Extract from Law: If any affidavit or oath require ander the provisions of this Act shall contain any fall attements, the offender shall be deemed guilty of perjury. And upon indictment and conviction the. $\neg i$ 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)

To the Board of License Commissioners for Montgomery Co

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 ap									
			3		# 2018544				
SECTION 1: LICENSE TYPE INFOF	MATI	ON			7 0010071				
A. Nature of Application:		■ New Lice	nse 🗆 Transfer of Lo	ocatio	n \square Transfer of Ownership \square Reclassification				
B. Entity on Whose Behalf Applicat	ion is	□ Coi	poration Limited	Liabili	ty Company □ Partnership □ Individual				
Made:					<u></u>				
C. Class of License Applied For:			D. Entity Name:						
Class H (B/W)			Dream Line International LLC						
E. Types of Permits Applied For:		 □ Tasting (\$200) □ Catering ■ Outdoor Café □ Refillable Container □ Retail Delivery □ Spirits for Cooking □ Wine Corkage 							
(See Appendix A) F. Trade Name of Facility:		Retail Delivery L		G. Is Business a Franchise? ☐ YES ■ NO					
Prime Coffee & Bakery				G. IS Business a Franchise?					
H. Address of Facility to be License 930 Thayer Ave, Silver Spring									
SECTION 2: APPLICANT INFORM	ATIO	N							
Applicant A Name:		date:	Personal Phone I	Numb					
Mariamawit Ramet	01/1	2/1985	H:		c:2404298709				
Full Address: 9924 Cypress Way Laurel MI	23	Years at this Add	lress:	Years as Maryland Resident: 13 years					
Email Address: Rametm12@gmail.com	Sex: Fema	ile	Place of Birth: Ethiopia						
If applicant is foreign-born, state:	1. 0								
Immigration Card Number:		If Naturalized, Cit	y/State:	1	Date of Naturalization:				
		Baltimore/Mary		March 29,2019					
Applicant B Name: Nesredin Mohammed		date: 0/1982	Personal Phone Number: H: C:2406769149						
Full Address: 9924 Cypress Way Laurel MI	207	23	Years at this Add	ress:	Years as Maryland Resident: 5				
Email Address: Nesresa@gmail.com	Sex: Male		Place of Birth: Ethiopia						
If applicant is foreign-born, state:	,								
Immigration Card Number:		If Naturalized, Cit Baltimore/Mary			Date of Naturalization: anuary 24,2025				
Applicant C Name:	Direk	date:	Personal Phone I	Numh	Or.				
Applicant c Name.	Dirtii	idate.	H:	TUILD	C				
Full Address:			Years at this Add	ress:	Years as Maryland Resident:				
Email Address:	Sex:		Place of Birth:						
If applicant is foreign-born, state:]		1						
Immigration Card Number:		If Naturalized, Cit	ty/State:	-	Date of Naturalization:				

(NOTE: COMPLETE ONLY ONE SECTION FOF CTIONS 3, 4, OR 5, AS APPLIES)

_	-	~~	91.4	^	46.1	 ٧.	-	-	i in		S 2	\sim	-	1.0		-	~	a Mile	1	0.0	k II	-	^		. 8	C A		11	-	N 1	8.4
١,	-	C1		•	N	۲,	- (н	: B-	"	Ο.	н		ъ.			ш	d .	ш	u	ь	Œ.	ΙЬ	ď	VI	144	11) I	N

