Operate: March 2026	F. Days and Hours of Operation: Sunday to Saturday 10am -10pm

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: IN-REL 7500 OGR, LLC	B. Phone Number of Property Owner: 301-654-7500	C. Full Address of Property Owner: 7500 Old Georgetown Road, Suite 1286 Bethesda, MD 20814
D. Date Lease Made: 2/25/2025	E. Date Lease Expires: 02/2032	
F. State Renewal Options, if any: 5 year option		

SECTION 9. APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 type="checkbox"/> NO <input type="checkbox"/>
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:

Abraham Melles 3102 Columbia Pike Arlington, VA 22202 Aug 2022- present Par Citi

7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held: Delina ETP Eritrean Kitchen 4914 Cordell Ave. Bethesda MD 20814, DBWL License 8/2018 to 5/2019	

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 type="checkbox"/> NO <input type="checkbox"/>
If YES, state name and the financial interest owned:	

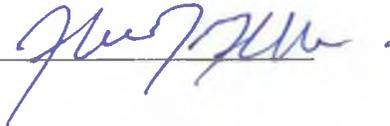
SECTION 10: CERTIFICATES AND SIGNATURES

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) Abraham Melles 

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."

 Ryan King - Authorized Signatory

Signature of the Property Owner

In-Rel 7500 OGR, LLC

Printed Name of Property Owner
7500 Old Georgetown Road, Suite 1285
Bethesda, MD 20814

(301) 654-7500

Address of Property Owner

Phone of Property Owner

APPLICATION

3

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

STATE OF MARYLAND | MONTGOMERY COUNTY
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

FEB 18 '26 AM 10:45

(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

#2260544

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: G&S 450 LLC
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage
F. Trade Name of Facility: The Food Market	
G. Address of Facility to be Licensed (No P.O. Box): 4720 Hampden Lane Bethesda, MD 20814	

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

Applicant A Name: Chad Gauss	Birthdate: 3/26/1980	Personal Phone Number: H: C:410-207-0366	
Full Address: 13312 Brighton View Court Phoenix, MD 21131		Years at this Address: 4	Years as Maryland Resident: 45
Email Address: chadgauss@gmail.com	Sex: Male	Place of Birth: Baltimore, MD	

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name:	Birthdate:	Personal Phone Number: H: C:410-207-0366	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: G&S 450 LLC 10480 Little Patuxent Parkway G150 Columbia, MD 21044		C. Authorized Persons of LLC Chad Gauss
D. Organized Under State Laws of: Maryland		E. Month and Year: September 2024

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

Name (A): Chad Gauss	Full Address: 13312 Brighton View Court Phoenix, MD 21131	Percentage: 47.5%
Name (B): Justin Sharoky	Full Address: 1824 S Charles St Baltimore, MD 21230	Percentage: 18.89%
Name (C): Eric Sharoky	Full Address: 14 Eastport Ct Lutherville, MD 21093	Percentage: 18.89%

**See attached*

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.): Restaurant located in apartment building 4700 Hampden Lane. 3964 sq/ft serving beer, wine and liquor	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Eric Sharoky	
C. Phone Number of Establishment: NA	D. Type of Facility/Facility Concept: Restaurant - Modern American
E. Date Applicant will Begin to Operate: April 15th 2026	F. Days and Hours of Operation: Open seven days a week 9am-9pm

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: B.F. Saul	B. Phone Number of Property Owner: 301-986-6000	C. Full Address of Property Owner: 7501 Wisconsin Ave Bethesda, MD 20814
D. Date Lease Made: October 31, 2024		E. Date Lease Expires: July 2036
F. State Renewal Options, if any: two, five-year options		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

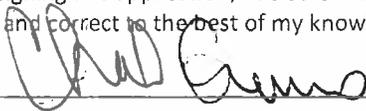
SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A)  _____

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

A) 

Signature of Applicant
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."

