Extract from Law: If any affidavitor oath require index the provisions of this Act shall contain any fall attements, the offender shall be deemed guilty of perjury. And upon indictment and conviction the said shall be subject to penalties provided by law for top, srime.

## 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 INFORM	/ATION			#1503544	
A. Nature of Application:		□ New License □ Transfer of Location  ransfer of Ownership □ Reclassification			
B. Entity on Whose Behalf Application Made:	n is	☐ Corporation			
C. Class of License Applied For:	3WL			loss Dog LLC	
E. Types of Permits Applied For:		□ Tasting (\$200) □ Catering Wutdoor Coré □ Refillable Container			
(See Appendix A)			Retail Delivery D Sp	virits for Cooking to Wine Corkage	
F. Trade Name of Facility:		rners Pu	6	G. Is Business a Franchise?   YES 10	
H. Address of Facility to be Licensed	suthe	Pland Rd	. Silver Sprin	ng, Md 20101	
SECTION 2: APPLICANT INFORMA	TION				
Applicant A Name: Spencer Smith	Birthdat	e: 4-87	Personal Phone Num H: 301-622-0	nber: 1253 c: 301-455-1294	
Full Address: 12305 Lima dr. Si	luel Spril	Years at this Address: Years as Maryland Resident:			
Email Address: 55m; th. 4corners pub @ amail	Sex: AD Place of Birth:			ington D.C.	
If applicant is foreign-born, state:					
Immigration Card Number: If Naturalized, City/State: Date of Naturalization:			Date of Naturalization:		
Applicant B Name:	Birthdat	e:	Personal Phone Nun		
			H:	C:	
Full Address:			Years at this Addres	s: Years as Maryland Resident:	
Email Address:	Sex:		Place of Birth:		
If applicant is foreign-born, state:					
Immigration Card Number:	If N	aturalized, City	/State:	Date of Naturalization:	
Applicant C Name:	Birthdat	te:	Personal Phone Nun	nber:	
	H: C				
Full Address: Years at this Address: Years a		s: Years as Maryland Resident:			
Email Address:	Sex:	Place of Birth:			
If applicant is foreign-born, state:					
Immigration Card Number:	IfN	aturalized, City	/State:	Date of Naturalization:	

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

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 Shares Au	thorized:	G. Number of Si	nares Issued:
Stockholders (Include all layers equaling 1	00% owned by individual	s 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:				1
Name (A):	Full Address:			Title:
Name (B):	Full Address:			Title:
Name (C):	Full Address:			Title:
A. Qualifying Maryland Resident (Indicat B. Name and Full Address of LLC: \$1055  [ON Subset of LLC: \$1055  D. Organized Under State Laws of: Mame (A): Server Smith  Name (B): Smith  Name (C):  SECTION 5: PARTNERSHIP INFORMAT  A. Name and Full Address of Partnership	S L Dog LLC  Ling Mel 2010    Wyland  Use additional sheet if ne  Full Address:  12305 Lin  Full Address:  1205 Lin  Full Address:	Authorized F Spence Month and Y cessary):	Persons of LLC Per Sanith  Pear: Jugust  Per Spring Md  Puer Spring, Md	Percentage: 50%
C. Date on Which Partnership was Forme	ed: D. In	Which State:		
Percentage of Ownership Interest of Partr	nership (Use additional sh	eet if necess	ary):	
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
Indicate Who are the General Partners:		Applicant A	☐ Applicant B ☐ Ap	plicant C
Indicate Maryland Residents:	□ Applicant A □ Applicant B □ Applicant C			

<b>SECTION 6: ESTABLISHMENT INFORMA</b>	ATION			
A. Detailed description and total square for	ootage of the portion of the buildin	g for which license is sought (ex.	Free standing,	
A. Detailed description and total square for located in strip mall, restaurant, seating, b	eer/wine, etc.): [307, Dinhing f	com, overcorgating, ca	ryouti	
2 985 59 Ft Stand Wine neighbor Mood restournest				
B. Who Will be in Charge of Day-to-Day Op	5 P	encer Sonith		
C. Phone Number of Establishment: 301-593-2900	D. Type of Facility/Facility Concept	"Casual sit down re	stawant.	
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation: 1 Fil: 1 Am - 2 Am	non, tues, wed, thues: 1	10m - 12a	
Mars 1 2 mg 1	Sat: 10 am - 2am			
November 2021	Sun: 10am - 12am			
SECTION 7: LICENSE TRANSFER (COMP	LETE ONLY IF TRANSFERRING A			
A. Names of all Current License Holders:		B. Date Facility Began Opera	ating:	
1) Spencer Smith	3)	November 20	)12	
C. Location of Current Licensed Facility:	D. Location to Which License	s Being Transferred:	,	
1011 ( suther hard rel. Silver Spring, A		Nerspring, Mel 2000	21	
SECTION 8: LEASED PREMISES	31			
	Phone Number of Property Owner:	C. Full Address of Property Owner	r	
0		41300 Banff Springs. (	7.	
(Brian Smith )	301-775-4230	Rockville, and 2085	- 3	
D. Date Lease Made:	012	E. Date Lease Expires:	10	
F. State Renewal Options, if any:	UIL	Noulmber 204		
r. State Kenewai Options, ii any:				
SECTION 9: APPLICANT QUESTIONAIRI				
Has any applicant ever been:				
1. Convicted of a felony?			- YES TONO	
2. Found guilty of violating the laws govern			WES .	
3. Found guilty of violating the laws for pre			□ YES WNO	
4. Found guilty of any offense against the la	aws 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 for	the cale of alcoholic hoverages such	andadar rayakad?	V50 600	
6 Use any applicant aver had a license for	the cale of alcoholic hoverages?		TYPS TO NO	
the state was a familiar to prove of familiar to the state was a familiar to the state	the sale of alcoholic beverages:	hald and the state of a collist to	WES	
If YES, state name of applicant, name of fac	cuity, address for which license was	neid, and the dates for which it wa	is neid:  [/2012 → ]	
Ine 7 Corner Pub 101	11 Suthelland Rd 5	or Iver Spring MD -209	01 curren	
7: Does any applicant or person with an ov			,	
facility in Montgomery County or the Stat for, granted, or issued under the Alcoholic	-	-	□ YES ₽ NO	
If YES, state the name of the applicant, na			tes the license	
was held:	-			
			,	
8: Does any person other than the applic	ant(s) have any financial interest in	this alcoholic beverage license	AXES	
applied for, or in the facility to be conduct			m	
If YES, state name and the financial interes	towned:			
Fliqubeth Smith	50%			

