Extract from Law: If any affidavit or oath requirements and the provisions of this Act shall contain any fall atements, 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 Commissioner Application is made by the undersigned				Article of the Annotated Code of Maryland, for a
alcoholic beverage license and each ap	plica	nt submits and certif	ies to the following info	6.
SECTION 1: LICENSE TYPE INFOR	ι Α Ι	TION		# 1232495
A. Nature of Application:			nse  Transfer of Loca	tion   Transfer of Ownership  Reclassification
B. Entity on Whose Behalf Applicati	ion is	□ Cor	poration  Limited Lia	bility Company □ Partnership □ Individual
Made:				
C. Class of License Applied For: B(BWL)			D. Entity Name: WLM LLC	
E. Types of Permits Applied For:		⊓ Tas		g ■ Outdoor Café □ Refillable Container
(See Appendix A)		1 3	w ,	pirits for Cooking ■ Wine Corkage
F. Trade Name of Facility: Mussel Bar & Grille			, ,	G. Is Business a Franchise? ☐ YES ■ NO
H. Address of Facility to be Licensed 4901 Cordell Ave, Bethesda, MD 2				
SECTION 2: APPLICANT INFORM	_			
Applicant A Name:		thdate: 01/1949	Personal Phone Num	
Thomas J. Burke, Jr.  Full Address:	10/0	J 1/ 1949	H: n/a Years at this Addres	C: 240-876-8651 s: Years as Maryland Resident:
3693 Bedford Ct., North Beach, MI	20	714	15	75
Email Address: tburke@rwrestaurantgroup.com	Sex M	c:	Place of Birth: Washington, DC	
If applicant is foreign-born, state:				
Immigration Card Number: n/a		If Naturalized, City n/a	y/State:	Date of Naturalization: n/a
A see Proceed D Manage	Diat	thdate:	Personal Phone Num	ah ow
Applicant B Name: Brian McBride		)1/1962	H: n/a	C: 202-459-1126
Full Address: 11618 Ivystone Ct., Reston, VA 20	191		Years at this Addres	s: Years as Maryland Resident: n/a
Email Address: bmcbride@rwrestaurantgroup.com	Sex M		Place of Birth: Newark, NJ	
If applicant is foreign-born, state:				
Immigration Card Number: n/a		If Naturalized, City n/a	y/State:	Date of Naturalization: n/a
			I	
Applicant C Name: n/a	Birt	thdate:	Personal Phone Nun H:	nber: 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 Naturalized, City	//State:	Date of Naturalization:

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

SECTION 3: CORPORATION INFORM	IATION			
A. Qualifying Maryland Resident (Indica	ate with X)		☐ Applicant A ☐	Applicant B □ Applicant C
B. Name and Full Address of Corporation	on:			•
n/a				
C. Incorporated Under State Laws of:			D. Month and Y	ear:
E. Authorized Capital:	F. Number of Sha	res Authorized:	G. Number of S	hares Issued:
Stockholders (Include all layers equaling	100% owned by indi	viduals and/or pub	licly traded . use ac	Iditional 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:
A. Qualifying Maryland Resident (Indica B. Name and Full Address of LLC: WLM LLC; 4901 Cordell Ave., Be	·	C. Authorized P 4 Thomas	Persons of LLC J. Burke, J	r. & Brian McBride
D. Organized Under State Laws of: Maryland		E. Month and Y January 2024	ear:	
Percentage of Ownership Interest of LLC		t if necessary):		T
Name (A): Thomas J. Burke, Jr.	Full Address: 3693 Bedford Ct., I	North Beach, MD 2	20714	Percentage: 14.66
Name (B): Brian McBride	Full Address: 11618 Ivystone Ct.	, Reston, VA 2019	91	Percentage: 5.0
Name (C): Robert Weidmaier	Full Address: 13242 Rosuby Hall	Rd, Lusby, MD 20	0657	Percentage: 51
SECTION 5: PARTNERSHIP INFORMA	TION			
A. Name and Full Address of Partnership				-
n/a				
C. Date on Which Partnership was Form	ed:	D. In Which State:		
Percentage of Ownership Interest of Part	nership (Use additio	nal sheet if necessa	iry):	
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 □ Ap	policant C