7316 Wisconsin LLC
By: Saul Centers, Inc., Manager



Signature of the Property Owner
Vaughn Iskanian, Senior Vice President, General Counsel, Assist. Secretary

Printed Name of Property Owner
7501 Wisconsin Ave., Ste. 1500 E, Bethesda, MD 20814 301-986-6000

Address of Property Owner

Phone of Property Owner

APPLICATION

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

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

224 6544

A. Nature of Application:		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For:		D. Entity Name:	
Beer and Light Wine License. Class A (Off Sale)		PNB Enterprise, Inc.	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: News Express			
G. Address of Facility to be Licensed (No P.O. Box): 4853 Cordell Avenue, Bethesda, MD 20814			

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

Applicant A Name: Brian H. PARK	Birthdate: 11/05/1977	Personal Phone Number: H: (703) 244-0305 C: (703) 244-0305	
Full Address: 8609 Stone Hill Lane, Laurel, MD 20724		Years at this Address: 6 years	Years as Maryland Resident: 6 years
Email Address: gtr0077@gmail.com	Sex: Male	Place of Birth: South Korea	

If applicant is foreign-born, state:

Immigration Card Number: No. 38523386	If Naturalized, City/State: Alexandria, VA	Date of Naturalization: 08/18/2016
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Applicant B Name: Kwang H. SEO	Birthdate: 07/30/1975	Personal Phone Number: H: (703) 944-9489 C: (703) 944-9489	
Full Address: 10645 Sandown Way, Woodstock, MD 21163		Years at this Address: 15 years	Years as Maryland Resident: 20 years
Email Address: julieshin24@yahoo.com	Sex: Male	Place of Birth: South Korea	

If applicant is foreign-born, state:

Immigration Card Number: USCIS# 087-069-044	If Naturalized, City/State: N/A	Date of Naturalization: N/A
---	---	---------------------------------------

Applicant C Name: N/A	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 checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: PNB Enterprise, Inc., : 8609 Stone Hill Lane, Laurel, MD 20724		
C. Incorporated Under State Laws of: State of Maryland		D. Month and Year: July, 2025
E. Authorized Capital: 5,000	F. Number of Shares Authorized: 5,000	G. Number of Shares Issued: 5,000

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

Name (A): Brian H. Park	Full Address: 8609 Stone Hill Lane, Laurel, MD 20724	Shares Owned: 2,500
Name (B): Kwang H. Seo	Full Address: 10645 Sandown Way, Woodstock, MD 21163	Shares Owned: 2,500
Name (C): N/A	Full Address:	Shares Owned:

Corporate Officers:

Name (A): Brian H. Park	Full Address: 8609 Stone Hill Lane, Laurel, MD 20724	Title: President & Treasurer
Name (B): Kwang H. Seo	Full Address: 10645 Sandown Way, Woodstock, MD 21163	Title: Vice President & Secretary
Name (C): N/A	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.): Retail Beer and Wine store with approx. 1,614 sq.ft in a mixed-use building at Triangle Towers.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Brian H. PARK	
C. Phone Number of Establishment: (301) 951-5280	D. Type of Facility/Facility Concept: Beer and Wine Store
E. Date Applicant will Begin to Operate: Approx. 03/01/2026	F. Days and Hours of Operation: 8am-9pm for Mon-Fri; 9am-9pm for Sat; 9am-7pm for Sun

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

A. Names of all Current License Holders: 1) Rudy Masita 2) Hiroko Lin	3) Ju Chuan Lin	B. Date Facility Began Operating: 01/01/2013
C. Location of Current Licensed Facility: 4853 Cordell Avenue, Bethesda, MD 20814	D. Location to Which License is Being Transferred: 4853 Cordell Avenue, Bethesda, MD 20814	

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Triangle Towers LLC	B. Phone Number of Property Owner: (703) 902-9400	C. Full Address of Property Owner: c/o Southern Management Companies, 7950 Jones Branch Dr, Ste 500N, McLean, VA 22102
D. Date Lease Made: 01/01/2013		E. Date Lease Expires: 06/30/2013
F. State Renewal Options, if any: NONE		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

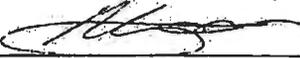
SECTION 10: CERTIFICATES AND SIGNATURES

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

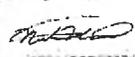
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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."

