APPLICATION # 1

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

SECTION 1: LICENSE TYPE INFORMATION

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

- (6085UU

A. Nature of Application:		■ New License ☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification				
B. Entity on Whose Behalf Application is Made:		□ Corp	oration 🛎 Limited Liabilit	ty C	Company □ Partnership □ Individual	
C. Class of License Applied For:			D. Entity Name: Ezana Enterprises LLC			
E. Types of Permits Applied For: (See Appendix A)			ing (\$200) ∟ Catering □ □ Retail Delivery □ Spiri		or Cooking Nine Corkage	
F. Trade Name of Facility: Gulele Market and Restaur	ant					
G. Address of Facility to be Licen 211 N Frederick Ave, Gaith						
SECTION 2: APPLICANT INFO	RMATIC	ON - AT LEAST	ONE APPLICANT MUS	ST E	BE A US CITIZEN	
Applicant A Name:		hdate:	Personal Phone Nur	mbe		
Zeyede B Mekonnen	022	01976	H:		c:2406435868	
	Full Address: 9841 Bazzellton PL, Montfomery Village MD		Years at this Addres	ss:	Years as Maryland Resident: 17 yrs	
Email Address: zeyedebiz@gmail.com	Sex Mal		Place of Birth: Addis Ababa, Eth	hio	pia	
If applicant is foreign-born, state:						
Immigration Card Number:		If Naturalized, O Montfomery \	City/State: /illage, Maryland		Date of Naturalization: 5/07/2015	
Applicant B Name: Tigist F Mengesha		hdate: 03/1978	Personal Phone Nur H:	mbe	er: c:2406435330	
Full Address: 19841 Bazzellton PL, Montfomer	y Villag	e MD 20886	Years at this Addres	ss:	Years as Maryland Resident: 18 yrs	
Email Address: tmengeshaf@gmail.com	Sex Fer	: nale	Place of Birth: Addis Ababa, Eth	hio	pia	
If applicant is foreign-born, state:						
Immigration Card Number:		If Naturalized, O Montfomery \	City/State: /illage, Maryland		Pate of Naturalization: 6/05/2015	
Applicant C Name:	Birt	hdate:	Personal Phone Nu	mbe		
			H:		c:2406435868	
Full Address:			Years at this Addres	55:	Years as Maryland Resident:	
Email Address:	Sex	:	Place of Birth:			
If applicant is foreign-born, state:						
Immigration Card Number:		If Naturalized, (City/State:	D	Pate of Naturalization:	
(NOTE: ALL APPLICANTS WILL BE I	HEREAF	TER REFERRED TO	O BY THE LETTER A. B. OI	RCI	PRECEDING THEIR NAME ABOVE)	

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

SECTION 3	CORPOR.	ATION INF	ORMATION
SECTION 3	CORPOR	ATION INF	ORMATIO

A. Qualifying Maryland Resident (Indica	ate with X)		☐ Applicant A ☐	Applicant B □ Applicant C		
B. Name and Full Address of Corporation	n:					
C. Incorporated Under State Laws of: Maryland			D. Month and	Year:		
				G. Number of Shares Issued:		
Stockholders (Include all layers equaling	100% owned by individuals	dditional sheet if necessary				
Name (A):	Full Address:			Shares Owned:		
Name (B):	Full Address:	ull Address:				
Name (C):	Full Address:	ull Address:				
Corporate Officers:			<u></u>			
Name (A):	Fuli Address:			Title:		
Name (B):	Full Address:			Title:		
Name (C):	Full Address:			Title:		
Ezana Enterprises LLC 211 N FREDERICK AVE, GA1 D. Organized Under State Laws of: Maryland Percentage of Ownership Interest of LLC	THEES BORG, MD T 20877 E. 05	16157 F Month and Y 5/2018	ekonnen † MENGESH rear:	*		
Name (A): Zeyede B Mekonnen	Full Address: 19841 Bazzellton PL, Mo	ntfomery Villa	age MD 20886	Percentage: 50		
Name (B): Tigist F Mengesha	Full Address: 19841 Bazzellton PL, Mo	ntfomery Villa	age MD 20886	Percentage: 50		
Name (C):	Full Address:			Percentage:		
SECTION 5: PARTNERSHIP INFORMA A. Name and Full Address of Partnershi						
C. Date on Which Partnership was Forn	ned: D. In	Which State:				
Percentage of Ownership Interest of Par	tnership (Use additional sh	eet if necessa	ary):			
Name (A):	Full Address:			Percentage:		
Name (B):	Full Address:			Percentage:		
Name (C):	Full Address:	ıll Address:				
Indicate Who are the General Partners		Applicant A	☐ Applicant B ☐ A	applicant C		
Indicate Maryland Residents:		Applicant C				