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 Commissionare for Montgomory County and harby grante normission to the State Comptroller, his duby puthorized

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 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 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."  BMAH
Signature of the Property Owner Brian Smith 301-775-4230
Printed Name of Property Owner 4300 Banff Springs Ct. Rockville, Md 20853

Phone of Property Owner (30, 775 4230)

**SECTION 1: LICENSE TYPE INFORMATION** 

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.

#1511546

A. Nature of Application:	1 🗖	☑ New License 🏿 Transfer of Location 🖨 Transfer of Ownership 🗅 Reclassification			ship □ Reclassification
B. Entity on Whose Behalf Application is Made:		□ Corporatio	n	<sup>r</sup> Company □ Partners	hip □ Individual
C. Class of License Applied For: Beauty Salon (Beer and Wine)			D. Entity Name: Bearded Goat Barber Kentlands, LLC		
E. Types of Permits Applied For:		□ Tasting (\$	(\$200) □ Catering □ Outdoor Café □ Refillable Container		
(See Appendix A)		□ Reta	ail Delivery 🗆 Spirit:	s for Cooking □ Wine	Corkage
F. Trade Name of Facility: Bearded Goat Barber					
G. Address of Facility to be License 720 Center Point Way, Gaither					
SECTION 2: APPLICANT INFOR	MATION - A	T LEAST ONE	APPLICANT MUST	T BE A US CITIZEN	
Applicant A Name: Pantea Cannon	Birthdate: 4-12-1993		ersonal Phone Num : 240-750-8471	ber: C: 240-750	-8471
Full Address: 227 Rolling Road, Gaithersburg	g, MD 20877		ears at this Address	: Years as Marylan 5	d Resident:
Email Address: Sex: pantea@beardedgoatbarber.com Female			Place of Birth:		
f applicant is foreign-born, state:					
Immigration Card Number:		uralized, City/S nore, MD	tate:	Date of Naturalization January 31, 2024	on:
Applicant B Name:	Birthdate:	P	ersonal Phone Num	ber: C:	
Full Address:		Υ	ears at this Address	: Years as Marylan	d Resident:
Email Address:	Sex:	Р	Place of Birth:		
f applicant is foreign-born, state:					
Immigration Card Number:	If Nat	uralized, City/S	tate:	Date of Naturalization	on:
Applicant C Name:	Birthdate:	P	ersonal Phone Num	ber: C:	
Full Address:		Y	ears at this Address	: Years as Marylan	d Resident:
Email Address:	Sex:	P	lace of Birth:		
f applicant is foreign-born, state:					
Immigration Card Number:	If Nat	uralized, City/S	tate:	Date of Naturalizati	on:
NOTE: ALL ADDITIONTS WILL BE U	EDEAETED DEI	CODED TO BY T	UE LETTED A P. OP.	C DRECEDING THEIR	NAME ARONE)

SECTION 3: CORPORATION INFORMA	ATION			
A. Qualifying Maryland Resident (Indicat	e with X)		☐ Applicant A ☐	Applicant B □ Applicant C
B. Name and Full Address of Corporation	n:			
C. Incorporated Under State Laws of:			D. Month and	Year:
E. Authorized Capital:	F. Number of Shar	res Authorized:	G. Number of	Shares Issued:
tockholders (Include all layers equaling 1	.00% owned by indiv	viduals and/or pul	blicly traded, use a	idditional 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:		-0 110	Title:
Name (B):	Full Address:			Title:
Name (C):	Full Address:			Title:
A. Qualifying Maryland Resident (Indicat B. Name and Full Address of LLC: Bearded Goat Barber Kentlands, LL 720 Center Point Way, Gaithersburg	_C	<del></del>	Persons of LLC	licant B □ Applicant C
		Pantea Canr		
Maryland		October 202		
Percentage of Ownership Interest of LLC ( Name (A):	Full Address:	t it necessary):		Percentage:
Pantea Cannon	227 Rolling Road	, Gaithersburg,	MD 20877	25%
Name (B):	Full Address:			Percentage:
Name (C): [SEE ATTACHED]	Full Address:			Percentage:
A. Name and Full Address of Partnership				
C. Date on Which Partnership was Forme	ed:	D. In Which State	e:	
Percentage of Ownership Interest of Parti	nership (Use additio	nal sheet if neces	sary):	
Name (A):	Full Address:		,,	Percentage:
Name (B):	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 B □ 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.):  Barber shop occupying approximately 1019 SF of ground floor retail space in a mixed use town center.			
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Pantea Cannon			
C. Phone Number of Establishment:	D. Type of Facility/Facility Concept: Barber shop		
E. Date Applicant will Begin to Operate: November 2024	F. Days and Hours of Operation: Monday - Sunday: 9am to 9pm		

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

A. Names of all Current License Holders:		B. Date Facility Began Operating:
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:	500 N. Broadway, Suite 201
Kentlands MKT SQ 1772, LLC	516-869-9000	Jericho, NY 11753
D. Date Lease Made: 12/28/2023		E. Date Lease Expires: Approximately November 2034
F. State Renewal Options, if any: Two 5-year options		

#### **SECTION 9: APPLICANT QUESTIONAIRE**

Has 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	□ YES 🗹 NO
traffic offense?	
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 was	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	□ YES  NO
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 date	tes the license
was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license	Ø YES □ NO
applied for, or in the facility to be conducted under the current license?	
If YES, state name and the financial interest owned:	
[SEE ATTACHED]	