Signed by:



Signature of the Property Owner

Mike Mohamed

Printed Name of Property Owner

SOUTHERN MANAGEMENT COMPANIES

Address of Property Owner

Phone of Property Owner

7950 JONES BRANCH DR #500N (703) 902-9400
MCLEAN, VA 22102

APPLICATION

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

FEB 5'26 AM 10:23

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.

2243544

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: Beer Wine Liquor Class B (on sale)		D. Entity Name: Fish Taco of Darnestown LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Fish Taco of Darnestown		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 12117 Darnestown Road Gaithersburg MD 20878			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Farzin S Namin		Birthdate: September 11th, 1963	Personal Phone Number: H: 301-299-1620 C: 202-378-3037	
Full Address: 9225 Potomac School Drive Potomac MD 20854		Years at this Address: 9 years	Years as Maryland Resident: 40+	
Email Address: bkrantz@whatscookinggroup.com	Sex: Male	Place of Birth: Tehran Iran		

If applicant is foreign-born, state:

Immigration Card Number: US Citizen	If Naturalized, City/State: Baltimore MD	Date of Naturalization: March 18th, 2002
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Applicant B Name:	Birthdate:	Personal Phone Number:		
		H:	C:	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:		

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: <small>Fish Taco of Darnestown LLC 7945 MacArthur Boulevard Suite 221 Cabin John MD 20818 Corporate Office Physical Address 12117 Darnestown Road Gaithersburg MD 20878</small>		C. Authorized Persons of LLC Farzin S Namin
D. Organized Under State Laws of: Maryland		E. Month and Year: December 11th, 2024

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

Name (A): Farzin S Namin	Full Address: 9225 Potomac School Drive Potomac MD 20854	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mail, restaurant, seating, beer/wine, etc.): <i>STRIP MAIL, 2,200 Sq. feet</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Brant Cotter 703-801-1041 (<i>bcotter@whatscookinggroup.com</i>)	
C. Phone Number of Establishment: 202-378-3037	D. Type of Facility/Facility Concept: <small>Fast casual taqueria serving Baja/Mexican style cuisine (tacos, burritos, quesadillas, salads and appetizers Dine In/Carry Out. Nonalcoholic beverage, draft beer, frozen and regular margaritas</small>
E. Date Applicant will Begin to Operate: <i>MAY, 01, 2024</i>	F. Days and Hours of Operation: Monday - Thursday 11:00am - 8:30pm Friday - Saturday 11:00am - 9:00pm

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Darnestown Valley - WHM Limited Partnership	B. Phone Number of Property Owner: 240-403-4231 Nancy Milloy	C. Full Address of Property Owner: 12165 Darnestown Road Gaithersburg MD 20878
D. Date Lease Made: February 4th 2025 10 year term		E. Date Lease Expires: February 4th 2036
F. State Renewal Options, if any: 2x 5 year renewal option terms		

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: SEE ATTACHED	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held: SEE ATTACHED	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) _____

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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

Signature of the Property Owner

Printed Name of Property Owner

12165 Darnestown Rd. 301.921.9050

Address of Property Owner GAITHERSBURG, MD. Phone of Property Owner 20878

APPLICATION

6

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

FEB 27 '26 AM 9:08

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.

2274544

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
C. Class of License Applied For: CLASS A BW	D. Entity Name: FINOT MARKET, LLC
E. Types of Permits Applied For: (See Appendix A)	<input checked="" type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input checked="" type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
F. Trade Name of Facility: FINOT MARKET	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H. Address of Facility to be Licensed (No P.O. Box): 8107 FENTON ST , SILVER SPRING, MD 20910	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Wondwossen WONDOSSEN MERSHA	Birthdate: 01/07/1978	Personal Phone Number: H: C:703-870-5594	
Full Address: 11009 BRADBURY MANOR CT, SILVER SPRING, MD 20901	Years at this Address: 5	Years as Maryland Resident: 17 YEARS	
Email Address: danielkkassa@gmail.com	Sex: M	Place of Birth: ETHIOPIA	

If applicant is foreign-born, state:

Immigration Card Number: 36995122	If Naturalized, City/State: BALTIMORE, MD	Date of Naturalization: 01/07/2015
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Applicant B Name: GASHAW SHIMELASH	Birthdate: 02/23/1978	Personal Phone Number: H: C:301-458-9332	
Full Address: 10208 CALUMET DR, SILVER SPRING, MD 20901	Years at this Address: 3 YEARS	Years as Maryland Resident: 10 YEARS	
Email Address: gashaw2379@gmail.com	Sex: M	Place of Birth: ETHIOPIA	

If applicant is foreign-born, state:

Immigration Card Number: 46325427	If Naturalized, City/State: BALTIMORE, MD	Date of Naturalization: 06/07/2025
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Applicant C Name: MESAY HONELEGN	Birthdate: 10/08/1974	Personal Phone Number: H: C 202-413-9332	
Full Address: 13122 SERPENTINE WAY, SILVER SPRING, MD 20904	Years at this Address: 3 MONTHS	Years as Maryland Resident: 14 YEARS	
Email Address: ykedus@gmail.com	Sex: M	Place of Birth: ETHIOPIA	

If applicant is foreign-born, state:

Immigration Card Number: 36482003	If Naturalized, City/State: BALTIMORE, MD	Date of Naturalization: 07/25/2014
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(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input checked="" type="checkbox"/> Applicant B <input checked="" type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: <small>FINOT.MARKET, LLC 8107 FENTON STREET, SILVER SPRING, MD 20910</small>		C. Authorized Persons of LLC WONDOSSEN MERSHA, GASHAW SHIMELASH, MESSAY HONELEGN	
D. Organized Under State Laws of: MD		E. Month and Year: 10/2025	

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

Name (A): WONDOSSEN MERSHA	Full Address: 11009 BRADBURY MANOR CT, SILVER SPRING, MD 20901	Percentage: 33.33
Name (B): GASHAW SHIMELASH	Full Address: 10208 CALUMET DR, SILVER SPRING, MD 20901	Percentage: 33.33
Name (C): MESSAY HONELEGN	Full Address: 13122 SERPENTINE WAY, SILVER SPRING, MD 20904	Percentage: 33.34

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	

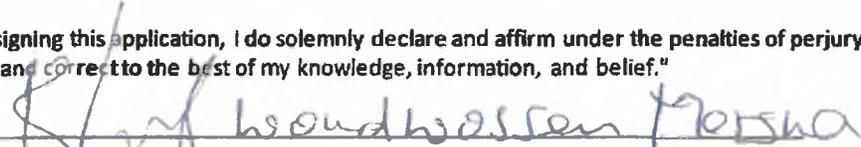
SECTION 10: CERTIFICATES AND SIGNATURES

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:

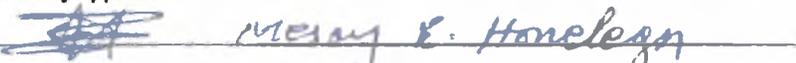
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."

(A) 

Signature of Applicant

(B)  Gashaw A Shimelash

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 thereof 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

17606 Auburn Village Drive
Sandy Spring MD 20860
Address of Property Owner

(301) 996-3933
Phone of Property Owner

APPLICATION

7

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.

[Redacted]
#2087549

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: BDBWL -		D. Entity Name: AKSHAT RETAIL, LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input checked="" type="checkbox"/> Refillable Container <input checked="" type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: ANGELOS			
G. Address of Facility to be Licensed (No P.O. Box): 5500 OLNEY LAYTONVILLE ROAD, UNIT - B , OLNEY - 20832 LAYTONSVILLE			

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

Applicant A Name: POOJA AKSHAT SHAH		Birthdate: 01/23/1992	Personal Phone Number: H: 248-842-2329 C: 240-308-1746	
Full Address: 21326. EMERALD DR GERMANTOWN MD-20876		Years at this Address: 08	Years as Maryland Resident: 17	
Email Address: poojam.patel90@gmail.com	Sex: FEMALE	Place of Birth: SURAT, INDIA		

If applicant is foreign-born, state:

Immigration Card Number: 36121079	If Naturalized, City/State: BALTIMORE, MARYLAND	Date of Naturalization: 08/20/2013
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Applicant B Name:		Birthdate:	Personal Phone Number: H: 248-842-2329 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:
--------------------------	-----------------------------	-------------------------

Applicant C Name:		Birthdate:	Personal Phone Number: H: 248-842-2329 C: 240-308-1746	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:		

If applicant is foreign-born, state:

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

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: AKSHAT RETAIL LLC 21326 Emerald Drive, Germantown, MD 20876	C. Authorized Persons of LLC POOJA AKSHAT SHAH
D. Organized Under State Laws of: MARYLAND	E. Month and Year: SEPTMEBER -2025

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

Name (A):	Full Address:	Percentage:
POOJA AKSHAT SHAH	21326 EMERALD DR GERMANTOWN MD - 20876	100
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): 2332 SQ FT <i>Small strip mall with two units.</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): POOJA SHAH	
C. Phone Number of Establishment: 301-330-0246	D. Type of Facility/Facility Concept: PIZZA, PASTA, DELI, CONVENIENT MART(ON AND OF SALE BEER & WINE - ON SALE LIQUOR)
E. Date Applicant will Begin to Operate: <i>Anticipated May 2026</i>	F. Days and Hours of Operation: 07 DAYS WEEK 5 AM to 11 PM

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

A. Names of all Current License Holders: 1) SHARMILA PATEL 3) 2)	B. Date Facility Began Operating: 04/22/2025
C. Location of Current Licensed Facility: 5500 OLNEYLAYTONVILLE ROAD, OLNEY MD- 20832	D. Location to Which License is Being Transferred: 5500 OLNEY LAYTONVILLE ROAD, UNIT-B, OLNEY, MD -20832

SECTION 8: LEASED PREMISES

A. Name of Property Owner: AJ OF OLNEY LLC, ARK 50 LIMITED	B. Phone Number of Property Owner: 240-220-0518	C. Full Address of Property Owner: 908 EAST PATRICK ST, FREDERICK, MD-21701
D. Date Lease Made: 10/06/2025		E. Date Lease Expires: 10/05/2028
F. State Renewal Options, if any: 1 + 04 THREE YEAR TERMS		

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: UPCOUNTY FINE WINE & BEER, 23229 STRINGTOWN ROAD, CLARKSBURG, MD -20871 DT 06/2019 - 10/06/2025	
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:	

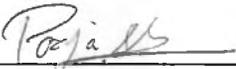
SECTION 10: CERTIFICATES AND SIGNATURES

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

AJ OF OLNEY LLC, ARK50 LIMITED

Printed Name of Property Owner

908 EAST PATRICK ST, FREDERICK, MD 21701

240-220-0518

Address of Property Owner

Phone of Property Owner

APPLICATION

8

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

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

revised
 FEB 26 '26 PM 5:47

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

2228544

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: BBWLHR		D. Entity Name: TONY Inc	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: T-POT & BBQ		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 9679 Lost Knife Road, Gaithersburg MD 20877			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Qiaoyun He	Birthdate: 04/13/1983	Personal Phone Number: H: C: 202-476-9898	
Full Address: 5808 35TH PL Hyattsville MD 20782		Years at this Address: 4	Years as Maryland Resident: 17
Email Address: Gina.he@yahoo.com	Sex: Female	Place of Birth: China	

If applicant is foreign-born, state:

Immigration Card Number: 056-053-120	If Naturalized, City/State: Washington DC	Date of Naturalization: December 17 2008
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Applicant B Name: Guojin He	Birthdate: July 02 1986	Personal Phone Number: H: C: 646-255-8300	
Full Address: 4001 29th St #301 Mt Rainier MD 20712		Years at this Address: 4	Years as Maryland Resident: 17
Email Address: tonyhe62@yahoo.com	Sex: Male	Place of Birth: China	

If applicant is foreign-born, state:

Immigration Card Number: 056-053-120	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: Eaflamehouse@gmail.com	Sex:	Place of Birth:	

If applicant is foreign-born, state:

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

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

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of Corporation: TONY Inc 9679 Lost Knife Road, Gaithersburg MD 20877			
C. Incorporated Under State Laws of: Maryland		D. Month and Year: September 2024	
E. Authorized Capital: \$10,000	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): Qiaoyun He	Full Address: 5808 35th Pl Hyattsville MD 20782	Shares Owned: 0.01%
Name (B): Guo Jin He	Full Address: 4001 29th St Apt 301 Rainier MD 20712	Shares Owned: 99.9%
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A): Qiaoyun He	Full Address: 5808 35th Pl Hyattsville MD 20782	Title: Secretary
Name (B): Guo Jin He	Full Address: 4001 29th St Apt 301 Rainier MD 20712	Title: President
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.):		Full Service Restaurant with seating and a total of 7638 SF
B. Who Will be in Charge of Day-to-Day Operations (General Manager):		General Manager/Owner Guo Jin He
C. Phone Number of Establishment: 646-255-8300	D. Type of Facility/Facility Concept: Full Service Restaurant serving Asian Foods	
E. Date Applicant will Begin to Operate: 02/01/2026	F. Days and Hours of Operation: 12:00 PM to 10:00 PM, Sunday to Thursday 12:00 PM to 11:00 PM, Friday and Saturday	

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: MONTGOMERY (E&A), LLC	B. Phone Number of Property Owner: 202-902-2600	C. Full Address of Property Owner: 1221 Main Street, Suite 1000 Columbia, South Carolina 29201
D. Date Lease Made: 10/14/2024		E. Date Lease Expires: 10/31/2035
F. State Renewal Options, if any: 1-10 year Renewal Option		

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) Guo Jin He

Signature of Applicant

(B) [Handwritten Signature]

Signature of Applicant

(C) _____

Signature of Applicant

(D) Guo Jin He

(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."

Please see attached signature page

Signature of the Property Owner

Printed Name of Property Owner

1221 Main Street, Columbia, SC 29201

Address of Property Owner

Phone of Property Owner

APPLICATION

9

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

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

JAN 16 '26 AM 11:09

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

2218544

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: Class B (B/W/L)		D. Entity Name: Silk Route 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: Silk Route			
G. Address of Facility to be Licensed (No P.O. Box): 4839 Del Ray Ave, Bethesda MD 20814			

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

Applicant A Name: Mantej Chhina	Birthdate: 04/09/1980	Personal Phone Number: H: C: 703-9390595	
Full Address: 11109 Fawsett Road Potomac MD 20854		Years at this Address: 9	Years as Maryland Resident: 9
Email Address: silkroutebethesda@gmail.com	Sex: Female	Place of Birth: India	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore - Maryland	Date of Naturalization: May 29th 2018
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Applicant B Name:	Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name:	Birthdate:	Personal Phone Number: H: C: 703-9390595	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

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

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: Silk Route - 11109 Fawsett Road Potomac MD 20854 LLC	C. Authorized Persons of LLC Mantej Chhina	
D. Organized Under State Laws of: Maryland	E. Month and Year: December 2025	

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

Name (A): Mantej Chhina	Full Address: 11109 Fawsett Road Potomac MD 20854	Percentage: 100
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Two Story Building- 3983 + 1099 2nd floor patio <i>square footage</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Karandeep Singh <i>301-704-2556 - KARAN.DEEP@DIACORPINC.COM</i>	
C. Phone Number of Establishment: 301-704-2556	D. Type of Facility/Facility Concept: Mediterranean - Persian - Fusion
E. Date Applicant will Begin to Operate: 05/01/2026	F. Days and Hours of Operation: 7 Days a week 4pm - 11pm

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Nimi Chhina LLC.	B. Phone Number of Property Owner: 703-939-0595	C. Full Address of Property Owner: 4839 Del Ray Ave Bethesda MD 20854
D. Date Lease Made: 03/01/2026	E. Date Lease Expires: 02/28/2031	
F. State Renewal Options, if any: <i>5 YEAR</i>		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:	
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held: <i>Pour Vino N Hops (50%) Closed: 6-6-2024</i> Mantej Chhina - 42 Maryland Ave Rockville MD 20854. From 2018 to 2024	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input 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) Mantej Chhina
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."