A. Detailed description and total	-	_	-	ng for	which license is sought (ex.	Free standing	
located in strip mall, restaurant, so 1054 Sq ft of leased space	ϵ	THE	OPIAN RESTAURAN	Т			
B. Who Will be in Charge of Day-to Tigist F Mengesha	o-Day Op	eratio	ons (General Manager):				
C. Phone Number of Establishmen 2409127059	t:		ype of Facility/Facility Concep nic grocery store and Res		ant		
E. Date Applicant will Begin to Ope	erate:		ays and Hours of Operation:				
already operating and doing buisness		Mor	nday to Thursday 11am - lay to Sunday 10am -9pn		n		
SECTION 7: LICENSE TRANSFER	(COMPL	LETE	ONLY IF TRANFERRING A L	LICEN	SE)		
A. Names of all Current License Ho	lders:				B. Date Facility Began Opera	ating:	
1)		3)					
2)	***		B 1	* 5 . 1	7		
C. Location of Current Licensed Fac	cility:		D. Location to Which License	is Bei	ing Transferred:		
SECTION 8: LEASED PREMISES							
A. Name of Property Owner:	В. Р	hone	Number of Property Owner:	C. F	ull Address of Property Owne	r:	
			1 754 2222		13647 Georgia Ave, Silver Spring MD 20906		
D. Date Lease Made: 03/26/2024					ate Lease Expires: 312029		
F. State Renewal Options, if any: Lease option to renew for ad	ditional	5 ye	ears				
CECTION O. ADDITIONE OF THE	ONAIDE						
SECTION 9: APPLICANT QUESTING Has any applicant ever been:	UNAIRE	•					
1. Convicted of a felony?						□ YES ■ NC	
2. Found guilty of violating the law	rs govern	ing th	he sale of alcohol in the State	of Ma	ryland or the United States?	□ YES ■ NC	
3. Found guilty of violating the law		_ <u>~</u> _			·	□ YES ■ NC	
4. Found guilty of any offense again traffic offense?					<u> </u>	☐ YES ■ NO	
5: Has any applicant ever had a lice	ense for t	the sa	ale of alcoholic beverages susp	ende	d or revoked?	□ YES ■ NC	
6. Has any applicant ever had a lice	ense for t	the sa	ale of alcoholic beverages?			□ YES ■ NC	
If YES, state name of applicant, na	me of fac	cility,	address for which license was	held	, and the dates for which it w		
7: Does any applicant or person w	ith an ow	vners	hip interest in this facility hav	re a fi	nancial interest in any other		
facility in Montgomery County or					-	□ YES ■ NO	
for, granted, or issued under the A							
If YES, state the name of the appl	icant, na	me a	nd address of licensed premis	ses an	d ownership and add the da	tes the licens	
was held:							
							
O. Dana and manage athen than the	a annlic	antle) have any financial interest i	in thi	alcoholic hoverage licence	☐ YES ■ NC	

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

If YES, state name and the financial interest owned:

SECTION 10: CERTIFICATES AND SIGNATURES

Address of Property Owner

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

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

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)
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
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.
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
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.