SECTION 3: CORPORATION IN						
A. Qualifying Maryland Resident	·		☐ Applicant A ☐	Applicant B □ Applicant C		
B. Name and Full Address of Corp	oration:					
C. Incorporated Under State Law	s of:		D. Month and	Year:		
E. Authorized Capital:	F. Number of Shares	s Authorized:	G. Number of S	Shares Issued:		
Stockholders (Include all layers eq	ualing 100% owned by individ	luals and/or pub	icly traded . use a	dditional sheet if necessary)		
Name (A):	Full Address:		, ,	Shares Owned:		
Name (B):	Full Address:			Shares Owned:		
Name (C):	Full Address:			Shares Owned:		
Corporate Officers:				1.		
Name (A):	Full Address:			Title:		
Name (B):	Full Address:			Title:		
Name (C):	Full Address:			Title:		
B. Name and Full Address of LLC: Dream line International LLC, 9924 C D. Organized Under State Laws o	C. Authorized Persons of LLC Mariamawit Ramet & Nesredin Mohammed E. Month and Year:					
Maryland		May 2019				
Percentage of Ownership Interest		f necessary):		15 .		
Name (A): Nesredin Mohammed	Full Address: 9924 Cypress Wa	y Laurel MD 2	20723	Percentage: 51%		
Name (B): Mariamawit Ramet	Full Address: 9924 Cypress Wa	y Laurel MD 2	20723	Percentage: 49%		
Name (C):	Full Address:			Percentage:		
SECTION 5: PARTNERSHIP INF A. Name and Full Address of Part C. Date on Which Partnership wa	nership:). In Which State:				
Percentage of Ownership Interest		al sheet if necessa	ary):	T.B.		
Name (A):	Full Address:			Percentage:		
Name (B):	Full Address:			Percentage:		
Name (C):	Full Address:			Percentage:		
Indicate Who are the General Par	rtners:	☐ Applicant A	□ Applicant B □ A	pplicant C		
Indicate Manyland Residents		□ Applicant A	□ Applicant D □ A	policent C		

SECTION 6: ESTABLISHMENT INFO	RIVIATIO	ON					
A. Detailed description and total squa		•	g for	which license is sought (ex.	Free standing,		
located in strip mall, restaurant, seating Coffee shop with roastery and B							
B. Who Will be in Charge of Day-to-Da Nesredin Mohammed	y Opera	tions (General Manager):					
C. Phone Number of Establishment: 2408565024	D. Ca	Type of Facility/Facility Concep fe	t:				
E. Date Applicant will Begin to Operate Buisness already operating	Mo	F. Days and Hours of Operation: Monday - Saturday (7AM-8PM) Sunday(8AM-7pm)					
SECTION 7: LICENSE TRANSFER (CO	MPLET	F ONLY IF TRANSFERRING A	LICE	NSE)			
A. Names of all Current License Holder				B. Date Facility Began Oper	ating:		
1)	3)						
2)							
C. Location of Current Licensed Facility	•	D. Location to Which License	is Bei	ng Transferred:			
				.			
SECTION 8: LEASED PREMISES							
A. Name of Property Owner: B. Phone Number of Property Owner: C. Full Address of Property Owner							
BOP Studio Plaza Phase 1 LLC	127 F	Public Square, Suite 2400, Cleve	eland, OH 44114				
D. Date Lease Made: 12/21/2021			E. D 7/31	ate Lease Expires: /33			
F. State Renewal Options, if any:	1 -						
10	1 yea	V					
SECTION 9: APPLICANT QUESTION	A IDE						
Has any applicant ever been:	AIRE						
1. Convicted of a felony?		-			□ YES ■ NO		
2. Found guilty of violating the laws go	verning	the sale of alcohol in the State of	of Mai	ryland or the United States?	□ YES ■ NO		
3. Found guilty of violating the laws for				<u> </u>	□ YES ■ NO		
4. Found guilty of any offense against t traffic offense?	·			<u> </u>	□ YES ■ NO		
5: Has any applicant ever had a license	for the	sale of alcoholic beverages susp	ende	d or revoked?	□ YES ■ NO		
6. Has any applicant ever had a license	for the	sale of alcoholic beverages?			□ YES ■ NO		
If YES, state name of applicant, name of	of facility	, address for which license was	held,	and the dates for which it wa	as held:		
7: Does any applicant or person with a facility in Montgomery County or the for, granted, or issued under the Alcoh	State of nolic Bev	Maryland where an alcoholic b erages Article of the Annotated	evera Code	ge license has been applied of Maryland?	□ YES ■ NO		
If YES, state the name of the applican was held:	t, name	and address of licensed premis	es an	d ownership and add the da	tes the license		

8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license ☐ YES ■ NO

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

If YES, state name and the financial interest owned:

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

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

	~		١		
A	т		2	N / I	T.
\sim		ıu	О	v	L.