Mantej Chhina
Signature of the Property Owner

MANTEJ CHHINA
Printed Name of Property Owner

11109 FAWSETT ROAD POTOMAC MD 20854 - 703-939-0595
Address of Property Owner Phone of Property Owner

APPLICATION

10

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE FILL OUT FORM IN ENTIRETY)

MAR 5 '26 AM 11:57

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input checked="" type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For:		D. Entity Name:	
B BDBWL		AKSHAT ENTERPRISES LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input checked="" type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: 6-12 CONVENIENT MART			
G. Address of Facility to be Licensed (No P.O. Box): 14100 - C DARNESTOWN ROAD, GERMANTOWN MD - 20874			

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

Applicant A Name: AKSHAT JAYENDRA SHAH		Birthdate: 12/09/1989	Personal Phone Number: H: 248-726-1352 C: 248-842-2329	
Full Address: 21326 EMERALD DR GERMANTOWN MD -20876		Years at this Address: 10	Years as Maryland Resident: 15 PLUS	
Email Address: shah.akshat01@gmail.com	Sex: MALE	Place of Birth: AHMEDABAD(INDIA)		
If applicant is foreign-born, state:				
Immigration Card Number: 35681159		If Naturalized, City/State: BALTIMORE MD		Date of Naturalization: 02/14/2013

Applicant B Name:		Birthdate:	Personal Phone Number:	
			H: 248-726-1352 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:

Applicant C Name:		Birthdate:	Personal Phone Number:	
			H: 248-726-1352 C: 248-842-2329	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:		
If applicant is foreign-born, state:				
Immigration Card Number:		If Naturalized, City/State:		Date of Naturalization:

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

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

SECTION 3: CORPORATION INFORMATION

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

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

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

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: AKSHAT ENTERPRISES LLC 21326 EMERALD DR GERMANTOWN MD -20876		C. Authorized Persons of LLC AKSHAT SHAH
D. Organized Under State Laws of: MARYLAND		E. Month and Year: FEBRUARY 2019

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

Name (A): AKSHAT JAYENDRA SHAH	Full Address: 21326 EMERALD DR GERMANTOWN MD -20876	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): STRIP MALL - CURRENTLY LIC TYPE DBW TO UPGRADE APPROX - 2400SQ.FT <i>Convenient and food service market</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): AKSHAT SHAH OWNER,	
C. Phone Number of Establishment: 301-990-1701	D. Type of Facility/Facility Concept: CURRETNLY B&W- CONVENIENT AND FOOD SERVING
E. Date Applicant will Begin to Operate: B & W IS CURRENTLY OPERATING - LIQUOR ON SALE WITHIN WEEK TIME <i>may 2019</i>	F. Days and Hours of Operation: SUNDAY TO SATURDAY - 5.00AM - 11.00 PM

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

A. Names of all Current License Holders: 1) _____ 3) _____ 2) _____	B. Date Facility Began Operating:
C. Location of Current Licensed Facility: 14100- C DARNESTOWN ROAD GERMANTOWN MD - 20874	D. Location to Which License is Being Transferred: 14100 - C DARNESTOWN ROAD GERMANTOWN MD -20874

SECTION 8: LEASED PREMISES

A. Name of Property Owner: VANIC LLC	B. Phone Number of Property Owner: 301-213-2100	C. Full Address of Property Owner: 13612 DARNETOWN ROAD GAITHRESBURG MD -20878
D. Date Lease Made: 03/09/2019		E. Date Lease Expires: 05/07/2029
F. State Renewal Options, if any: N A		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input 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: <i>AKSHAT Enterprises LLC, 6-12 Convenient mart same business 5-2019 -> current</i>	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input 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) Annah 03/05/2026

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

SECTION 10: CERTIFICATES AND SIGNATURES

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she 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) Amir 03/05/2026

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."

Nicholas D. Petruccelli

Signature of the Property Owner

NICHOLAS D. PETRUCCELLI

Printed Name of Property Owner

13612 DARNFESTOWN ROAD

DARNFESTOWN, MD 20878 Phone of Property Owner 301-272-1000