

APPLICATION

1

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

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

To the Board of License Commissioners for Montgomery County:

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

NOV 24 12:00 PM '12

1267555

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: BBWL		D. Entity Name: MULUSHEWA LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input checked="" type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: MULUSHEWA GRILLE		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 8241 GEORGIA AVE SUITE 200, SILVER SPRING MD 20910			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: GETENET GERAWORK ASHENAFI		Birthdate: 04/16/1976	Personal Phone Number: H: C: (240) 595-9473	
Full Address: 10809 HOBSON ST, KENSINGTON MD 20895		Years at this Address: 17 YEARS	Years as Maryland Resident: 17 YEARS	
Email Address: GETENETG@YAHOO.COM	Sex: M	Place of Birth: ADDIS ABBABA/ETHIOPIA		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: BALTIMORE MD	Date of Naturalization: NOVEMBER 2011
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Applicant B Name:		Birthdate:	Personal Phone Number: H: C: (
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex: M	Place of Birth:		

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation:		
C. Incorporated Under State Laws of:		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

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

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: MULUSHEWA LLC : 8241 GEORGIS AVE SUITE 200, SILVER SPRING MD 20910	C. Authorized Persons of LLC GETENET GERAWORK ASHENAFI
D. Organized Under State Laws of: MARYLAND	E. Month and Year: 10/16/2023

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

Name (A): GETENET GERAWORK ASHENAFI	Full Address: 10809 HOBSON ST, KENSINGTON MD 20895	Percentage: 50 %
Name (B): SHEWAN-GIZAW	Full Address: 1778 FEATHERWOOD ST	Percentage: 50%
Name (C):	Full Address: SILVER SPRING MD 20904	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): 3200 SQ FEETS RESTAURANT SPACE SEATING, KITCHEN BEER & WINE ETC..	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): GETENET GERAWORK ASHENAFI	
C. Phone Number of Establishment: (301) 648-3499	D. Type of Facility/Facility Concept: RESTAURANT & BAR ETHIOPIAN RESTAURANT & ROW MEAT SPECIALTY
E. Date Applicant will Begin to Operate: SALES STARTED IN DECEMBER BUT WAS FINALIZED 03/01/24 FOR FORMER OWNER TO BE TAKEN OFF THE LEASE	F. Days and Hours of Operation: MONDAY TO SUNDAY 11AM-2AM

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

A. Names of all Current License Holders: 1) JUSTE A. PEHOVA NGBOKERE 3) 2) BP HOSPITALITY GROUP CORPORATION	B. Date Facility Began Operating: 06/2014
C. Location of Current Licensed Facility: 8241 GEORGIA AVE SUITE 200 SILVER SPRING MD 20910	D. Location to Which License is Being Transferred: 8241 GEORGIA AVE SUITE 200 SILVER SPRING MD 20910

SECTION 8: LEASED PREMISES

A. Name of Property Owner: THAYER AVE PARTNERSHIP	B. Phone Number of Property Owner: (757) 4972113	C. Full Address of Property Owner: 2273 RESEARCH BLVD SUITE 150 ROCKVILLE MD 20850
D. Date Lease Made: 03/01/2024		E. Date Lease Expires: 03/01/2031
F. State Renewal Options, if any: NONE THAT I KOW OF SO FAR		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) _____

Signature of Applicant

(B) _____

Signature of Applicant

(c) 03/01/24

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

THAYER AVENUE LIMITED PARTNERSHIP

Arlene Hillerson

Signature of the Property Owner

Arlene Hillerson

Printed Name of Property Owner

801 Wayne Avenue Silver Spring, MD 20910

Address of Property Owner

Phone of Property Owner

301-585-1191

APPLICATION

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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.