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 true and correct to the best of stay letterwhere	•	perjury that the contents of the foregoing document are
(A)	441	
Signature of Applicant Pantea C	annon	-
(B)		
Signature of Applicant		
(C)		-
Signature of Applicant	(D)	
alcoholic beverage license and that I here be permitted by law, and I do hereby grar Board of License Commissioners for Mont County to inspect and search at any and a facility is to be conducted. Affidavit:	by consent to the use of the said property of permission to the State Comptroller, his tgomery County, its duly authorized agents all hours, without warrant, the premises and declare and affirm under the penalties of	property named in the foregoing application for an for the sale thereon of such alcoholic beverages as may duly authorized deputies, inspectors and clerks, the and employees, and any peace officer of Montgomery d any and all parts thereof upon and in which said perjury that the contents of the foregoing document are
Signature of the Property Owner Printed Name of Property Owner		
Address of Property Owner	Phone of Property Owi	ner

#### Docusign Envelope ID: 8F311668-31CF-4EA6-B10E-A9D59D5C51D7

#### **SECTION 10: CERTIFICATES AND SIGNATURES**

Affidavit:

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.

Allidavic.				
"By signing this application, I do s			rjury that the contents	of the foregoing document are
true and correct to the best of Ri	recowledge, information, and	d belief."		
(A)	1/207 1021 180 176 141			
Signature of Applicant Pa	ntea Cannon			
(B)				
Signature of Applicant				
(C)				
Signature of Applicant				
	(D)			
		(FOR CORPORATION	APPLICATIONS ONLY)	Corporate President Signature
alcoholic beverage license and the permitted by law, and I do her Board of License Commissioners County to inspect and search at a facility is to be conducted.	eby grant permission to the S for Montgomery County, its d	State Comptroller, his di Iuly authorized agents a	uly authorized deputies and employees, and any	s, inspectors and clerks, the y peace officer of Montgomery
Affidavit:				
"By signing this application, I do s true and correct to the best of my KENTLANDS MKT SQ 170 BY: KECK NEW YORK REA	olemnly declare and affirm un knowledge, information, and LLC, a Delewore I	nder the penalties of pe d belief." (Mired Liability Com	rjury that the contents	of the foregoing document are
- Shore	_		_	
Signature of the Property Owner	VI.			
Jessica Domorouski	-Y12ar		_	
Printed Name of Property Owner	1 1	1 10		
500 WORTH Droad WAY	/ Suite 201/ Jeneto	NY 11753	_	
Address of Property Owner	1 4	84-717 - 7010 none of Property Owne	r	

#### **ADDENDUM**

Alcoholic Beverage License Application of

#### **BEARDED GOAT BARBER**

Gaithersburg, Maryland

#### Section 9 – Question 8

The following individuals hold an ownership interest of the limited liability company upon whose behalf this license is sought:

Pantea Cannon	25%
227 Rolling Road	
Gaithersburg, MD 20877	
Scott Parker	25%
888 N. Quincy Street, #1604	
Arlington, VA 22203	
Jon Dodson	25%
1306 N. Glebe Road	
Arlington, VA 22207	
Eric Renfro	25%
8815 Cottongrass St.	2570
oors Conductions of.	

Waldorf, MD 20603

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any from statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction 1. eof shall be subject to penalties provided by law for the offender shall be deemed guilty of the perjury.

## 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 INFORMATI	ON		Ace# 1552544		
A. Nature of Application:	₩ New Licens	se 🗆 Transfer of Locati	on □ Transfer of Ownership □ Reclassification		
B. Entity on Whose Behalf Application is Made:		oration II/Limited Liabi	lity Company □ Partnership □ Individual		
	3/W/L)		RINI LLC		
E. Types of Permits Applied For: (See Appendix A)			Voutdoor Café □ Refillable Container rits for Cooking □ Wine Corkage		
F. Trade Name of Facility:	VIA ROI	4A	G. Is Business a Franchise? ☐ YES IV NO		
H. Address of Facility to be Licensed (No F	P.O. Box):	SILVER S	SPRING MD 20910		
SECTION 2: APPLICANT INFORMATIO					
EDEN NEGUSSIE 06	date: /12 /1976	Personal Phone Num H:	ber: c: 703 629 79 19		
Full Address: 870 S. GREENBRIER ST#3	02 ARL VA	Years at this Address	: Years as Maryland Resident:		
EDENA 040 YAHOO. COM	-EMALE	Place of Birth: ADDIS ARABA	(ETHIOPIA)		
If applicant is foreign-born, state:					
Immigration Card Number:	If Naturalized, City FAIRFAX		Date of Naturalization: MAY 18 2010		
Applicant B Name: Birth SAMUEL NEGUSSIE 10	date: 26/1982	Personal Phone Num H:	ber: c: 571 215 0610		
Full Address: 2421 S. LOWELL ST ARLA		Years at this Address  6 YEARS			
Email Address: Sex: SAMUETABBA 10 GMAIL. COM	MALE	Place of Birth: ADDIS ABAL	3A (ETHIOPIA)		
If applicant is foreign-born, state:					
	If Naturalized, City ALEXANDRIA	/State: VIRGINIA	Date of Naturalization: AUGUST 25 2012		
HIYABEL GHEBREMICHAEL D	ndate: EC, 10 2005	Personal Phone Num H:	c 703 609 1080		
Full Address: 9213 GLENVILLE RD SIL	VER SPEING MD	Years at this Address 20901 Less Than			
Email Address: Sex: highelbel@Gmail. Com F	ENALE	Place of Birth: VIRGINIA	(USA)		
If applicant is foreign-born, state:			,		
Immigration Card Number:	If Naturalized, City	/State:	Date of Naturalization:		