<b>SECTION 6: ESTABLISHMENT INFO</b>	RMATI	ON				
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.): ~2,102 square foot end unit restaurant to include outdoor seating.						
B. Who Will be in Charge of Day-to-Da	y Opera	tions (General Manager):	380	1 7341		
C. Phone Number of Establishment: Not yet issued.	D	. Type of Facility/Facility Concept Elgian inspired mussel bar servi	t: ng Be	elgian classics and casual d	ining fare.	
E. Date Applicant will Begin to Operat		Days and Hours of Operation:				
May 1, 2024		onday - Sunday: 11am - 12	2am			
SECTION 7: LICENSE TRANSFER (CO	JWDI E.	F ONLY IF TRANSFERRING A	LICE	NSF)		
A. Names of all Current License Holder		IL ONEI II TILANOTERIUNOT		B. Date Facility Began Oper	ating:	
1) n/a		)	- 1			
2)		The state of the s	in Dair	Tue		
C. Location of Current Licensed Facility	<b>/</b> :	D. Location to Which License	is Reii	ng Fransferred:		
SECTION 8: LEASED PREMISES						
A. Name of Property Owner:	B. Pho	ne Number of Property Owner:	C. Fu	ull Address of Property Owne	er:	
Norfolk II LLC	301	-652-5400	51 M	lonroe St., Ste. 1505, Rockv	ille, MD 20850	
D. Date Lease Made: 01/01/2024				ate Lease Expires: 1/2034		
F. State Renewal Options, if any:						
n/a						
SECTION 9: APPLICANT QUESTION Has any applicant ever been:	AIRE					
1. Convicted of a felony?					□ YES ■ NO	
2. Found guilty of violating the laws go	verning	the sale of alcohol in the State of	of Mar	ryland or the United States?	■ YES □ NO	
3. Found guilty of violating the laws fo					□ YES ■ NO	
4. Found guilty of any offense against traffic offense?					□ YES ■ NO	
5: Has any applicant ever had a license	for the	sale of alcoholic beverages susp	ende	d or revoked?	□ YES ■ NO	
6. Has any applicant ever had a license					■ YES □ NO	
If YES, state name of applicant, name	of facilit	y, address for which license was	held,	and the dates for which it wa	as held:	
See attached.						
7: Does any applicant or person with a	an owne	ership interest in this facility hav	e a fin	nancial interest in any other		
facility in Montgomery County or the for, granted, or issued under the Alcol					□ YES ■ NO	
If YES, state the name of the applican was held:	it, name	and address of licensed premis	es an	d ownership and add the da	tes the license	
n/a						
8: Does any person other than the a			n this	alcoholic beverage license	■ YES □ NO	
applied for, or in the facility to be con If YES, state name and the financial in	terest o	wned:	_			
See Section 4 and	the	attached additio	nal	list of owners.	I	

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 thereofupon and in which said facility is to be conducted.

Affidavit:	
"By signing this application, I do solemnly of true and correct to the best of my knowled	declare and affirm under the penalties of perjury that the contents of the foregoing document are lge, information, and belief."
(A) Thomas Q Burke Or	
Signature of Applicant	
(B) Brian McBrida	
Signature of Applicant	
(C)	and the state of t
Signature of Applicant	
	(D)
	(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
Board of License Commissioners for Montg	permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the omery County, its duly authorized agents and employees, and any peace officer of Montgomery hours, without warrant, the premises and any and all parts thereof upon and in which said
Affidavit:	
"By signing this application, I do solemnly c true and correct to the best of my knowled	eclare and affirm under the penalties of perjury that the contents of the foregoing document are ge, information, and belief."
11 00	s Pappas, comanaging member
Signature of the Property Owner	ILLC
Printed Name of Property Owner	11 1 2000 2011 E2 ET TO
51 Monroe St. #1505 Rock	VIIIE UI) 2080U -001-602040U
Address of Property Owner	the state of the s

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 EB 22 '24 = 1:92 APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To	the Boar	d of	License	Commissioners	for Mor	tgomery	County
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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.

