

# 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 the offender shall be subject to penalties provided by law for that crime.

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

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**

<b>A. Nature of Application:</b>	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
<b>B. Entity on Whose Behalf Application is Made:</b>	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
<b>C. Class of License Applied For:</b> Class H (B/W)	<b>D. Entity Name:</b> Dream Line International, LLC
<b>E. Types of Permits Applied For:</b> (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
<b>F. Trade Name of Facility:</b> Prime Coffee & Bakery	<b>G. Is Business a Franchise?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>H. Address of Facility to be Licensed (No P.O. Box):</b> 930 Thayer Ave, Silver Spring MD 20910	

**SECTION 2: APPLICANT INFORMATION**

<b>Applicant A Name:</b> Mariamawit Ramet	<b>Birthdate:</b> 01/12/1985	<b>Personal Phone Number:</b> H: C:2404298709	
<b>Full Address:</b> 9924 Cypress Way Laurel MD 20723		<b>Years at this Address:</b> 8	<b>Years as Maryland Resident:</b> 13 years
<b>Email Address:</b> Rametm12@gmail.com	<b>Sex:</b> Female	<b>Place of Birth:</b> Ethiopia	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b> Baltimore/Maryland	<b>Date of Naturalization:</b> March 29, 2019
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<b>Applicant B Name:</b> Nesredin Mohammed	<b>Birthdate:</b> 02/10/1982	<b>Personal Phone Number:</b> H: C:2406769149	
<b>Full Address:</b> 9924 Cypress Way Laurel MD 20723		<b>Years at this Address:</b> 5	<b>Years as Maryland Resident:</b> 5
<b>Email Address:</b> Nesresa@gmail.com	<b>Sex:</b> Male	<b>Place of Birth:</b> Ethiopia	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b> Baltimore/Maryland	<b>Date of Naturalization:</b> January 24, 2025
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<b>Applicant C Name:</b>	<b>Birthdate:</b>	<b>Personal Phone Number:</b> H: C	
<b>Full Address:</b>		<b>Years at this Address:</b>	<b>Years as Maryland Resident:</b>
<b>Email Address:</b>	<b>Sex:</b>	<b>Place of Birth:</b>	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b>	<b>If Naturalized, City/State:</b>	<b>Date of Naturalization:</b>
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(NOTE: ALL APPLICANTS WILL BE 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: Dream line International LLC, 9924 Cypress Way, laurel MD 20723	C. Authorized Persons of LLC Mariamawit Ramet & Nesredin Mohammed
D. Organized Under State Laws of: Maryland	E. Month and Year: May 2019

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

Name (A): Nesredin Mohammed	Full Address: 9924 Cypress Way Laurel MD 20723	Percentage: 51%
Name (B): Mariamawit Ramet	Full Address: 9924 Cypress Way Laurel MD 20723	Percentage: 49%
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.): Coffee shop with roastery and Bakery 3200 square foot,	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Nesredin Mohammed	
C. Phone Number of Establishment: 2408565024	D. Type of Facility/Facility Concept: Cafe
E. Date Applicant will Begin to Operate: Buisness already operating 11/2024	F. Days and Hours of Operation: Monday -Saturday (7AM-8PM) Sunday(8AM-7pm)

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

A. Names of all Current License Holders: 1) 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: BOP Studio Plaza Phase 1 LLC	B. Phone Number of Property Owner: 216-217-8656	C. Full Address of Property Owner: 127 Public Square, Suite 2400, Cleveland, OH 44114
D. Date Lease Made: 12/21/2021		E. Date Lease Expires: 7/31/33
F. State Renewal Options, if any: 10 / year		

**SECTION 9: APPLICANT QUESTIONNAIRE**

Has any applicant ever been:

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

## SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) \_\_\_\_\_

Signature of Applicant

(B) \_\_\_\_\_

Signature of Applicant

(C) \_\_\_\_\_

Signature of Applicant

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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

BOP Studio Plaza Phase 1 LLC

Signature of the Property Owner

Susan O'Brien

Susan O'Brien - Sr. Vice President & Secretary

Printed Name of Property Owner

127 Public Square, Suite 2400, Cleveland, OH 44114 (216) 621-6060

Address of Property Owner

Phone of Property Owner

# APPLICATION

## # 2



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

STATE OF MARYLAND | MONTGOMERY COUNTY  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

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: Biscuit, 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: Biscuit Market & Carry Out	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): 7849 Eastern Ave Silver Spring MD 20910	