Address of Property Owner

Affidavit:		
"By signing this application, I do solemnly declare and affirm ur true and correct to the best of my knowledge, information, and (A)		of the foregoing document are
(B)		
Signature of Applicant		
(C)		
(D)		
1-7	(FOR CORPORATION APPLICATIONS ONLY)	Corporate President Signatur
alcoholic beverage license and that I hereby consent to the use be permitted by law, and I do hereby grant permission to the S Board of License Commissioners for Montgomery County, its d County to inspect and search at any and all hours, without war facility is to be conducted. Affidavit:	tate Comptroller, his duly authorized deputies, uly authorized agents and employees, and any rant, the premises and any and all parts thereo	inspectors and clerks, the peace officer of Montgomery of upon and in which said
"By signing this application, I do solemnly declare and affirm un true and correct to the best of my knowledge, information, and		of the foregoing document are
BOP Studio Plaza Phase 1 LLC		
Signature of the Property Owner Susan O'Brien - Sr. Vie	ce President & Secretary	
Printed Name of Property Owner		
127 Public Square, Suite 2400, Cleveland, OH 4411	4 (216) 621-6060	

Phone of Property Owner

Extract from Law: If any affidavit or oath require under the provisions of this Act shall contain any false Latements, 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:

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:

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.

2119546.

■ New License
☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification

B. Entity on Whose Behalf Applic	ation is	□ Cor	□ Corporation ■ Limited Liability Company □ Partnership □ Individual					
Made:			1					
C. Class of License Applied For:	B-13	3WL_	D. Entity Name: Biscut					
E. Types of Permits Applied For:		□ Tas	sting (\$200) 🗆 Cate	ering 🗆	Outdoor Café Refillable Container			
(See Appendix A)			☐ Retail Delivery	: Spiri	ts for Cooking Wine Corkage			
F. Trade Name of Facility: Biscut Marked & Carry G	rt				G. Is Business a Franchise?			
H. Address of Facility to be Core 7849 Eastern Ave Silver Spring M								
SECTION 2: APPLICANT INFOR	WATIO	N						
Applicant A Name: Biscut Fekade		hdate: 2/1957	Personal Phone H: 301) 2	Numb 33	5930:			
Full Address: 2617 Shanandale Dr Silver Spring	904	Years at this Ad 19 years	dress:	Years as Maryland Resident: 41 years				
Email Address: Biscutflic@gmail.com	Sex: Fema		Place of Birth: Ethiopia					
If applicant is foreign-born, state:								
Immigration Card Number:	If Naturalized, Cit Baltmorg Maryland			Pate of Naturalization: pr 05/1994A24 988 998				
			T					
Applicant B Name: Michael Amha		h date: 3/ 1 991	Personal Phone					
	00/2		H: 301-758-5		C:			
Full Address: 2617 Shanandale Dr Silver Spring	MD 209	904	Years at this Ad 19 years	aress:	S: Years as Maryland Resident: 34 years			
Email Address: michael.amha22@gmail.com	Sex: Male		Place of Birth: U.S.A					
If applicant is foreign-born, state:								
Immigration Card Number:		If Naturalized, Cit	ty/State:	[Pate of Naturalization:			
Applicant C Name: Yonathan Fekade		hdate: 7/1975	Personal Phone H: 301-758-96		er: C			
Full Address: 2617 Shanandale Dr Silver Spring	MD 209	004	Years at this Ad 19 years	dress:	Years as Maryland Resident: 41 years			
Email Address: Daol.com	Sex: Male		Place of Birth: Ethiopia					
If applicant is foreign-born, state:								
Immigration Card Number:		Baltimere			Date of Naturalization: Feb. 12, 2003			
(NOTE: ALL APPLICANTS WIL	LBE HE				OR C PRECEDING THEIR NAME ABOVE)			

(NOTE: COMPLETE ONLY ONE SECTION FOLL COTTONS 3, 4, OR 5, AS APPLIES) SECTION 3: CORPORATION INFORMATION A. Qualifying Maryland Resident (Indicate with X) □ Applicant A □ Applicant B □ Applicant C B. Name and Full Address of Corporation: D. Month and Year: C. Incorporated Under State Laws of: 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) Shares Owned: **Full Address:** Name (A): Full Address: Shares Owned: Name (B): Name (C): Full Address: **Shares Owned:** Corporate Officers: Name (A): Full Address: Title: Name (B): **Full Address:** Title: Full Address: Title: Name (C): SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION A. Qualifying Maryland Resident (Indicate with X) ■ Applicant A ■ Applicant B ■ Applicant C C. Authorized Persons of LLC, Yohathan Fekade Biscuf Fekade / Yohathan Fekade Michael Amha B. Name and Full Address of LLC: E. Month and Year: D. Organized Under State Laws of: Maryland Percentage of Ownership Interest of LLC (Use additional sheet if necessary Name (A): Full Address: Percentage: Biscut Fekade 2617 Shanandale Dr Silver Spring MD20904 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): **Full Address:** Name (A): Percentage: Name (B): **Full Address:** Percentage:

Percentage:

□ Applicant A □ Applicant B □ Applicant C

☐ Applicant A ☐ Applicant B ☐ Applicant C

Full Address:

Name (C):

Indicate Who are the General Partners:

Indicate Maryland Residents:

A. Detailed description and total square		ng for which license is sought (ex.	Free standing.		
located in strip mall, restaurant, seating,	beer/wine, etc.): 900 sq 8+	Strip Mall			
B. Who Will be in Charge of Day-to-Day (Operations (General Manager):	chael Amha			
C. Phone Number of Establishment: 240 - 581 - 2636	D. Type of Facility/Facility Concep	Ethiopian Pesto	wrant		
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:				
August 30,2025	Sunday - Suti	JOHN JOHN			
	100111-	10/11/			
SECTION 7: LICENSE FRANSFER (COIV	IPLETE ONLY IF TRANSFERKING A	LICENSE)			
A. Names of all Current License Holders:		B. Date Facility Began Oper	ating:		
1)	3)				
C. Location of Current Licensed Facility:	D. Location to Which License	is Being Transferred:			
7					
A. Name of Property Owner: B	. Phone Number of Property Owner:	C. Full Address of Property Owne	LP4		
		7906 Georgia Aven	LIP Street IN		
7845-7851 LLC	240-715-33560	Shee Social WID	30010		
D. Date Lease Made: E. Date Lease Expired.					
May 23	, 7075	May 31, 2040			
F. State Renewal Options, if any:		T			
V/ H					
TECTION 9 APPLICANT OUESTIONAL	RF				
Has any applicant ever been:					
1. Convicted of a felony?			☐ YES ■ NO		
2. Found guilty of violating the laws gove	rning the sale of alcohol in the State of	of Maryland or the United States?	☐ YES ■ NO		
3. Found guilty of violating the laws for p	revention and gambling in the State o	of Maryland or the United States?	☐ YES ■ NO		
4. Found guilty of any offense against the traffic offense?	laws of the State of Maryland or the	United States other than a minor	□ YES ■ NO		
5: Has any applicant ever had a license fo		endedor revoked?	□ YES ■ NO		
6. Has any applicant ever had a license for	r the sale of alcoholic beverages?		□ YES ■ NO		
If YES, state name of applicant, name of t	facility, address for which license was	held, and the dates for which it w	as held:		
7: Does any applicant or person with an	ownership interest in this facility hav	e a financial interest in any other			
facility in Montgomery County or the Sta	•	-	□ YES ■ NO		
for, granted, or issued under the Alcohol			too the tinesses		
If YES, state the name of the applicant, I was held:	name and address of licensed premis	es and ownership and add the da	tes the iicense		
8: Does any person other than the app	licant(s) have any financial interest i	n this alcoholic beverage license	□ YES ■ NO		
applied for, or in the facility to be conducted					
If YES, state name and the financial interest	est owned:				

Address of Property Owner

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

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

any and an parts thereof apon and in which said lacinty is to b	/c consucces.
Affidavit:	
"By signing this application, I do solemnly declare and affirm un true and correct to the best of my knowledge, information, and	nder the penalties of perjury that the contents of the foregoing document are belief."
(A) 734-5	
Signature of Applicant (B)	
Signature of Applicant	
Signature of Applicant	
(D)	
	(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
Board of License Commissioners for Montgomery County, its du County to inspect and search at any and all hours, without warranged facility is to be conducted. Affidavit:	tate Comptroller, his duly authorized deputies, inspectors and clerks, the uly authorized agents and employees, and any peace officer of Montgomery rant, the premises and any and all parts thereof upon and in which said and the premises and any and the parts thereof upon and in which said and 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	

Phone of Property Owner

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

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

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) 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of Applicant (B)
Signature of Applicant
(c) 47775
Signature of Applicant (D)
(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."
ABA
Signature of the Property Owner
Alexandre Bello - Accounts Manager TEK Management LLC Agent for 7845-7851 LLC Printed Name of Property Owner
7906 Georgia Avenue, suite 103 Silver Spring, MD 20910 240-715-3380
Address of Property Owner Phone of Property Owner

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	Montgomer	v Count	V
			~.				I TO	,	ъ.