A. Nature of Application:	lature of Application:				ense 🗆 Transfer of Location 🗆 Transfer of Ownership 🗆 Reclassification			
B. Entity on Whose Behalf Applic	ation is	□ Сог	poration <b>L</b> imite	d Liability	y Company 🗆 Partnership 🗀 Individual			
C. Class of License Applied For: class B licence (BBWLCL)	HR			eruvian	Restaurant LLC			
E. Types of Permits Applied For:		□ Ta:	W 11		Outdoor Café o Refillable Container			
(See Appendix A)			© Retail Deliven		s for Cooking o Wine Corkage			
F. Trade Name of Facility: La Caleta Peruvian Restaur		1.			3. Is Business a Franchise? □ YES ■ N			
H. Address of Facility to be Licens 9627 lost knife rd Gaithersb	ed (No P.O urg MD 2	. Box): 0877						
SECTION 2: APPLICANT INFOR	MATION							
Applicant A Name: Daniel Pacheco	Birthda 07/05/		Personal Phon H:		c:(240) 671- 6333			
Full Address: 19903 Wheelwright Dr Gaith	tht Dr Gaithersburg MD 20886		Years at this A	ddress:	Years as Maryland Resident: 19 years			
Email Address: dpacheco44@gmail.com	Sex:		Place of Birth: Peru					
fapplicant is foreign-born, state:								
Immigration Card Number: If Naturalized, C 33067386 If Naturalized, C								
Applicant B Name:	Birthda	ite:	Personal Phon	e Numbe				
			H:		C:			
Full Address:			Years at this A	ddress:	Years as Maryland Resident:			
Email Address:	Sex:		Place of Birth:					
f applicant is foreign-born, state:								
Immigration Card Number:	ifi	Naturalized, Ci	ty/State:	/State: Date of Naturalization:				
Applicant C Name:	Birthda	ete:	Personal Phon	e Numbe	er:			
			H:		C			
Full Address:			Years at this A	ddress:	Years as Maryland Resident:			
Email Address:	Sex:		Place of Birth:					
fapplicant is foreign-born, state:								
Immigration Card Number:		Naturalized, Ci	tu /Chata	n	ate of Naturalization:			

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

SECTION 3: CORPORATION INFORMATION	
A. Qualifying Maryland Resident (Indicate with X)	☐ Applicant A ☐ Applicant B ☐ Applicant C
B. Name and Full Address of Corporation:	
C. Incorporated Under State Laws of:	D. Month and Year:

F. Number of Shares Authorized: E. Authorized Capital: G. Number of Shares Issued: Stockholders (include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary) Name (A): **Full Address: Shares Owned:** Name (B): Full Address: Shares Owned: Full Address: Name (C): 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		
B. Name and Full Address of LLC: La Caleta Peruvian Restaurant LLC 9627 lost knife rd Gaithersburg, MD 20877	C. Authorized Persons of LLC DANIEL PACHECO		
D. Organized Under State Laws of: MARYLAND	E. Month and Year: 4/23		

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

Name (A): Daniel Pacheco	Full Address: 19903 wheelwright dr Gaithersburg md 20886	Percentage: 60%	
Name (B): Keyla Isminio	Full Address: 19903 wheelwright dr Gaithersburg md 20886	Percentage: 40%	
Name (C):	full Address:	Percentage:	

### **SECTION 5: PARTNERSHIP INFORMATION**

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

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

Name (A):	Full Address:	Percentage:
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:
Indicate Who are the General Partners:	□ Applicant A	□ Applicant B □ Applicant C
Indicate Maryland Residents:		□ Applicant B □ Applicant C