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Biscuit Fekade	Birthdate: 09/12/1957	Personal Phone Number: H: (301) 233-2930
Full Address: 2617 Shanandale Dr Silver Spring MD 20904	Years at this Address: 19 years	Years as Maryland Resident: 41 years
Email Address: Biscuitllc@gmail.com	Sex: Female	Place of Birth: Ethiopia

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore Maryland	Date of Naturalization: Apr 05/1994A24 988 998
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Applicant B Name: Michael Amha	Birthdate: 06/23/1991	Personal Phone Number: H: 301-758-5671 C:
Full Address: 2617 Shanandale Dr Silver Spring MD 20904	Years at this Address: 19 years	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, City/State:	Date of Naturalization:
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Applicant C Name: Yonathan Fekade	Birthdate: 09/17/1975	Personal Phone Number: H: 301-758-9673 C
Full Address: 2617 Shanandale Dr Silver Spring MD 20904	Years at this Address: 19 years	Years as Maryland Resident: 41 years
Email Address: YFEKHADE@aol.com	Sex: Male	Place of Birth: Ethiopia

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore Maryland	Date of Naturalization: Feb. 12, 2003
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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:	C. Authorized Persons of LLC	
Biscuit LLC / 2617 Shanandale Dr. Silver Spring, MD 20904	Biscuit Fekade / Yohathan Fekade Michael Amha	
D. Organized Under State Laws of:	E. Month and Year:	
Maryland	October 2024	

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

Name (A):	Full Address:	Percentage:
Biscuit Fekade	2617 Shanandale Dr Silver Spring MD 20904	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.): 900 sq ft Strip Mall	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Michael Amha	
C. Phone Number of Establishment: 240-581-2636	D. Type of Facility/Facility Concept: Ethiopian Restaurant
E. Date Applicant will Begin to Operate: August 30, 2025	F. Days and Hours of Operation: Sunday - 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: 7845-7851 LLC	B. Phone Number of Property Owner: 240-715-3380	C. Full Address of Property Owner: 7906 Georgia Avenue Street 103 Silver Spring, MD 20910
D. Date Lease Made: May 23, 2025		E. Date Lease Expires: May 31, 2040
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	

## SECTION 10: CERTIFICATES AND SIGNATURES

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

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

**Affidavit:**

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

(A)  \_\_\_\_\_

Signature of Applicant

(B)  \_\_\_\_\_

Signature of Applicant

(C)  \_\_\_\_\_

Signature of Applicant

(D) \_\_\_\_\_

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

**Affidavit:**

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

\_\_\_\_\_  
Signature of the Property Owner

\_\_\_\_\_  
Printed Name of Property Owner

\_\_\_\_\_  
Address of Property Owner

\_\_\_\_\_  
Phone of Property Owner

## SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A)  \_\_\_\_\_

Signature of Applicant

(B)  \_\_\_\_\_

Signature of Applicant

(C)  \_\_\_\_\_

Signature of Applicant

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

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

Affidavit:

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

 \_\_\_\_\_

Signature of the Property Owner

Alexandro 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

# APPLICATION

## # 3

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

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

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: <u>Store</u>	<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: <u>Class DBW</u>	D. Entity Name: <u>Kan Inc.</u>
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: <u>El Mercadito San Miguel</u>	
G. Address of Facility to be Licensed (No P.O. Box): <u>808 Baltimore Rd, Rockville, MD 20851</u>	

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

Applicant A Name: <u>Joselin Hernandez</u>	Birthdate: <u>02/17/2002</u>	Personal Phone Number: H: <u>202-500-5890</u> C:
Full Address: <u>7611 Muncy Road, Hyattsville, MD 20785</u>	Years at this Address: <u>Two years</u>	Years as Maryland Resident: <u>2 years</u>
Email Address: <u>Joselin02@Email.com</u>	Sex: <u>Female</u>	Place of Birth: <u>Honduras</u>

If applicant is foreign-born, state:

Immigration Card Number: <u>10E0918032489</u>	If Naturalized, City/State:	Date of Naturalization:
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Applicant B Name: <u>Jonathan A Medina</u>	Birthdate: <u>08/02/2001</u>	Personal Phone Number: H: <u>202-701-4478</u> C:
Full Address: <u>3508 Varnun St Brentwood MD 20702</u>	Years at this Address: <u>one year</u>	Years as Maryland Resident: <u>one year</u>
Email Address: <u>Jonathanmedina08@gmail.com</u>	Sex: <u>Male</u>	Place of Birth: <u>Washington DC USA</u>