37250 2714

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

SECTION 1: LICENSE TYPE INFORMA	TION		# 2116544	
A. Nature of Application:	New License Transfer of Location Transfer of Ownership Reclassification			
B. Entity on Whose Behalf Application is Made:	Corporation □ Limited Liability Company □ Partnership □ Individual			
C. Class of License Applied For:	SS DEW D. Entity Name: Kan INC.			
E. Types of Permits Applied For:	_		Outdoor Café Refillable Container	
(See Appendix A)	_ F	Retail Delivery Spirit	s for Cooking Wine Corkage	
F. Trade Name of Facility:	Mercadito	son Mig	vel	
G. Address of Facility to be Licensed (No. 808 Baltimore	Rd P.O. BOX): ROLL	ville, MD	20851	
SECTION 2: APPLICANT INFORMAT	ON - AT LEAST ON	NE APPLICANT MUST	T BE A US CITIZEN	
Applicant A Name: Tick die	thdate:	Personal Phone Num H: 202-500-		
Frill Address:	offille, MD 26	Years at this Address HST, Two Year	Years as Maryland Resident:	
Email Address: Se Amail. Co	X: / /	Place of Birth: ,	duras	
If applicant is foreign-born, state:				
Immigration Card Number: 10 E 09 1 8 0 3 2 4 8 9	If Naturalized, City	//State:	Date of Naturalization:	
A 41 1.	thdate:	Personal Phone Num	nber:	
Full Address: 3508 Varnon St Brent	wood MD 2004	Years at this Address	Years as Maryland Resident:	
Email Address: Se		Place of Birth:	visalas DC 115A	
Jonathan medina 08 Wymil If applicant is foreign-born, state:	101410	Wish	arigion oc VJA	
Immigration Card Number:	If Naturalized, City	y/State:	Date of Naturalization:	
Applicant C Name: Bi	rthdate:	Personal Phone Num	shar.	
Applicant c Name.	tridate.	H:	C:	
Full Address:		Years at this Address	s: Years as Maryland Resident:	
Email Address: Se	x:	Place of Birth:		
If applicant is foreign-born, state:				
Immigration Card Number:	If Naturalized, City	y/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) Applicant A ★ Applicant B □ Applicant C B. Name and Full Address of Corporation: C. Incorporated Under State Laws of: Marulana E. Authorized Capital: F. Number of Shares Authorized: G. Number of Shares'Issued 15 1,000 100 acciones Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary) **Full Address: Shares Owned:** Name (A); Name (B) Name (C): **Corporate Officers:** Full Address: Name (A) Name (B) Full Address: Name (C): **SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION** A. Qualifying Maryland Resident (Indicate with X) □ Applicant A □ Applicant B □ 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: **Full Address:** Name (C): 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: **Full Address:** Name (B): Percentage:

Percentage:

□ Applicant A □ Applicant B □ Applicant C

☐ Applicant A ☐ Applicant B ☐ Applicant C

Full Address:

Name (C):

Indicate Who are the General Partners:

Indicate Maryland Residents:

SECTION 6: ESTABLISHMENT INFORMATIO	N		
A. Detailed description and total square foota	ge of the portion of the buildin	g for which license is sought (ex. I	Free standing,
located in strip mall, restaurant, seating, beer/	wine, etc.);	r 1	
Small Morket located in a shop		59.	
B. Who Will be in Charge of Day-to-Day Operat	ions (General Manager):	selin Hernandez	
C. Phone Number of Establishment: D.	Type of Facility/Facility Concept		
301-610-2009		Market	
E. Date Applicant will Begin to Operate: F. I	Days and Hours of Operation:		
(1912812022	Manda, 51M	da. i.	
1. com a Doccida	Monday - Sun	and 1	n 10.
As soon as possible		o am	o iam
SECTION 7: LICENSE TRANSFER (COMPLET)	E ONLY IF TRANFERRING A L	ICENSE)	
A. Names of all Current License Holders:		B. Date Facility Began Opera	iting:
1) 3)			_
2)			
C. Location of Current Licensed Facility:	D. Location to Which License	is Being Transferred:	
SECTION 8: LEASED PREMISES			
	e Number of Property Owner:	C. Full Address of Property Owne	r:
A realite of Property owners	a d	Dr. Box 34122	
Alican corporation 20	1-252-8114	Bethesda, MD 2082	7
	0 70 0110	<u> </u>	,
D. Date Lease Made: 9/12/20		E. Date Lease Expires:	22
1(15/65		111013	DD
F. State Renewal Options, if any:	nation		
One 10 years nunewal 1	option		
CONTRACTOR ADDITIONAL OF THE STREET			
SECTION 9: APPLICANT QUESTIONAIRE			
Has any applicant ever been:			4
1. Convicted of a felony?			□ YES ☑ NO
2. Found guilty of violating the laws governing	the sale of alcohol in the State o	of Maryland or the United States?	☐ YES ☑NO
3. Found guilty of violating the laws for preven	tion and gambling in the State o	f Maryland or the United States?	□ YES ₽⁄NO
4. Found guilty of any offense against the laws	of the State of Maryland or the	United States other than a minor	□ YES □-NO
traffic offense?			_ 123 D110
5: Has any applicant ever had a license for the	sale of alcoholic beverages susp	ended or revoked?	□ YES □ NO
6. Has any applicant ever had a license for the			□ YES □ NO
If YES, state name of applicant, name of facility	, address for which license was	neid, and the dates for which it wa	as neia:
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6	
7: Does any applicant or person with an owner			
facility in Montgomery County or the State of	*		□ YES 🗹 NO
for, granted, or issued under the Alcoholic Bev			L
If YES, state the name of the applicant, name	and address of licensed premis	es and ownership and add the da	tes the license
was held:			
8: Does any person other than the applicant		n this alcoholic beverage license	□ YES □ /NO
applied for, or in the facility to be conducted u			
If YES, state name and the financial interest ov	vned:		

0,0

Address of Property Owner

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

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

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
(C)
Signature of Applicant (D) (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 KYS KAMECK N.P.
Printed Name of Property Owner
0. Box 34122 bothosda, MT 20827 301-252-8114

Phone of Property Owner

Extract from Law: If any affidavit or oath require. under the provisions of this Act shall contain any false under 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

#2104544

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Com	missioners for Montgomery County
-----------------------------	----------------------------------

A063036536

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

A. Nature of Application:		☐ New License ☐ Transfer of Location ■ Transfer of Ownership ☐ Reclassification				
B. Entity on Whose Behalf Application is Made:		■ Corporation □ Limited Liability Company □ Partnership □ Individual				
C. Class of License Applied For:			D. Entity Na SHAM&RAJ			
E. Types of Permits Applied For: (See Appendix A)		☐ Tasting (\$200) ☐ Catering ■ Outdoor Café + Refillable Container ☐ Retail Delivery ☐ Spirits for Cooking ☐ Wine Corkage				
F. Trade Name of Facility:	tro					
G. Address of Facility to be Licens 98 W Montgomery Ave, Rockville						
SECTION 2: APPLICANT INFOR						
Applicant A Name: Shamsudeen Abdulhameed		thdate: 28/1958	Personal Pho H:	ne Numi	C: 301-252-2560	
Full Address: 1023 Travis Lane Gaithersburg M	ID 208	79	Years at this Addr 20		s: Years as Maryland Resident: 20	
Émail Address: bombaysham@yahoo.com	Sex M	c:	Place of Birth: India			
f applicant is foreign-born, state:		,				
Immigration Card Number: A073657688		If Naturalized Baltimore,Ma			Date of Naturalization: 05/16/2004	
Applicant B Name: Rajendran Sinnamyyan		thdate: 12/1963	Personal Pho	ne Numl	c: 301-674-5011	
Full Address: 18965 Abbortsford Cir, Germanto	wn MI	20876	Years at this 10	Address:	Years as Maryland Resident: 20	
Email Address: asrsexpress@gmail.com	Sea	c:	Place of Birth India	1:		
f applicant is foreign-born, state:						
Immigration Card Number: A044671783	_	If Naturalized, City/State: Baltimore , Maryland		1	Date of Naturalization: 09/13/2025	
Applicant C Name: Adhikari Sunil		thdate: Personal Phone No. 13/1990 H:		one Numi	ber: C: 301-252-2560	
Full Address: 14496 Four Chimney Dr, Centerv	ille VA	20120	Years at this 10	Address:	Years as Maryland Resident:	
Email Address: Adhikarisunil1990@gmail.com	Se:	ex: Place of Nepal		1:		
If applicant is foreign-born, state:						
Immigration Card Number:		If Naturalized	l. City/State:		Date of Naturalization:	