<b>SECTION 6: ESTABLISHMENT INF</b>	ORMA"	TION				
A. Detailed description and total sq			g for	which license is sought (ex.	Free standing	
located in strip mall, restaurant, sea						
Restaurant space 2,430 square			ross	ing Center.		
B. Who Will be in Charge of Day-to-I Daniel Pacheco	Day Ope	erations (General Manager):				
C. Phone Number of Establishment: D. Type of Facility/Facility Concept:  O1.635.9686 Restaurant and Bar						
E. Date Applicant will Begin to Opera	ate:	F. Days and Hours of Operation:				
03/29/2024		Monday to Wednesday 11AM Fridays and Saturdays 11AM			1.1	
SECTION 7: LICENSE TRANSFER (C	OMPL	LETE ONLY IF TRANSFERRING A	LICE	NSE)		
A. Names of all Current License Hold	ers:			B. Date Facility Began Oper	ating:	
1) 2)		3)				
C. Location of Current Licensed Facili	ty:	D. Location to Which License	is Bei	ng Transferred:		
SECTION 8: LEASED PREMISES						
A. Name of Property Owner:  Montgomery (E&A), LLC		Phone Number of Property Owner: C. Full Address of Property Owner: 1221 Main Street, Suite Columbia, SC 292			l <b>ooo</b> ilumbi	
D. Date Lease Made: 10/24/2023				Attn: Legal Departmente Lease Expires: 1/2029	nt	
F. State Renewal Options, if any:  VC3 5 4445  SECTION 9: APPLICANT QUESTION	NAIRE					
las any applicant ever been:	<u></u>					
1. Convicted of a felony?	N. H.				□ YES ■ NO	
2. Found guilty of violating the laws g	governir	ng the sale of alcohol in the State o	f Mar	yland or the United States?	□ YES ■ NO	
3. Found guilty of violating the laws 1	for prev	ention and gambling in the State o	f Mar	yland or the United States?	□ YES ■ NC	
4. Found guilty of any offense agains traffic offense?	t the law	ws of the State of Maryland or the	Unite	d States other than a minor	□ YES ■ NO	
5: Has any applicant ever had a licen:	se for th	ne sale of alcoholic beverages susp	ende	d or revoked?	□ YES ■ NO	
6. Has any applicant ever had a licens	se for th	he sale of alcoholic beverages?			□ YES ■ NC	
If YES, state name of applicant, name	of facil	lity, address for which license was	held,	and the dates for which it w		
7: Does any applicant or person with facility in Montgomery County or the for, granted, or issued under the Alco	e State o	of Maryland where an alcoholic be	evera	gelicense has been applied	C YES ■ NO	
If YES, state the name of the applica was held:	nt, nam	ne and address of licensed premise	es an	d ownership and add the da	tes the license	

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

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

If YES, state name and the financial interest owned:

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

Washington, DC 20002

Address of Property Owner

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

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

Affidav	
	ning this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are d correct to the best of my knowledge, information, and belief."
(A)	AA
Signatu	are of Applicant
(B)	
Signatu	re of Applicant
(C)	
Signatu	ere of Applicant
	(D)
	(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
be perr Board of County	ic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may mitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said is to be conducted.
Affidav	it:
	ning this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are d correct to the best of my knowledge, information, and belief."
	See attached for signature John Cockee
Sig	See attached for signature
	1272 5th St NE, Suite 200

(2021 412 - 2600

**Phone of Property Owner** 

### DocuSign Envelope ID: 2E9ADDB1-9289-4D18-827B-B60FEEA6BA8B

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 COUNTYS 8 24 pm 1:05 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.