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

A. Qualifying Maryland Reside				☐ Applicant A ☐ Ar	pplicant B □ Applicant C
B. Name and Full Address of C	orporation:		,		
C. Incorporated Under State L	aws of:			D. Month and Ye	ar:
E. Authorized Capital:	F. Numb	per of Shares A	uthorized:	G. Number of Sh	ares issued:
L. Authorized Capital,	1. Iddills	ict of Sitarcs A	atilonized.	G. Number of Str	u1 c3 (33 w c w .
tockholders (Include all layers			ls and/or publ	cly traded, use add	
Name (A):	Full Addı	'ess:			Shares Owned:
Name (B):	Full Addi	'ess:			Shares Owned:
Name (C):	Full Addi	ress:			Shares Owned:
Corporate Officers:					
Name (A):	Full Add	ress:			Title:
Name (B):	Full Add	ress:			Title:
Name (C):	Full Add	ress:			Title:
			+		
COTIONS S. LINGSTED LIADIS	TV CORDODATION	LINICODRANTI	ON		
ECTION 4: LIMITED LIABILE  A. Qualifying Maryland Reside		INFORMATI			
			C. Authorized F		ant B Applican C
B. Name and Full Address of L	HSMARINI	2091	EDEN	NEGUSSIE	
911 BONIFANT ST S	SILVER SPRI	NG MD	SAMUE	L NEGUSSIE	LEMICHAEL X
D. Organized Under State Law	s of:	E	E. Month and Y	ear:	
MONTGOMERY COU	NTY MD		MAR	CH 2023	
Percentage of Ownership Inter		ional sheet if n	ecessary):		
Name (A):	Full Add			22204	Percentage:
EDEN NEGUSSIE		Greenbliek	ST# 302 A	CLINGTON VA	65 /0
Name (B):	Full Add		<b>1 1 1 1 1</b>	104 000 /	Percentage:
SAMUEL NEGUS	S/E 2421 S. Full Add	LOWELL ST F	+RLINGTON_	VA 22206	Porcento de
Name (C): HIYABEL GHEBLE	MICHAEL 9213	ress: GLENVILLE	RA SILVER	SPRING MD	Percentage: 10%
SECTION 5: PARTNERSHIP					
A. Name and Full Address of I	Partnership:				
C. Date on Which Partnership	was Formed:	D. I	n Which State:		
Percentage of Ownership Inte	rest of Partnership (L	Jse additionals	heet if necess:	ary):	
Name (A):		ddress:			Percentage:
Name (B):	Full A	ddress:			Percentage:
Name (C):	Full A	ddress:			Percentage:
Indicate Who are the Genera	l Partners:		☐ Applicant A		pplicant C
Indicate Maryland Residents				☐ Applicant B ☐ Ap	
Transfer on the same and the sa			- Whhirair W	- Applicant o Li Ap	prioriti S

SECTION 6: ESTABLISHMENT INFORMA			
A. Detailed description and total square for located in strip mall, restaurant, seating, be	otage of the portion of the building	g for which license is sought (ex. F	ree standing,
located in strip mall, restaurant, seating, b	eer/wine, etc.): 1,593 SF gro	ound level located i	na
mid-rise building, restaura	int, Seating, beer u	ine, liquor	
B. Who Will be in Charge of Day-to-Day Op		,	
EDEN NEGUSSI			
C. Phone Number of Establishment:	D. Type of Facility/Facility Concept		/
240 531 21 89	CAFE, SANDWICH, PIZZ	LAS, PASTICIES, REEK, WIN	E, LIQUOR
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:	7:00 AM TO 11:00 P	M
SEPTEMBER 15 2024	HONDRY TO I KIDAY	7.00 HI 10 11.00 1	
	SATURDAY TO SUNDA	4 8:00 AM TO 11:0	o PM
SECTION 7: LICENSE TRANSFER (COMP	LETE ONLY IE TRANSFERRING A	I (CENSE)	
A. Names of all Current License Holders:	ELL OILL II MAIOLEMMICA	B. Date Facility Began Opera	ting:
1)	3)	Transfer of the second property of the second	
2)			
C. Location of Current Licensed Facility:	D. Location to Which License	is Being Transferred:	
SECTION 8: LEASED PREMISES			
	Phone Number of Property Owner:	C. Full Address of Property Owne	r:
SILVER SPRING LIBRARY	6173042978	12200 Tech Road,	suite 250
RESIDENCES LPAMARYLAND	FAX 301 622 2800	SILVER SPRING, MD	20904
D. Date Lease Made:		E. Date Lease Expires:	
APRIL 20	2023	MARCH 31 202'	9
F. State Renewal Options, if any:		1	
	YES, RENEWAL FROM	APRIL 1 2029 TO MARC	H 31 2034
	_		
SECTION 9: APPLICANT QUESTIONAIR	E		
Has any applicant ever been:			VEC - (NO
1. Convicted of a felony?			□ YES IVNO
2. Found guilty of violating the laws govern			☐ YES IV NO
3. Found guilty of violating the laws for pro			☐ YES INNO
4. Found guilty of any offense against the l	aws of the State of Maryland or the	United States other than a minor	□ YES IVNO
traffic offense?			
5: Has any applicant ever had a license for		pendedorrevoked?	☐ YES IF NO
6. Has any applicant ever had a license for	the sale of alcoholic beverages?		☐ YES IVNO
If YES, state name of applicant, name of fa	cility, address for which license was	held, and the dates for which it wa	as held:
7: Does any applicant or person with an o			
facility in Montgomery County or the Stat			TO YES IN NO
for, granted, or issued under the Alcoholic			tas tha lisansa
If YES, state the name of the applicant, no	ame and address of licensed premis	ses and ownership and add the da	tes the acease
was held:			
8: Does any person other than the appli	cant(s) have any financial interest	in this alcoholic beverage license	□ YES a NO
applied for, or in the facility to be conduc	* -		
If YES, state name and the financial intere			<del>.</del>

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident out targager of the State of Maryland; and further certifies that no manufacturer, hrower, distiller or vholesaler has any financial interest, directly in or the state indirectly, in the premises or facility of the applicant; that the applicant will not hereafter conveyor grant to such manufacturer, here men, 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, brown, distiller, or shortester

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

Affidaylt	

any and all parts thereof upon and its winds said requiry is to be computered.
Affidavit:
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foreyoing decument are true and correct to the best of my knowledge, information, and belief,"
(A) Telle 09/19/2024
Signature of Applicant (B) Suy 09/19/2024
Signature of Applicant  Signature of Applicant
(D)
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and cierks, 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  New (Ov)
Printed Name of Property Owner Silver Spring Library Residences LP
Address of Property Owner 929 Bonifant Street 301-812-4130 Silver Spring, MD 20910