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:
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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 checked="" type="checkbox"/> Applicant A <input checked="" type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation: Kan Inc. 7611 Muncy Rd, Hyattsville, MD 20786		
C. Incorporated Under State Laws of: Maryland		D. Month and Year: 08/28/2023
E. Authorized Capital: \$1,000	F. Number of Shares Authorized: 100 acciones	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): Josselin Hernandez	Full Address: 7611 Muncy Rd Hyattsville, MD 20785	Shares Owned: 95%
Name (B): Jonathan A Medina	Full Address: 3508 VARNUM ST. Brentwood MD 20722	Shares Owned: 5%
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A): Josselin Hernandez	Full Address: 7611 Muncy Rd Hyattsville MD	Title: President / Vice President
Name (B): Josselin Hernandez	Full Address: 7611 Muncy Rd Hyattsville	Title: Treasurer
Name (C): Jonathan Medina	Full Address: 3508 Varnum St. Brentwood MD	Title: Secretary

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

A. Qualifying Maryland Resident (Indicate with X)	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC:	C. Authorized Persons of LLC
D. Organized Under State Laws of:	E. Month and Year:

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

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

**SECTION 5: PARTNERSHIP INFORMATION**

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

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

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



**SECTION 6: ESTABLISHMENT INFORMATION**

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): <i>Small Market located in a shopping strip 1,415 Sq.</i>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): <i>Josselin Hernandez</i>	
C. Phone Number of Establishment: <i>301-610-2009</i>	D. Type of Facility/Facility Concept: <i>Market</i>
E. Date Applicant will Begin to Operate: <i>08/28/2023</i> <i>As soon as possible</i>	F. Days and Hours of Operation: <i>Monday - Sunday 6 am to 1 am</i>

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

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

**SECTION 8: LEASED PREMISES**

A. Name of Property Owner: <i>Alison corporation</i>	B. Phone Number of Property Owner: <i>301-252-8114</i>	C. Full Address of Property Owner: <i>P.O. Box 34122 Bethesda, MD 20827</i>
D. Date Lease Made: <i>9/13/23</i>		E. Date Lease Expires: <i>9/13/33</i>
F. State Renewal Options, if any: <i>one 10 years renewal option</i>		

**SECTION 9: APPLICANT QUESTIONNAIRE**

Has any applicant ever been:

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

## SECTION 10: CERTIFICATES AND SIGNATURES

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

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and 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)

*[Signature]*

(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

*[Signature]*  
KNS Kopnick, V.P.

Printed Name of Property Owner

P.O. Box 34122 Bethesda, MD 20827

Address of Property Owner

301-252-8174

Phone of Property Owner

# APPLICATION

## # 4

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

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

#2104544

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**

12/4/25e 1130

<b>A. Nature of Application:</b>	<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification
<b>B. Entity on Whose Behalf Application is Made:</b>	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
<b>C. Class of License Applied For:</b> H-BW	<b>D. Entity Name:</b> SHAM&RAJ INC
<b>E. Types of Permits Applied For:</b> (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage
<b>F. Trade Name of Facility:</b> Bombay Bistro	
<b>G. Address of Facility to be Licensed (No P.O. Box):</b> 98 W Montgomery Ave, Rockville .MD 20850	

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

<b>Applicant A Name:</b> Shamsudeen Abdulhameed	<b>Birthdate:</b> 05/28/1958	<b>Personal Phone Number:</b> H: C: 301-252-2560	
<b>Full Address:</b> 1023 Travis Lane Gaithersburg MD 20879		<b>Years at this Address:</b> 20	<b>Years as Maryland Resident:</b> 20
<b>Email Address:</b> bombaysham@yahoo.com	<b>Sex:</b> M	<b>Place of Birth:</b> India	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b> A073657688	<b>If Naturalized, City/State:</b> Baltimore, Maryland	<b>Date of Naturalization:</b> 05/16/2004
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<b>Applicant B Name:</b> Rajendran Sinnamyyan	<b>Birthdate:</b> 03/12/1963	<b>Personal Phone Number:</b> H: C: 301-674-5011	
<b>Full Address:</b> 18965 Abbotsford Cir, Germantown MD 20876		<b>Years at this Address:</b> 10	<b>Years as Maryland Resident:</b> 20
<b>Email Address:</b> asrsexpress@gmail.com	<b>Sex:</b> M	<b>Place of Birth:</b> India	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b> A044671783	<b>If Naturalized, City/State:</b> Baltimore , Maryland	<b>Date of Naturalization:</b> 09/13/2025
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<b>Applicant C Name:</b> Adhikari Sunil	<b>Birthdate:</b> 12/03/1990	<b>Personal Phone Number:</b> H: C: 301-252-2560	
<b>Full Address:</b> 14496 Four Chimney Dr, Centerville VA 20120		<b>Years at this Address:</b> 10	<b>Years as Maryland Resident:</b> 0
<b>Email Address:</b> Adhikarisunil1990@gmail.com	<b>Sex:</b> M	<b>Place of Birth:</b> Nepal	