H= 1220495

<b>SECTION 1: LICENSE TYPE INFO</b>	RMA	TION			THE VE		
A. Nature of Application:	■ New Licer	nse 🗆 Transfer of Loca	tion [	Transfer of O	wnership 🗆	Reclassification	
B. Entity on Whose Behalf Applicat	S □ Corr	□ Corporation <b>m</b> Limited Liability Company □ Partnership □ Individual					
Made:							
C. Class of License Applied For:		D. Entity Name: Salud Takoma, LLC					
E. Types of Permits Applied For:	<b>■</b> Tasi	ting (\$200) 🗆 Catering	g 🗆 O	utdoor Café 🗆	Refillable C	ontainer	
(See Appendix A)			Retail Delivery  Sp	pirits i	for Cooking 🗆	Wine Corka	age
F. Trade Name of Facility: SALUD! Beer & Wine				G.	ls Business a F	ranchise?	□ YES ■ NO
H. Address of Facility to be Licensed 1173-C University Blvd, Takoma P							
SECTION 2: APPLICANT INFORM	IATI	ON					
Applicant A Name:		thdate:	Personal Phone Nun	nber:			
Rodney Gregory	11/	02/1991	Н:		C: (240) 90	6-1777	
Full Address:	متساها	20002	Years at this Addres		rears as Maryl	and Resider	nt:
1520 Dilston Road, Silver Spring, I			9	1	2		
Email Address:	Email Address: Sex: rodneyngregory1991@gmail.com M			Place of Birth: United States			
If applicant is foreign-born, state:	141		Office Otates				
Immigration Card Number:		If Naturalized, City	/State	Date	e of Naturaliza	tion:	
THE STATE OF THE S		Silver Spring		05/0	190st 15. a		
		9			9051 15,	×U I W	
Applicant B Name:	Birt	thdate:	Personal Phone Num	nber:			
Rohit Shaw	12/2	26/1985	Н:		C: (240) 59	5-9368	
Full Address: 9200 Edward Way, #308 Adelphi N	/ld, 2	0783	Years at this Address	s: Y 5	ears as Maryla	and Residen	t:
Email Address:	Sex		Place of Birth:				
rohitsonu999@gmail.com	М		India				
fapplicant is foreign-born, state:							
Immigration Card Number: 0916190710		If Naturalized, City	/State:	Date	e of Naturaliza	tion:	
Applicant C Name:	Birt	hdate:	Personal Phone Num	nber:			
Hercules Rozario	09/1	3/1991	H: c (240) 636-7702				
Full Address: 9502 Mount Pisgah Road, Silver Sp	ring	, MD. 20903	Years at this Address 5	s: Y 13	ears as Maryla 3	ınd Residen	t:
Email Address:	Sex		Place of Birth:				
herculesrozarioj@gmail.com	M		United States				
fapplicantis foreign-born, state:							
Immigration Card Number:		If Naturalized, City,			of Naturalizat		
(NOTE: ALL APPLICANTS WILL B	EUT	Silver Spring	Maryland	00	tober 18, 20:	23	
(NOTE: ALL APPLICANTS WILL B	Ent	KEAFIEKKEFEKKED	TOBY THE LETTER A,	B, OR	CPRECEDING	THEIR NAIM	E ABOVE)

DocuSign Envelope ID: 2E9ADDB1-9289-4D1 /B-B60FEEA6BA8B

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

SECTION 3: CORPORATION INFORIVIA	THUN				
A. Qualifying Maryland Resident (Indicat	e with X)			☐ Applicant A ☐ A	pplicant B □ Applicant C
B. Name and Full Address of Corporation	:				
C. Incorporated Under State Laws of:				D. Month and Yo	ear:
E. Authorized Capital:	F. Number of Shar	res Aut <b>ho</b> rize	d:	G. Number of Sh	nares Issued:
Stockholders (Include all layers equaling 1	00% owned by indiv	/iduals and/o	rpubli	cly 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:				Títle:
Name (B):	Full Address:				Title:
Name (C):	Full Address:				Title:
SECTION 4: LIMITED LIABILITY CORPO		IATION	■ Ap	plicant A □ Applic	ant B □ Applicant C
B. Name and Full Address of LLC:		C. Author		ersons of LLC	
Salud Takoma, LLC 1173-C University Blvd, T	akoma Park, Md. 2091				haw, Hercules Rozario
D. Organized Under State Laws of: Maryland		E. Month October 2		ear:	
Percentage of Ownership Interest of LLC (	Use additional sheet	t if necessary	):		
Name (A): Rohit Shaw	Full Address: 9200 Edward Way,	#308 Adelp	hi Md,	20783	Percentage: 60
Name (B): Rodney Gregory	Full Address: 1520 Dilston Road	Silver Spring	g, Md. :	20903	Percentage: 20
Name (C): Hercules Rozario	Full Address: 9502 Mount Pshag	Road, Silver	Spring	g, Md. 20903	Percentage: 20
SECTION 5: PARTNERSHIP INFORMA	TION				
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 addition	nal sheet if n	ecessai	ry):	
Name (A):	Full Address:				Percentage:
Name (B):	Full Address:				Percentage:
Name (C):	Full Address:				Percentage:
Indicate Who are the General Partners:		☐ Applica	ant A C	Applicant B □ Ap	plicant C
Indicate Maryland Residents:				Applicant B □ Ap	

### **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.): located in Strip Mall - 3000 sq ft					
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Rodney Gregory (Member)					
C. Phone Number of Establishment: (240) - 906-1777	D. Type of Facility/Facility Concept: Beer and Wine Store				
E. Date Applicant will Begin to Operate: January 1, 2024 (or as soon as license is approved)	F. Days and Hours of Operation: Sunday to Thursday: 10:00 AM to 10:00 PM Friday and Saturday: 10:00 AM to 11:00 PM				