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 INFOR	RMAT	TION			#1519545	
A. Nature of Application:			ense 🗆 Transfer of Loc	catio	n □ Transfer of Ownership □ Reclassification	
B. Entity on Whose Behalf Applicat Made:	ion is	■ Col	rporation □ Limited Liability Company □ Partnership □ Individual			
C. Class of License Applied For: B(BWL)			D. Entity Name: First Watch Re	sta	urants, Inc.	
E. Types of Permits Applied For: (See Appendix A)		□ Tas	-	-	Outdoor Café  Refillable Container	
F. Trade Name of Facility: First Watch		J	Thetail Delivery	1	ts for Cooking □ Wine Corkage  G. Is Business a Franchise? □ YES ■ NO	
H. Address of Facility to be Licensed 12255 Prosperity Drive, Suite			MD 20904			
SECTION 2: APPLICANT INFORM	1ATIC	ON				
Applicant A Name: Christopher A Humphries	1	hdate: 10/1976	Personal Phone Ni H: n/a	umb	er: C: 571-215-6408	
Full Address: 1 Ritchfield Court, Rockville, I	MD 2	20850	Years at this Address	ess:	Years as Maryland Resident: 2	
Email Address: chumphries@firstwatch.com	Sex Male		Place of Birth: Washington, DC			
If applicant is foreign-born, state:	-		10			
Immigration Card Number: n/a		If Naturalized, Cit n/a	ty/State: 		Date of Naturalization : /a	
Applicant B Name: Christopher A Tomasso		hdate: 25/1970	Personal Phone No		er: C:	
Full Address: 7464 Cabbage Palm Ct, Sara	sota	, FL 34241	Years at this Address 13	ess:	Years as Maryland Resident: n/a	
Email Address: chris.licenses@firstwatch.com	Sex Mal	-	Place of Birth: Providence, RI			
If applicant is foreign-born, state:						
Immigration Card Number: n/a		If Naturalized, Cit n/a	ty/State:	_ I _	Date of Naturalization : /a	
Applicant C Name: Jay A Wolszczak		hdate: 19/1968	Personal Phone No H: 941-351-881		er: c 407-656-1069	
Full Address: 16027 Topsail Terrace, Lakewood I	Rancl	n, FL 34202	Years at this Addr	ess:	Years as Maryland Resident: n/a	
Email Address: jay.licenses@firstwatch.com	Sex Mal		Place of Birth: Indianapolis, IN			
If applicant is foreign-born, state:						
Immigration Card Number	1	If Naturalized Cit	ty/State:	Г	Tate of Naturalization:	

n/a

n/a

n/a

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTION 3: CORPORATION INFORMA		AS APPLIES)		
A. Qualifying Maryland Resident (Indicat	■ Applicant A □	Applicant B □ Applicant C		
B. Name and Full Address of Corporation	n:			
First Watch Restaurants, Inc.	; 8725 Pende	ry Place, Suite	201 Brader	nton, FL 34201
C. Incorporated Under State Laws of: Florida			D. Month and Y December 20	
E. Authorized Capital: n/a	F. Number of Sha 100,200		G. Number of S 203	
Stockholders (Include all layers equaling 1		viduals and/or public	cly traded , use ac	
	i	Lakewood Ranch, F	L 34202	Shares Owned:
	Full Address: 7467 Cabbage Palm Ct, Sarasota, FL 34241			Shares Owned:
Name (C): FWR Holding Corporation	Full Address: 8725 Pendery Place, Suite 201, Bradenton, FL 34201			Shares Owned: 200
Corporate Officers: Brandon Razauskas	147 Masons Cro	ossing Ct, Severna F	Park, MD 21146	1
Name (A): Christopher Humphries	Full Address: 1 Ritchfield Ct., Rockville, MD 20850			Title: Compliance Officer
Name (B): Christopher Tomasso	Full Address: 7467 Cabbage F	Palm Ct., Sarasot	Title: CEO & President	
Name (C): Jay Wolszczak	Full Address: 16027 Topsail Ter, Lakewood Ranch, FL 34202			Title: CLO & Secretary
SECTION 4: LIMITED LIABILITY CORPO	ORATION INFORM	/ATION		
A. Qualifying Maryland Resident (Indicat		T	olicant A □ Applic	ant B □ Applicant C
B. Name and Full Address of LLC:	<u> </u>	C. Authorized Pe		ant b in Applicant C
n/a				
D. Organized Under State Laws of:		E. Month and Ye	ar:	
Percentage of Ownership Interest of LLC (I	Use additional shee	t if necessary):		
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
SECTION 5: PARTNERSHIP INFORMA	TION			
A. Name and Full Address of Partnership				
n/a	•			
C. Date on Which Partnership was Forme	ed:	D. In Which State:		
Percentage of Ownership Interest of Partr	ershin (Use additio	nalsheet if necessar	v)·	
Name (A):	Full Address:	marsheeth necessar	<b>y</b> /·	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 INFO	RMATION				
A. Detailed description and total squa	re footage of the portion of the bui	lding for	which license is sought (ex.	Free standing,	
located in strip mall, restaurant, seating					
One story, first floor, end unit restaurant	consisting of ~4,000 square feet loca	ted in th	e White Oak Town Center with	outdoor patio.	
B. Who Will be in Charge of Day-to-Da Diana Solano Aleman (240) 505-6316					
C. Phone Number of Establishment: D. Type of Facility/Facility Concept:					
Not yet issued. Full service restaurant serving lunch and brunch daily.					
E. Date Applicant will Begin to Operate: F. Days and Hours of Operation:					
September 2024	7am - 2:30pm daily				
SECTION 7: LICENSE TRANSFER (CC		S A LICE			
A. Names of all Current License Holder			B. Date Facility Began Oper	ating:	
1) n/a 3)					
2) C. Location of Current Licensed Facility: D. Location to Which License is Being Transferred:					
C. Location of Current Licensed Facility	b. Location to winch lices	136 13 06	ing mansiemed.		
SECTION 8: LEASED PREMISES					
A. Name of Property Owner: B. Phone Number of Property Owner: C. Full Address of Property Owne					
BDC Spectrum II LLC 301-656-4111 c/o Finmarc Management, Inc., 7200 Wisconsin Ave, #1100					
D. Date Lease Made:			Date Lease Expires:		
12/15/2023		Sep	tember 2034		
F. State Renewal Options, if any:					
Two 5-year periods.					
CECTION OF ADDITION OF THE CHICAGO	A IPST				
SECTION 9: APPLICANT QUESTION	AIKE				
Has any applicant ever been:  1. Convicted of a felony?				□ YES ■ NO	
2. Found guilty of violating the laws go	very in the cale of alached in the Cto	to of B/Is	and artha United States		
				☐ YES ■ NO	
3. Found guilty of violating the laws fo				□ YES ■ NO	
4. Found guilty of any offense against traffic offense?	he laws of the State of Maryland or t	the Unit	ed States other than a minor	□ YES ■ NO	
5: Has any applicant ever had a license	for the sale of alcoholic beverages s	uspend	ed or revoked?	□ YES ■ NO	
6. Has any applicant ever had a license				■ YES □ NO	
If YES, state name of applicant, name			and the dates for which it w		
	or facility, address for which license v	vas neio	, and the dates for which it we	as ileiu.	
See attached.					
7: Does any applicant or person with a	n ownership interest in this facility l	nave a fi	nancial interest in any other		
facility in Montgomery County or the				■ YES □ NO	
for, granted, or issued under the Alcoh				= 165 6 140	
If YES, state the name of the applican				tes the license	
was held:					
See attached.					
8: Does any person other than the a		st in th	is alcoholic beverage license	■ YES □ NO	
applied for, or in the facility to be con-					
If YES, state name and the financial int	erest awned:				