Phone of Property Owner

APPLICATION # 2

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

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 INFORI	MAI	TION		# 156634	5	
A. Nature of Application:		☐ New Licens	☐ New License			
B. Entity on Whose Behalf Application	on is	□ Corp	☐ Corporation ☑ Limited Liability Company ☐ Partnership ☐ Individual			
C. Class of License Applied For: Class D (B/W/L)			D. Entity Name: Brickstone LLC			
E. Types of Permits Applied For:		□ Tasti	□ Tasting (\$200) □ Catering 🛭 Outdoor Café 🗆 Refillable Container			
(See Appendix A)			Retail Delivery 🗆 Sp	irits for Cooking □ Wine Corkage		
F. Trade Name of Facility:	raoke	Lounge		G. Is Business a Franchise?	YES ₪ NO	
H. Address of Facility to be Licensed	(No		ady Grove Rd, Gaithersbu	g, MD 20877		
SECTION 2: APPLICANT INFORMA	ATIC	ON .				
Applicant A Name:	Birt	hdate:	Personal Phone Nun			
Yi Zhao		8/20/1980	H:	C: 240-994-6312		
Full Address: 20400 Mouth of Monocacy Rd, Dickers		Dickerson, MD 20842	Years at this Addres	Years as Maryland Resident:		
Email Address: Sex: sing@irock-karaoke.com male			Place of Birth: China			
If applicant is foreign-born, state:						
Immigration Card Number:		If Naturalized, City	/State: Baltimore/Maryland	Date of Naturalization: 3/15/20	02	
Applicant B. Name:		hdate: 03 22 1979	Personal Phone Num H:	c: 30/633 235/		
Full Address: 11901 Renwood Ln Re	scki	ville MD 20852	Years at this Addres			
Email Address:	Sex		Place of Birth:			
hy@hy financial com		Male	chir	14		
If applicant is foreign-born, state:						
Immigration Card Number:		If Naturalized, City, MCMphis	/State:	Date of Naturalization: Sept 18 2003		
31031370		mempins	111	307 10, 400		
Applicant C Name:	Applicant C Name: Birthdate:		Personal Phone Number: H: C			
Full Address:			Years at this Addres	: Years as Maryland Resident:		
Email Address:	Sex	:	Place of Birth:	1		
If applicant is foreign-born, state:		-				
Immigration Card Number: If Naturaliz			/State:	Date of Naturalization:		

(NOTE: COMPLETE ONLY ONE SECTION FOR CONTIONS 3, 4, OR 5, AS APPLIES) SECTION 3: CORPORATION INFORMA ..ON

SECTION 3: CORPORATION INFORMA A. Qualifying Maryland Resident (Indicat			☐ Applicant A ☐ A	Applicant B □ Applicant C	
B. Name and Full Address of Corporation	1:				
C. Incorporated Under State Laws of:			D. Month and Y	ear:	
E. Authorized Capital:	F. Number of Shar	es Authorized:	ed: G. Number of Shares Issued:		
tockholders (Include all layers equaling 1	00% owned by indiv	iduals and/or pub	licly traded, use ad	ditional 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:	
15964 Gaithe	Karaoke Lounge Shady Grove Road ersburg, MD 20877	C. Authorized I	He		
Mary			April 2014		
Percentage of Ownership Interest of LLC (Name (A): Yi Zhao	Full Address:			Percentage: 25.01%	
Name (B): Joseph Kir	20400 Mouth of Mo			Percentage: 24.17%	
Name (C): Yuan He	667 Pullman Pl, Gai Full Address: 11901 Renwood In,			Percentage: 25.41%	
Name (D): Shouyi Wu SECTION 5: PARTNERSHIP INFORMA	Full Address: 33 Mor			Percentage: 25.41%	
A. Name and Full Address of Partnership):				
C. Date on Which Partnership was Forme	ed:	D. In Which State			
Percentage of Ownership Interest of Parti	nership (Use additio	nal sheet if necess	ary):		
Name (A):	Full Address:		.,	Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
Indicate Who are the General Partners:		ப Applicant A	☐ Applicant B ☐ A	pplicant C	
Indicate Maryland Residents: □ Applicant A □ Applicant B □ Applicant C					