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 Bei	ng Transferred:

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

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Saul Subsidiary I Limited Partnership	(301) 986-6021	7501 Wisconsin Ave Suite 1500E Bethesda Md. 20814
D. Date Lease Made: 12/28/23		E. Date Lease Expires: 12/28/33
F. State Renewal Options, if any: 1 option for additional 5 years		

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

Has any applicant ever been:

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

### **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 derks, 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 affit true and correct to the best of my knowledge, information Rohit Shaw (A) Rohit Shaw (Jan 5, 2024 17:34 EST)		jury that the contents	of the foregoing document are
Signature of Applicant  Rodney Gregory  (B) Rodney Gregoly (120.5, 2024 17:09 eST)			
(C) Signature: Israelle Signature: Email: herculesrozarioj@gmail.com			
(D	)		
	(FOR CORPORATION	APPLICATIONS ONLY)	Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify the alcoholic beverage license and that I hereby consent to the be permitted by law, and I do hereby grant permission to Board of License Commissioners for Montgomery County, County to inspect and search at any and all hours, without facility is to be conducted.  Affidavit:	e use of the said property for the State Comptroller, his dul its duly authorized agents an	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
"By signing this application, I do solemnly declare and affir true and correct to the best of my knowledge, information		jury that the contents	of the forego ing document are
Saul Subsidiary I Limited Partnership By: Saul Centers, Inc., General Partner  By: By: Guyara  0189358467874A5  Signature of the Property Owner	,	DS J	
Bettina T. Guevara, Executive Vice President, Chief Legal	and Administrative Officer		
Printed Name of Property Owner	mule un unama duala un conservativa de la la grantita de la grantita de la grantita de la conservativa de la c	<b>.</b> .	
7501 Wisconsin Avenue, Suite 1500E, Bethesda, MD 2081	4 301-986-6200	<b>.</b>	
Address of Property Owner	Phone of Property Owner		

Extract from Law: If any affidavit or oath requirements and conviction thereof shall be subject to penalties provided by law for the crime.

### STATE OF MARYLAND | MONTGOMERY COUNTY 5 224 18 19 24 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 articles 24

L 1118494

<b>SECTION 1: LICENSE TYPE INFO</b>	RMATIO	N		# 12/8499	
A. Nature of Application:	■ New Lice	nse 🗆 Transfer of Loca	tion 🗆 Transfer of Ownership 🗆 Reclassification		
B. Entity on Whose Behalf Applicat	□ Cor	□ Corporation ■ Limited Liability Company □ Partnership □ Individual			
Made:		T			
	HR		RICAN RESTAURANT LLC		
E. Types of Permits Applied For:		□ Tas	ting (\$200) 🖬 Catering	g □ Outdoor Café □ Refillable Container	
(See Appendix A)			☐ Retail Delivery ☐ Sp	pirits for Cooking  Wine Corkage	
F. Trade Name of Facility: AUTHENTIC AFRICAN REST	AURAN	IT		G. Is Business a Franchise? ☐ YES ■ NO NO	
H. Address of Facility to be Licensed 13075 Wisteria Dr. Germanto			4.		
SECTION 2: APPLICANT INFORM	IATION				
Applicant A Name:	Birthda	te:	Personal Phone Nun	nber:	
COMFORT O. YIRENKYI	09/20/1	966	H:301 523 5347	c:13015235347	
Full Address: 66 Verdant Oak Alley, Clarksb	urg MD	20871	Years at this Addres	s: Years as Maryland Resident: 34	
Email Address:	Sex:		Place of Birth:	•	
coforiwa@yahoo.com	Female		Ghana		
If applicant is foreign-born, state:					
Immigration Card Number:		laturalized, City	//State:	Date of Naturalization;	
A 915A 2 630	Bar	timore /	MIS	09/19/1997	
			•	l e	
Applicant B Name:	Birthda	te:	Personal Phone Nun		
E H A A I			Н:	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:	If N	aturalized, City	/State:	Date of Naturalization:	
				·	
Applicant C Name:	Birthdat	e:	Personal Phone Num	ber:	
			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:	lf N	aturalized, City	/State:	Date of Naturalization:	
(NOTE: ALL APPLICANTS WILL E	E HEREA	FTER REFERRED	TO BY THE LETTER A,	B, OR C PRECEDING THEIR NAME ABOVE)	