If applicant is foreign-born, state:

<b>Immigration Card Number:</b> A063036536	<b>If Naturalized, City/State:</b> Fairfax VA	<b>Date of Naturalization:</b> 07/22/2023
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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**

<b>A. Qualifying Maryland Resident (Indicate with X)</b>		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
<b>B. Name and Full Address of Corporation:</b> Sham&Raj Inc 1023 Travis Lane Gaithersburg MD 20879		
<b>C. Incorporated Under State Laws of:</b> Maryland		<b>D. Month and Year:</b> 10/20/2025
<b>E. Authorized Capital:</b> 100	<b>F. Number of Shares Authorized:</b> 100	<b>G. Number of Shares Issued:</b> 0

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

<b>Name (A):</b> Shamsudeen Abdulhameed	<b>Full Address:</b> 1023 Travis Lane Gaithersburg MD20879	<b>Shares Owned:</b> 33.4%
<b>Name (B):</b> Rajendran Sinnamyyan	<b>Full Address:</b> 18965 Abbotsford Cir Germantown MD 20876	<b>Shares Owned:</b> 33.3%
<b>Name (C):</b> Adhikari Sunil	<b>Full Address:</b> 14496 Four Chimney Dr Cenderville VA 20120	<b>Shares Owned:</b> 33.3%

**Corporate Officers:**

<b>Name (A):</b> Shamsudeen Abdulhameed	<b>Full Address:</b> 1023 Travis Lane Gaithersburg MD 20879	<b>Title:</b> president
<b>Name (B):</b> Rajendran Sinnamyyan	<b>Full Address:</b> 18965 Abbotsford Cir Germantown MD 20876	<b>Title:</b> vice-prresident
<b>Name (C):</b> Adhikari Sunil	<b>Full Address:</b> 14496 Four Chimney Dr Centerville VA 20120	<b>Title:</b> Secretary

**SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION**

<b>A. Qualifying Maryland Resident (Indicate with X)</b>	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
<b>B. Name and Full Address of LLC:</b>	<b>C. Authorized Persons of LLC</b>
<b>D. Organized Under State Laws of:</b>	<b>E. Month and Year:</b>

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

<b>Name (A):</b>	<b>Full Address:</b>	<b>Percentage:</b>
<b>Name (B):</b>	<b>Full Address:</b>	<b>Percentage:</b>
<b>Name (C):</b>	<b>Full Address:</b>	<b>Percentage:</b>

**SECTION 5: PARTNERSHIP INFORMATION**

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

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

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

**SECTION 6: ESTABLISHMENT INFORMATION**

<b>A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):</b> Free Standing Bulding With Two Store with restaurent 1800 square foot 40 seated beer and wine	
<b>B. Who Will be in Charge of Day-to-Day Operations (General Manager):</b> Shamsudeen Abdulhameed	
<b>C. Phone Number of Establishment:</b> 301-762-8798	<b>D. Type of Facility/Facility Concept:</b> Indian Full service restaurent /beer/wine
<b>E. Date Applicant will Begin to Operate:</b> 11/01/2025	<b>F. Days and Hours of Operation:</b> 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)**

<b>A. Names of all Current License Holders:</b> 1) Nandita Madan 2) Madhavi Rahman 3) Nisha Vinod		<b>B. Date Facility Began Operating:</b> 2002
<b>C. Location of Current Licensed Facility:</b> 98 W Montgomery Ave Rockville MD 20850	<b>D. Location to Which License is Being Transferred:</b> Same	

**SECTION 8: LEASED PREMISES**

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

**SECTION 9: APPLICANT QUESTIONNAIRE**

Has any applicant ever been:

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



## SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) 

Signature of Applicant

(B) 

Signature of Applicant

(C) 

Signature of Applicant

(D) 

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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



Signature of the Property Owner

Tatyana S. Bell

Printed Name of Property Owner

15 West Montgomery Ave # 100, Rockville, MD, 20850

Address of Property Owner

Phone of Property Owner

(301) 461 0648