Brandon Razauskas - 1 share; FWR Holding Corporation - 200 shares

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 any and all parts thereofupon and in which said facility i		and all hours, withou	ut warrant, the premises and
Affidavlt:			
"By signing this application, I do solemnly declare and affir true and correct to the best of my knowledge, information		ury that the contents	of the foregoing document are
(A)	hristopher Humphries		
Signature of Applicagt			
	hristopher Tomasso		
Signature of Applicant			
(c) My Vary	ay Wolszczak		
Signature of Applicant	2A	_	
(D)		\	Christopher Tomasso
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify the alcoholic beverage license and that I hereby consent to the bepermitted by law, and I do hereby grant permission to the Board of License Commissioners for Montgomery County, County to inspect and search at any and all hours, without facility is to be conducted.	e use of the said property for the State Comptroller, his duly its duly authorized agents and	the sale thereon of su y authorized deputies, d employees, and any	ch alcoholic beverages as may inspectors and clerks, the peace officer of Montgomery
Affidavit:			
"By signing this application, I do solemnly declare and affir true and correct to the best of my knowledge, information		ury that the contents	of the foregoing document are
les kom		_	
Signature of the Property Owner			
BDC Spectrum II LLC			
Printed Name of Property Owner c/o Finmarc Management, Inc., 7200 Wisconsin Ave, #1100, Belf	esda, MD 20814; (301)656-4111		
Address 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 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 harby grants permission to the State Comptroller, his duly authorized deputies; inspectors and derks, the Board of License Commissioners for Montgomery County, its duly authorized agents and amployees, 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.

#### Affidavltı

IAI ATATEL	owledge, information, and belief."  Christopher Humphries	
Signature of Applicant		
(B) (J	Christopher Tomesso	
Signature of Applicant	1	
(c) My Most	Jay Wolszczak	
Signature of Applicant	RAT	
	(0)	Christopher Tomasso

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 Compassionars for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to Impact 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 solamnly declare and affirm under the panalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and ballef."

Signature of the Property Owner

RDC Spartners HILLC

Printeri Name of Property Owner

on Deman Mesonance Inc. 7000 Who was two \$1100 to James MD 20016, C01958 4111

Address of Property Uniones

Phone of Property Dyner

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false scatements, 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)

1544545

#### 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 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	n 🗆	Transfer of Ownership  Reclassification	
B. Entity on Whose Behalf		□ Corpora	ation ■ Limited Liability Company □ Partnership □ Individual			
Application is Made:		· ·				
C. Class of License Applied For:			D. Entity Name: The Kosher Kitchen Catering Co. LLC dba: MEDINA CUISINE			
E. Types of Permits Applied For:		□ Tasting	(\$200) ■ Catering □ Outdoor Café □ Refillable Container			
(See Appendix A)		□ R	Retail Delivery   Spirits for Cooking   Wine Corkage			
F. Trade Name of Facility: MEDINA CUISINE						
G. Address of Facility to be Licens 12205 Nebel St, Rockville, N						
SECTION 2: APPLICANT INFOR	MAT	ION - AT LEAST ON	IE APPLICANT MUS	ST E	BE A US CITIZEN	
Applicant A Name:		rthdate:	Personal Phone Number		r:	
Michael Medina	4/2	27/1980 <b>н</b> : n			C:202-415-5532	
Full Address: 7552 Heatherton Ln Potomo	ac,	Maryland 20854	Years at this Addres 9.5	is:	Years as Maryland Resident: 9.5	
Email Address:	Se	x:	Place of Birth:			
michael@medinacuisine.com	M		Montreal, Canada			_
If applicant is foreign-born, state:				,		_
Immigration Card Number:		If Naturalized, City			ate of Naturalization:	
		Fairfax, VA		TE	eb 23, 2007	_
	1					_
Applicant B Name:	Bi	rthdate:	Personal Phone Number: H: n/a C:			
Full Address:			Years at this Address: Years as Mary		Years as Maryland Resident:	
Email Address:	Se	x:	Place of Birth:			
If applicant is foreign-born, state:						
Immigration Card Number:		If Naturalized, City	//State:	D	ate of Naturalization:	
Applicant C Name:	Bi	rthdate:	Personal Phone Numb			
			H: n/a		c:202-415-5532	
Full Address:			Years at this Address:		Years as Maryland Resident:	
Email Address:	Se	ex:	Place of Birth:			
If applicant is foreign-born, state:	,					_
Immigration Card Number:		If Naturalized, City	//State:	D	ate of Naturalization:	
(NOTE: ALL APPLICANTS WILL BE H	EREA	TER REFERRED TO B	Y THE LETTER A. B. OF	RCI	PRECEDING THEIR NAME ABOVE)	_