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

<b>SECTION 3: CORPORATION INFORM</b>	ATION			
A. Qualifying Maryland Resident (Indica	te 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 Y	ear:
E. Authorized Capital:	F. Number of Shares Authorize	d.	G. Number of S	hanna I.a I
E. Autionzeu Capitai.	r. Number of Shares Authorize	u.	G. Number of S	nares issued:
Stockholders (Include all layers equaling	100% owned by individuals and/o	rpublic	cly traded , use ad	lditional 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):	Fuil Address:			Title:
A. Qualifying Maryland Resident (Indicate				
B. Name and Full Address of LLC: Authe	AL-	ized Po	rsons of LLC	ant B □ Applicant C
66 Verdant Oak Alley, Clarksburg				
	1011 20071 - COM	01	Oforwas	Ywenky
D. Organized Under State Laws of:	E. Month 09/1966	and Ye	ar:	
Percentage of Ownership Interest of LLC (	Use additional sheet if necessary	):		
Name (A): Comfort OFORIWAA Yirenkyi	Fu <b>ll Address:</b> 66 Verdant Oak Alley Clarksbu	ırg. Mo	d 20874	Percentage: 100
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
SECTION 5: PARTNERSHIP INFORMA	TION			
A. Name and Full Address of Partnership				
C. Date on Which Partnership was Forme	d: D. In Which S	tate:		
Percentage of Ownership Interest of Partr	ership (Use additional sheet if ne	cessary	y):	
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
Indicate Who are the General Partners:	☐ Applica	nt A 🗆	Applicant B □ App	olicant C
Indicate Maryland Residents:			Applicant B □ App	

SECTION 6: ESTABLISHMENT INFORMATION		
A. Detailed description and total square footage of the portion of the building for wh	ich license is sought (ex. Free stand	ding,
located in strip mall, restaurant, seating, beer/wine, etc.): 2 00 SF+	•	•
African Packerson		
B. Who Will be in Charge of Day-to-Day Operations (General Manager):		
B. Who Will be in Charge of Day-to-Day Operations (General Manager):  C. Phone Number of Establishment:  D. Type of Facility/Facility Concept:  Shorting Center - Content of Concept:  F. Days and Hours of Operation:	Horwas Turenty	
C. Phone Number of Establishment: D. Type of Facility/Facility Concept:		
NA Shorping Center - a	Frican restaurant	
E. Date Applicant will Begin to Operate: F. Days and Hours of Operation:		
monday - Sunday		
63/2024		
63/2029 11A-11pm		
SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENS	E)	
	Date Facility Began Operating:	
3)	, 5 ,	
2)		
C. Location of Current Licensed Facility: D. Location to Which License is Being	Fransferred:	
·		
*		
SECTION 8: LEASED PREMISES		
	Address of Property Owner:	
	farm Haven Drive	
	cuille, md 20852	
	Losso Evniros:	
06 06 2023	Lease Expires: 08 /30 (2028	
F. State Renewal Options, if any:	0, 70 (2, 20	
Yes Five years		
(C) The lew.		
SECTION 9: APPLICANT QUESTIONAIRE		
Has any applicant ever been:		
1. Convicted of a felony?	- VES -	NIO
	☐ YES ■	
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryla		_
3. Found guilty of violating the laws for prevention and gambling in the State of Maryla		NO
4. Found guilty of any offense against the laws of the State of Maryland or the United S	tates other than a minor 📗 YES 💻	NO
traffic offense?		
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended o	rrevoked?	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, an	d the dates for which it was held:	
7: Does any applicant or person with an ownership interest in this facility have a finan	cial 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		
If YES, state the name of the applicant, name and address of licensed premises and o	wnership and add the dates the lice	ense
was held:		
8: Does any person other than the applicant(s) have any financial interest in this al	coholic beverage license 🛮 🗆 YES 💻	NO
applied for, or in the facility to be conducted under the current license?		
If YES, state name and the financial interest owned:		

### **SECTION 10: CERTIFICATES AND SI**

Printed Name of Property Owner

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

regoing document are
regoing document are
te President Signature
oplication for an olic beverages as may ors and clerks, the ficer of Montgomery and in which said
ego ing document are
· F

Phone of Property Owner