SECTION 6: ESTABLISHMENT INFO	RMATION		
A. Detailed description and total squa	are footage of the portion of the buildin	g for which license is sought (ex. I	ree standing,
located in strip mall, restaurant, seati	ng, beer/wine, etc.): Located in shopping	; plaza, 3420 SF karaok	e Lounge
B. Who Will be in Charge of Day-to-Da	y Operations (General Manager): Yi Zh	ao	
C. Phone Number of Establishment:	D. Type of Facility/Facility Concep	t: Karaoke Lounge	-
E. Date Applicant will Begin to Operat	e: F. Days and Hours of Operation:		
4/23/2024	Sunday, Monday, Tuesday, Wedne Friday and Saturday: 5 pm	sday, Thursday: Spm - 2 Am - 2:30 Am	
CECTION 7. HICENICE TRANSFER (CC	DAMPIETE ONLY IS TO A NISSERDING A	LICENCE)	
A. Names of all Current License Holder	OMPLETE ONLY IF TRANSFERRING A	B. Date Facility Began Opera	ating:
1) Joseph Kir	3)		aturg.
2)	3)	Sept 2014	
C. Location of Current Licensed Facility 15964 Shady Grove Rd, Gaithersburg, M		_	
SECTION 8: LEASED PREMISES			
A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owne	er:
Bob Begelman	301-873-4002	15942 Shady Grove Rd, Gaithersbu	ırg, MD 20877
D. Date Lease Made: May 1st, 2009 E. Date Lease Expires: April 30, 2029			
	1/A		
CECTION O. A DOLLCANIT OLIFCTION	AIDE		
SECTION 9: APPLICANT QUESTION Has any applicant ever been:	AIRE		
1. Convicted of a felony?			□ YES 🗷 NO
	overning the sale of alcohol in the State	of Maryland or the United States?	☐ YES ™ NO
	or prevention and gambling in the State of	<u> </u>	☐ YES ™ NO
	the laws of the State of Maryland or the		
traffic offense?	the laws of the State of Maryland of the	officed States other than a filmor	□ YES 🛪 NO
	e for the sale of alcoholic beverages susp	pended or revoked?	☐ YES ☒ NO
6. Has any applicant ever had a license			□ YES ₩ NO
	of facility, address for which license was	held, and the dates for which it w	
7: Does any applicant or person with	an ownership interest in this facility hav	re a financial interest in any other	
	State of Maryland where an alcoholic b	-	
	holic Beverages Article of the Annotated		LILIUMO
If YES, state the name of the applicar was held:	nt, name and address of licensed premis	es and ownership and add the da	tes the license
	Enable have the first terms of the second	at 2 of a la Hallander	VEC 1/2
8: Does any person other than the a applied for, or in the facility to be con	ipplicant(s) have any financial interest i	in this aiconolic beverage license	x YES □ NO
If YES, state name and the financial in		6	1
	Shouyi Wu, 25.41		
	Yuan He, 25.41%		

SECTION 10: CERTIFICATES AND SIGNATURES

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

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and

County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.
Affidavit:
"By signing this application, 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."
Megelmen 301-873-4002
Signature of the Property Owner BEGELMAN, R
Printed Name of Property Owner 5942 SHADY OPOVE Rd 1 CA (THEPSBURG, Md
Address of Property Owner Phone of Property Owner 301-803-4002 20877

APPLICATION # 3

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

STATE OF MARYLAND | MONTGOMERY COUNTY Oct . 14, 2024 APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

15 22544

To	the Board	of	License	Commissioners	for	Montgomer	y Coun	ty:
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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, and alcoholic beverage license and each applicant submits and certifies to the following information required by said article, and alcoholic beverage license and each applicant submits and certifies to the following information required by said article, and alcoholic beverage license and each applicant submits and certifies to the following information required by said articles.

SECTION 1: LICENSE TYPE INFOR	MATIC)N		212.4 - 242.0		
A. Nature of Application:		☐ New Licen	se □ Transfer of Location	on ■ Transfer of Ownership 🗆 Reclassification		
B. Entity on Whose Behalf Application	on is	□ Corp	□ Corporation ■ Limited Liability Company □ Partnership □ Individual			
C. Class of License Applied For: Class B (B/W/L)			D. Entity Name: JVJ ENTERPRICES LLC			
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: Barriles Restaurant & Sport Ba				G. Is Business a Franchise? ☐ YES ■ NO		
H. Address of Facility to be Licensed 7637 New Hampshire Ave Tal			2			
SECTION 2: APPLICANT INFORM.	ATION					
Applicant A Name: Williams Castillo				ber: C:240-486-3191		
Full Address: 8121 12th Ave Silver Spring MD 2091		912	Years at this Address 15	: Years as Maryland Resident: 25		
Email Address: LJCgeneralservices.wc@gmail.com		Place of Birth: El Salvador				
If applicant is foreign-born, state:						
Immigration Card Number: Us Citizen		Naturalized, City Iver Spring MI		Date of Naturalization: April 20, 2023		
Applicant B Name:	Birtho	ate: -78 ·1988	Personal Phone Num H:	ber: c: 30/3577259		
Full Address: 4803 Camplet	511	OCKIVE MO	Years at this Address	: Years as Maryland Resident:		
Email Address:	Sex:	m	Place of Birth:	lorg		
If applicant is foreign-born, state:						
Immigration Card Number:	If	Naturalized, City	/State:	Date of Naturalization:		
Applicant C Name:	Birtho	late:	Personal Phone Num	ber:		
Full Address:			Years at this Address			
Email Address:	Sex:		Place of Birth:			
If applicant is foreign-born, state:						
Immigration Card Number:	11	Naturalized, City	/State:	Date of Naturalization:		