APP 22 7:47 PM 4:00

#1268556

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:	<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification		
B. Entity on Whose Behalf Application is Made:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		
C. Class of License Applied For: Class H (HBWHR)	D. Entity Name: CVS, LLC (SDAT ID: W23469430)		
E. Types of Permits Applied For: (See Appendix A)	<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage		
F. Trade Name of Facility: UZU SUSHI	G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
H. Address of Facility to be Licensed (No P.O. Box): 1701 Rockville Pike, Ste. A7, Rockville, MD 20852 (The Shops at Congressional Village)			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: LIU, Dao	Birthdate: 08/23/1989	Personal Phone Number: H: C:(443) 422-8886	
Full Address: 524 Silverrod Aly, Clarksburg, MD 20871	Years at this Address: 2.5	Years as Maryland Resident: 20+	
Email Address: derek@ivea.co	Sex: male	Place of Birth: Shanghai, China	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Baltimore, Maryland	Date of Naturalization: 11/05/2015
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Applicant B Name:	Birthdate:	Personal Phone Number: H: C:	
Full Address:	Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation:		
C. Incorporated Under State Laws of:		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

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

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: CVS, LLC; 8341 Beechcraft Dr., Gaithersburg, MD 20879	C. Authorized Persons of LLC LIU, Dao
D. Organized Under State Laws of: Maryland	E. Month and Year: 11/22/2022

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

Name (A): LUI, Dao	Full Address: 524 Silverrod Aly, Clarksburg, MD 20871	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Sushi restaurant within a strip mall (The Shops at Congressional Village). It will have 99 seats, serving beer, sake, and wine.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): LIU, Dao	
C. Phone Number of Establishment: Not available yet.	D. Type of Facility/Facility Concept: Japanese sushi (rotating sushi bar) restaurant.
E. Date Applicant will Begin to Operate: Opening late June/early July 2024.	F. Days and Hours of Operation: 11:30 am to 9:30 pm, Sunday through Thursday; 11:30 am to 10:00 pm, Friday and Saturday.

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Windfall Rockville, LLC	B. Phone Number of Property Owner: keikenberg@csinvestors.com; (301) 692-1930	C. Full Address of Property Owner: 121 Congressional Lane, #200, Rockville, MD 20852
D. Date Lease Made: January 31, 2023		E. Date Lease Expires: 10 years from opening of restaurant
F. State Renewal Options, if any: One 5-year option.		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) Dao Liu 18/04/24
Dao Liu (Apr 18, 2024 15:53 EDT)

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit:

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

Signature of the Property Owner

Printed Name of Property Owner
Windfall Rockville LLC; 121 Congressional Lane, #200, Rockville, MD 20852

Address of Property Owner Phone of Property Owner

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) Dao Liu 18/04/24
Dao Liu (Apr 18, 2024 15:53 EDT)

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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

Jasmine Ni

Signature of the Property Owner

Jasmine Ni

Printed Name of Property Owner

Windfall Rockville LLC; 121 Congressional Lane, #200, Rockville, MD 20852

Address of Property Owner

Phone of Property Owner

301 692 1930

APPLICATION

3

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

STATE OF MARYLAND | MONTGOMERY COUNTY
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

AP 224/24 of 258

AP 224/24 of 258

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.

#1270558

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: DBW		D. Entity Name: Sozach convenience inc	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Sozach convenience inc		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 202 Park Rd, Rockville MD - 20850			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Samima Sultana		Birthdate: 01/01/1990	Personal Phone Number: H: C: 7188017950	
Full Address: 7881 Tall pines ct, #F, Glen Burnie, MD 21061		Years at this Address: 2	Years as Maryland Resident: 2	
Email Address: samimakoly@yahoo.com	Sex: Female	Place of Birth: Bangladesh		

If applicant is foreign-born, state:

Immigration Card Number: US citizen	If Naturalized, City/State: New York, New York	Date of Naturalization: 01/29/2016
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Applicant B Name: N/A		Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name: N/A		Birthdate:	Personal Phone Number: H: C:	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of Corporation: Sozach Convenience Inc, 202 Park Rd, Rockville MD - 20850			
C. Incorporated Under State Laws of: Maryland		D. Month and Year: 03/2024	
E. Authorized Capital: \$100 total inc Sozach convenience	F. Number of Shares Authorized: 100	G. Number of Shares Issued: 100 %	