Fairfax VA

07/22/2023

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

A. Qualifying Maryland Resident (Indicat			Applicant A	■ Applicant B □ Applicant C	
B. Name and Full Address of Corporation	*		B Application	TE Applicant B to Applicant C	
Sham&Raj Inc 1023 Travis Lane	Gaithersburg M	D 20879			
C. Incorporated Under State Laws of: Maryland			D. Month ar 10/20/2025	nd Year:	
E. Authorized Capital: 100	F. Number of Share	es Authorized:	G. Number o	lumber of Shares Issued:	
Stockholders (Include all layers equaling 1		iduals and/or publ	icly traded, us		
	Full Address: 1023 Travis Lane G	aithersburg MD20	879	Shares Owned: 33.4%	
Name (B): Rajendran Sinnamyyan	Full Address: 18965 Abbotsford C	ir Germantown M	D 20876	Shares Owned: 33.3%	
	Full Address: 14496 Four Chimne	y Dr Cenderville \	/A 20120	Shares Owned: 33.3%	
Corporate Officers:					
Name (A): Shamsudeen Abdulhameed	Full Address: 1023 Travis Lane G	aithersburg MD 20	0879	Title: president	
Name (B): Rajendran Sinnamyyan	Full Address: 18965 Abbotsford C	ir Germantown M	D 20876	Title: vice-prresident	
Name (C): Adhikari Sunil	Full Address: 14496 Four Chimne	y Dr Centerville V	'A 20120	Title: Secretary	
SECTION 4: LIMITED LIABILITY CORPO			nnlicant A □ A	onlicant B □ Applicant C	
B. Name and Full Address of LLC:		☐ Applicant A ☐ Applicant B ☐ Applicant C C. Authorized Persons of LLC			
D. Organized Under State Laws of:		E. Month and Y	/ear:		
Percentage of Ownership Interest of LLC (if necessary):		Davagataga	
Name (A):	Full Address:			Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
SECTION 5: PARTNERSHIP INFORMAT	TION				
A. Name and Full Address of Partnership					
C. Date on Which Partnership was Forme	ed:	D. In Which State:			
Percentage of Ownership Interest of Partr	archin (Hea addition	al shoot if nosess	aru).	_	
Name (A):	Fuli Address:	iai sileet ii fietessa	ы у).	Percentage:	
Name (B):	Full Address:	Full Address:		Percentage:	
Name (C):	Full Address:			Percentage:	
Indicate Who are the General Partners:		☐ Applicant A ☐ Applicant B ☐ Applicant C			
Indicate Maryland Residents:		☐ Applicant A	□ Applicant C		

SECTION	6. FSTARI	ISHMENT	INFORM	MOITAN
SECTION	D. EJIADI	LIST RIVILIA E	BALCINA	

located in strip mall, restaurant, seating, b	ootage of the portion of the building for which license is sought (ex. Free standing, peer/wine, etc.): In restaurent 1800 square foot 40 seated beer and wine		
B. Who Will be in Charge of Day-to-Day Og Shamsudeen Abdulhameed	perations (General Manager):		
C. Phone Number of Establishment: 301-762-8798 D. Type of Facility/Facility Concept: Indian Full service restaurent /beer/wine			
E. Date Applicant will Begin to Operate: F. Days and Hours of Operation:			
11/01/2025 Monday to Thurday 10.00am to 10pm Friday&Sat 11.00amto11.00pm sunday 10.00am to 10pm			

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

A. Name	s of all Current License Holders:		B. Date Facility Began Operating:
1)	Nandita Madan	3) Nisha Vinod	2002
2)	Madhavi Rahman		
C. Locatio	on of Current Licensed Facility:	D. Location to Which Li	cense is Being Transferred:
98 W Mo	ntgomery Ave Rockville MD 20850	Same	

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:	
Tatiana Bell	301-461-0648	15w Montgomer Ave Rockviile MD 20850	
D. Date Lease Made: 11/01/2025		E. Date Lease Expires: 10/312030	
F. State Renewal Options, if any: 5Year plus 5 Years			

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

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

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

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

Affidavit:

true and correct to the best of my knowledge, information	ation, and belief."		
(A) (A-S)			
Signature of Applicant	*		
(B) S. Wanne			
Signature of Applicant			
(c)		10	
Signature of Applicant	(D)	1 A. SVD	
	\=	V 8 8 9	

"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are

(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 Tatyann S. Bell

Printed Name of Property Owner Montponerry Ave # 100 Rochville, MD, 20850

Phone of Property Owner

(301)4610648