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

SECTION 3: CORPORATION INFORMA	ATION			
A. Qualifying Maryland Resident (Indica	te with X)		■ Applicant A □ A	Applicant B  Applicant C
B. Name and Full Address of Corporation  The Kosher Kitchen Catering	n: <del>; Co. LLC dba l</del>	WEDINA CU	ICINE	
C. Incorporated Under State Laws of:			D. Month and Y	ear:
E. Authorized Capital:	authorized Capital: F. Number of Shares A			nares Issued:
tockholders (Include all layers equaling 2	100% owned by indivi	duals and/or pub	licly traded, use ad	ditional sheet if necessary)
Name (A):	Full Address:		MD 20052	Shares Owned:
Michael Medina		Ln, I otomao,	MD 20002	100%
Name (B):	Full Address:			Shares Owned:
Name (C):	Full Address:			Shares Owned:
orporate Officers:				
Name (A):	Full Address:			Title:
amo	Somo			Managing Member
Name (B):	Full Address:			Title:
Name (C):	Full Address:			Title:
The Kosher Kitchen Catering Co. LLC 12205 Nebel St, Rockville, MD 20852 D. Organized Under State Laws of: Virginia	C dba MEDINA CUISINI ? 	E. Month and Y	Year:	
ercentage of Ownership Interest of LLC (	Use additional sheet i			_
Name (A):	Full Address:	ii iieeebai yyi		Percentage:
Michael Medina		therton Ln, Poto	mac, MD 20854	100%
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
ECTION 5: PARTNERSHIP INFORMA  A. Name and Full Address of Partnership				
C. Date on Which Partnership was Forme	ed:	D. In Which State:	:	
ercentage of Ownership Interest of Parti	nership (Use addition	al sheet if necessa	ary):	
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:	_		Percentage:
Name (C):	Full Address:			Percentage:
Indicate Who are the General Partners:		☐ Applicant A	☐ Applicant B ☐ Ap	pplicant C
Indicate Maryland Residents:	☐ Applicant A ☐ Applicant B ☐ Applicant C			

5	F	CT	11	16	d /	6.	F\$1	۲Δ	RI	ISH	MEN	UT I	INFO	RMA	MOITA

A. Detailed description and total square located in strip mall, restaurant, seating, l Catering facility with kitchen and sr		which license is sought (ex. Free standing, 5,054 sq ft total
B. Who Will be in Charge of Day-to-Day O Michael Medina		.,
C. Phone Number of Establishment: 1-888-400-7087	D. Type of Facility/Facility Concept: Catering with small store front of p	repared foods, sealed.
E. Date Applicant will Begin to Operate: Oct 1, 2024	F. Days and Hours of Operation: 9am-2pm Sun-Fri. Closed Saturda	ys

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

A. Names of all Current License Holders:  1) MEDINA CUISINE  2) Michael Medina	3)	B. Date Facility Began Operating: July 2016
C. Location of Current Licensed Facility: 6301 Montrose Rd, Rockville 20852		n License is Being Transferred: Rockville, MD 20852

#### **SECTION 8: LEASED PREMISES**

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
74 RANDOLPH OWNER, LLC	703.893.5141 (TSCG Prop. Mgr)	c/o TSCG 1945 Old Gallows Road, Suite 300Vienna, Virginia 22182
D. Date Lease Made: 9/1/2024		E. Date Lease Expires: 9/1/2029
F. State Renewal Options, if any: 5 year option to renew		

#### **SECTION 9: APPLICANT QUESTIONAIRE**

Has 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 301 Montrosc Rd. Rockville, MD 30852 The Kosher Kitchen Catering Co. LLC dba MEDINA CUISINE (CATBWL767357) Held 2021 through 2025	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?	□ YES ■ NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dawas held:	tes 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 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.

A) fil I lo		
Signature of Applicant		
B)		
ignature of Applicant		
C)		
ignature 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 facility is to be conducted.

Affidayit:

"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

Diego Rico, Vice President of 74 Randolph Owner, LLC c/o TSCG, Property Mgr, 571-202-1246

Printed Name of Property Owner

1945 Gallows Rd. Suite 300, Vienna, Virginia 22182

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 scatements, 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 LICENSES

(PLEASE PRINT OR TYPE IN INK)

#### To the Board of License Commissioners for Montgomery County:

**SECTION 1: LICENSE TYPE INFORMATION** 

SEP 24 '24

# 1256531

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:			ense $\square$ Transfer of Location $\square$ Transfer of Ownership $X$ Reclassification			
B. Entity on Whose Behalf Application	X Corp	X Corporation □ Limited Liability Company □ Partnership □ Individual				
C. Class of License Applied For:  BW (Beer and Wine - On	and Of	f Sale)	D. Entity Name: SHRI HARI, INC	D.		
E. Types of Permits Applied For:		□ Tast	ing (\$200) 🗆 Catering	□ Outdoor Café □ Refillable Container		
(See Appendix A)		×	🗅 Retail Delivery 🗆 Spi	irits for Cooking □ Wine Corkage		
F. Trade Name of Facility: Tiger Beer Wine & Deli				G. Is Business a Franchise? □ YESX NO		
H. Address of Facility to be Licensed 303 N. Washington, Street, Rock						
SECTION 2: APPLICANT INFORM	ATION					
Applicant A Name: Amitkumar Patel	Birthda 12-15-		Personal Phone Num H: 240-246-6680	nber: C: 240-246-6680		
Full Address: 19203 Abbey Manor Drive, Broo	Full Address: 19203 Abbey Manor Drive, Brookeville MD 2			s: Years as Maryland Resident: 18		
Email Address: amitspatel2010_ap@gmail.com  Sex: Male			Place of Birth: India			
f applicant is foreign-born, state:						
Immigration Card Number:		Naturalized, City Baltimore, Mar		Date of Naturalization: June 2002		
Applicant B Name:	Birthda	ate:	Personal Phone Number: H: C:			
Full Address:			Years at this Address	s: Years as Maryland Resident:		
Email Address:	Sex:		Place of Birth:			
If applicant is foreign-born, state:						
Immigration Card Number:	lf!	Naturalized, City	/State:	Date of Naturalization:		
Applicant C Name:	Birthda	ate:	Personal Phone Num	nber:		
		-	H:	С		
Full Address:			Years at this Address	s: Years as Maryland Resident:		
Email Address:	Sex:		Place of Birth:			
If applicant is foreign-born, state:						
Immigration Card Number:	Ift	Naturalized, City	//State:	Date of Naturalization:		
				<u> </u>		