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

Name (A): Samima Sultana	Full Address: 7881 Tall pines ct, #F, Glen Burnie, MD 21061	Shares Owned: 100%
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A): Samima Sultana	Full Address: 7881 Tall pines ct, #F, Glen Burnie, MD 21061	Title: President
Name (B):	Full Address:	Title:
Name (C):	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC:		C. Authorized Persons of LLC	
D. Organized Under State Laws of: Maryland		E. Month and Year: 03,	

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

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

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
Indicate Maryland Residents:	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): 2600sq ft, Strip Mall <u>Beer and wine convenience</u>	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Samima Sultana	
C. Phone Number of Establishment: 240-403-7445	D. Type of Facility/Facility Concept: Convenience store
E. Date Applicant will Begin to Operate: <u>03/19/2024</u>	F. Days and Hours of Operation: 7 days week, 7am - 1am

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

A. Names of all Current License Holders: 1) Ermias Stefanos 3) 2)	B. Date Facility Began Operating: <u>11-16-2022</u>
C. Location of Current Licensed Facility: Sozach Inc(Metro Coffee), 202 Park Rd, Rock	D. Location to Which License is Being Transferred: Sozach Convenience Inc, 202 Park Rd, Rockville MD - 20850

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Herta Nahr	B. Phone Number of Property Owner: 301-865-0253	C. Full Address of Property Owner: 10518 Edwardian Lane,
D. Date Lease Made: 03/18/2024	E. Date Lease Expires: 12/31/2033 <u>New Market, MD-2171</u>	
F. State Renewal Options, if any: 6 year		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) Samima Sultana 

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) Samima Sultana 

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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

Herta J. Nahn, Trustee

Signature of the Property Owner

Herta J. Nahn, Trustee

Printed Name of Property Owner

240-372-4482

10518 Edwardian Lane, New Market, MD -21771

3

Address of Property Owner

Phone of Property Owner

APPLICATION

4

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

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

APR 24 2024 PM 12:22

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: A (off sale) BWST <i>ABWS</i>		D. Entity Name: ANJANI, LLC	
E. Types of Permits Applied For: (See Appendix A)		<input checked="" type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input checked="" type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Cicilia Beer & Wine		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 13505 Clopper Road, Germantown, MD 20874			

#1270553

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Leena Thapa	Birthdate: 12/14/1984	Personal Phone Number: H: 202-247-1530 C: 202-247-1530	
Full Address: 5073 Judicial Way, Frederick, MD 21703		Years at this Address: 3 years	Years as Maryland Resident: 13 years
Email Address: nirojleena@gmail.com	Sex: Female	Place of Birth: Nepal	

If applicant is foreign-born, state:

Immigration Card Number: A 061152931	If Naturalized, City/State: Baltimore, Maryland	Date of Naturalization: 01/07/2016
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Applicant B Name:	Birthdate:	Personal Phone Number:	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name:	Birthdate:	Personal Phone Number:	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
---------------------------------	------------------------------------	--------------------------------

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation:		
C. Incorporated Under State Laws of:		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

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

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: ANJANI, LLC 13505 Clopper Road, Germantown, Md 20874	C. Authorized Persons of LLC Leena Thapa
D. Organized Under State Laws of: Maryland	E. Month and Year: 09/27/2023

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

Name (A): Leena Thapa	Full Address: 5073 Judicial Way, Frederick, MD 21703	Percentage: 100%
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): 2600 sq./ft. of space in a strip shopper center located at 13505 Clopper Road, Germantown, MD 20874	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Leena Thapa, Applicant and Niroj Bhandari, Manager	
C. Phone Number of Establishment: (301) 540-9700	D. Type of Facility/Facility Concept: Beer and Wine Packaged Goods Store
E. Date Applicant will Begin to Operate: May 1, 2024, or upon approval	F. Days and Hours of Operation: Monday - Saturday 10 AM - 10 PM Sunday 10 AM - 9 PM.