(NOTE: COMPLETE ONLY ONE SECTION FOR CONTINUES) SECTION 3: CORPORATION INFORMALLION A. Qualifying Maryland Resident (Indicate with X) ☐ Applicant A ☐ Applicant B ☐ Applicant C B. Name and Full Address of Corporation: C. Incorporated Under State Laws of: D. Month and Year: G. Number of Shares Issued: E. Authorized Capital: F. Number of Shares Authorized: 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) ■ Applicant A

Applicant B

Applicant C C. Authorized Persons of LLC B. Name and Full Address of LLC: Victor Banchera JVJ ENTERPRICES LLC/7637 New Hampshire Ave Williams Castillo Taxoma Park, MD 20912 D. Organized Under State Laws of: E. Month and Year: Maryland 11/16/2021 Percentage of Ownership Interest of LLC (Use additional sheet if necessary): Name (A): **Full Address:** Percentage: Dora Cobar 412 Dommer Ave Takoma Park MD 20912 10% Name (B): Full Address: Percentage: Williams Castillo 8121 12th Ave Silver Spring MD 20912 80% Name (C): Full Address: Percentage: Victor Barahona 4803 Camelot St Rockville, MD, 20853 10% **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:

☐ Applicant A ☐ Applicant B ☐ Applicant C

☐ Applicant A ☐ Applicant B ☐ Applicant C

Indicate Who are the General Partners:

Indicate Maryland Residents:

SECTION 6: ESTABLISHMENT INFOR	lvTION	~		
A. Detailed description and total square	re footage of the portion of the buildin	ig for which license is sought (ex.	Free standing,	
located in strip mall, restaurant, seating Restaurant Located on outside st				
B. Who Will be in Charge of Day-to-Day Williams Castillo	Operations (General Manager):			
C. Phone Number of Establishment: 301-328-0838	D. Type of Facility/Facility Concep Restaurant	t:		
E. Date Applicant will Begin to Operate	F. Days and Hours of Operation:			
07/01/2024				
SECTION 7: LICENSE TRANSFER (CO				
A. Names of all Current License Holders	•	B. Date Facility Began Oper	ating:	
1) Victor Barahona 3) 2) Williams Castillo 11/16/2021				
C. Location of Current Licensed Facility:	D. Location to Which License			
7637 New Hampshire Ave Takoma Park MD		ve Takoma Park MD 20912		
SECTION 8: LEASED PREMISES				
A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owne	er:	
 JBG TAKOMA RENTAL CENTER LLC	240 400 2.64			
	240-466-3191	5-WII Spring MB 2091.	2	
D. Date Lease Made: 0 9/61/2023		E. Date Lease Expires: 04/31/2033		
F. State Renewal Options, if any:		10/04/		
	years			
SECTION 9: APPLICANT QUESTIONA	AIRE			
Has any applicant ever been:				
1. Convicted of a felony?			□ YES ■ NO	
2. Found guilty of violating the laws gov	erning the sale of alcohol in the State of	of Maryland or the United States?	YE\$ NO	
3. Found guilty of violating the laws for	prevention and gambling in the State of	f Maryland or the United States?	□ YES ■ NO	
4. Found guilty of any offense against th	ne laws of the State of Maryland or the	United States other than a minor	□ YES ■ NO	
traffic offense?				
5: Has any applicant ever had a license		ended or revoked?	YES NO	
6. Has any applicant ever had a license			YES NO	
If YES, state name of applicant, name of				
Victor Barahona Barberry C Barriles Rest & Sport Bar 763 7: Does any applicant or person with an	var & Lounge 2423 Hickerson Dr.	Silver Spring, Md. 20902 (4-	2021 - Curren	
7: Does any applicant or person with ar	n ownership interest in this facility hav	e a financial interest in any other	J- Giment)	
facility in Montgomery County or the S	tate of Maryland where an alcoholic b	everage license has been applied	YES NO	
for, granted, or issued under the Alcoho	olic Beverages Article of the Annotated	Code of Maryland?	3 123 100	
If YES, state the name of the applicant was held: Same as above			tes the license	
Barriles Restaurant & Sports Bo	er_10% Barberry Barg Lour	ige 100%		

Dora Cobar 10%

applied for, or in the facility to be conducted under the current license? If YES, state name and the financial interest owned:

YES

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

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 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.

Affidavit:	
"By signing this application, I do solemnly declare and true and correct to the best of my knowledge, inform	d affirm under the penalties of perjury that the contents of the foregoing document are nation, and belief."
(A)	Wiams Cartillo
Signature of Applicant	
(B) Thursday	
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."

Printed Name of Property Owner 4747 Betherdo Au Se 200 Bolledo HD

Address of Property Owner

Phone of Property Owner