Docusign Envelope ID; 0839A231-AE40-4E00-8E; \73B4CD6F9E

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

#### SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate			M		
B. Name and Full Address of Corporation			X Applicant A 🗆 A	Applicant B □ Applicant C	
b. Name and run Address of Corporation	•				
SHRI HARI, INC., 303 N. Washing	ton Street, Rockvi	ille, MD 20850			
C. Incorporated Under State Laws of: Maryland			D. Month and Y January 2024	ear:	
E. Authorized Capital: \$100	F. Number of Shar 100	res Authorized:	G. Number of Shares Issued: 100		
Stockholders (Include all layers equaling 10		iduals and/or publ	icly traded, use ad		
	Full Address: 19203 Abbey Mar	nor Drive, Brooke	ville MD 20833	Shares Owned: 100	
Name (B):	Full Address:			Shares Owned:	
Name (C):	Full Address:			Shares Owned:	
Corporate Officers:		-			
	Full Address: 19203 Abbey Mar	nor Drive, Brooke	ville MD 20833	Title: President and Secretary	
Name (B):	Full Address:			Title:	
Name (C):	Full Address:	-		Title:	
SECTION 4: LIMITED LIABILITY CORPO		IATION			
A. Qualifying Maryland Resident (Indicate	e with X)			ant B □ Applicant C	
B. Name and Full Address of LLC:		C. Authorized P	ersons of LLC		
D. Organized Under State Laws of:		E. Month and Y	ear:		
Percentage of Ownership Interest of LLC (L	Jse additional sheet	t if necessary):			
Name (A):	Full Address:			Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
CECTION E. DADTNEDCHUD INCODAAA	FION				
SECTION 5: PARTNERSHIP INFORMAT A. Name and Full Address of Partnership:	_				
C. Date on Which Partnership was Forme	d:	D. In Which State:			
Percentage of Ownership Interest of Partn	ership (Use additio	nal sheet if necessa	rv):		
Name (A):	Full Address:			Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
Indicate Who are the General Partners:		☐ Applicant A [	 □ Applicant B □ Ap	pplicant C	
Indicate Maryland Residents:			☐ Applicant B ☐ Ap		

#### **SECTION 6: ESTABLISHMENT INFORMATION**

located in strip mall, restaurant, seating, b	potage of the portion of the building for which license is sought (ex. Free standing, eer/wine, etc.): 1846 59. Feet. e building in downtown Rockville, Maryland. Seating for 18-20 people.
B. Who Will be in Charge of Day-to-Day Op Amitkumar Patel	perations (General Manager):
C. Phone Number of Establishment: 301-279-7070	D. Type of Facility/Facility Concept: Beer and Wine store, with deli, primarily for carry out.
E. Date Applicant will Begin to Operate: April 1, 2024	F. Days and Hours of Operation: Monday to Thursday - 8am to 11pm Friday - 8am to 12am Saturday and Sunday - 10am to 12am

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

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

#### **SECTION 8: LEASED PREMISES**

A. Name of Property Owner: Rockville - 401 North Washington Street Owner, LLC	B. Phone Number of Property Owner: 202-744-8493		
D. Date Lease Made: May 5, 2003		76 8th Ave., 2nd Floor, NY, NY 10011  E. Date Lease Expires: April 30, 2034	
F. State Renewal Options, if any: None			

#### **SECTION 9: APPLICANT QUESTIONAIRE**

Has any applicant ever been:

1. Convicted of a felony?	□ YES X NC		
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	□ YESXI NO		
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	□ YESX 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 <b>x</b> ₃ NC		
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES X NO		
6. Has any applicant ever had a license for the sale of alcoholic beverages?	X YES D 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:		
The licensee has been the current license holder for this establishment since June 2024.			
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	□ YESX: NO		
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 dawas held:	ites the licens		
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 <b>X</b> ∋ NO		
mp p m a m to t f a m a m a m a m a m a m a m a m a m a			

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 true and correct to the best வெல்ல			y that the contents	of the foregoing document are
(A) amthumak				
Signature of Applicant Amitkumar Patel				
(B)				
Signature of Applicant				
(C)				
Signature of Applicant	(D)	an	cusigned by: UTEUMAR PAT	El
		(FOR CORPORATION AP	umar Patel	Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I la alcoholic beverage license and that I here be permitted by law, and I do hereby gran Board of License Commissioners for Mont County to inspect and search at any and a facility is to be conducted.	by consent to the use of t permission to the State gomery County, its duly	the said property for the Comptroller, his duly a authorized agents and e	e sale thereon of su uthorized deputies employees, and any	ch alcoholic beverages as may inspectors and clerks, the peace officer of Montgomery
Affidavit:	- i			
"By signing this application, I do solemnly true and correct to the best of my knowledge."			y that the contents	of the foregoing document are
Signature of the Property Owner Rockville - 401 North Washington	Street Owner, LLC	· By Max Noyes		
Printed Name of Property Owner				
76 8th Ave., 2nd Floor, NY, NY	10011 202-	-744-8493		
Address of Property Owner	Phone	of Property Owner		