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

A. Names of all Current License Holders: 1) Javed Masih 2) 3)	B. Date Facility Began Operating:
C. Location of Current Licensed Facility: 13505 Clopper Road, Germantown, MD 20874	D. Location to Which License is Being Transferred: 13505 Clopper Road, Germantown, MD 20874

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Seneca Plaza, LP	B. Phone Number of Property Owner: (301) 708-0008	C. Full Address of Property Owner: 900 Melaleuca Road Delray Beach, FL 33483
D. Date Lease Made: February 19, 2024		E. Date Lease Expires: 12/31/2030
F. State Renewal Options, if any: 5 years		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

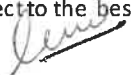
SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) 

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) 

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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

 4'22'24

Signature of the Property Owner

Printed Name of Property Owner

David C Smith MP

Address of Property Owner

900 Metaleuca Road
Delray Beach, FL 33483

Phone of Property Owner

301-708-0008

APPLICATION

5

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)

APR 24 '24 AM 1:32

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:

#1270551

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made: 6 Ways to Sunday LLC		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: DBWL BD BWL		D. Entity Name: 6 Ways to Sunday, LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input checked="" type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: 6 Ways to Sunday		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 8003 Norfolk Ave., Bethesda, MD 20814			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Ronnarong Boonyanan		Birthdate: 12/10/1977	Personal Phone Number: H: C: 719 789-4244	
Full Address: 4900 Aspen Hill Rd., Rockville, MD 20853		Years at this Address: 3	Years as Maryland Resident: 5	
Email Address: b.ronnarong@gmail.com	Sex: male	Place of Birth: Thailand		

If applicant is foreign-born, state:

Immigration Card Number: 215836347	If Naturalized, City/State:	Date of Naturalization:
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Applicant B Name: PRAPAVADEE LIMVATANA		Birthdate: 3/5/1962	Personal Phone Number: H: 202 604 5706 C: 202 604 5706	
Full Address: 10707 GEORGIA AVE. SILVER SPRING MD. 20902		Years at this Address: 12	Years as Maryland Resident: 13	
Email Address: lekki.limv@gmail.com	Sex: F.	Place of Birth: Thailand		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State: Brooklyn, NYC.	Date of Naturalization: Oct. 4 2001.
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Applicant C Name:		Birthdate:	Personal Phone Number: H: C	
Full Address:		Years at this Address:	Years as Maryland Resident:	
Email Address:	Sex:	Place of Birth:		

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
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(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation:		
C. Incorporated Under State Laws of:		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

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

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: 6 Ways to Sunday LLC, 8003 Norfolk Ave., Bethesda, MD 20814	C. Authorized Persons of LLC Ronnarong Boonyanan &
D. Organized Under State Laws of: Maryland	E. Month and Year: PRA PAVADEE LIMVATANA September 2023

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

Name (A): WISASA LLC	Full Address: 10707 Georgia Ave., Wheaton MD 20902	Percentage: 60
Name (B): 6 Savories LLC	Full Address: 8003 Norfolk Ave., Bethesda MD 20814	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:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing located in strip mall, restaurant, seating, beer/wine, etc.): 2,024 Square foot existing restaurant space in a one block long strip center, 64 seats indoor, 9 seats at bar, 6 tables of 4 out doors	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Satang Ruengsaenwatana	
C. Phone Number of Establishment: none yet	D. Type of Facility/Facility Concept: Sino-Siamese Restaurant (Asian Fusion)
E. Date Applicant will Begin to Operate: 5/24/24	F. Days and Hours of Operation: SUNDAY - SATURDAY, 10:30AM - 11:30PM

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Daniela Nicotra	B. Phone Number of Property Owner: 202 494-0496	C. Full Address of Property Owner: 5528 Hawthorne Pl., NW Washington DC 20016
D. Date Lease Made: 10/23/2023		E. Date Lease Expires: 10/23/2033
F. State Renewal Options, if any: Yes 10 years		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

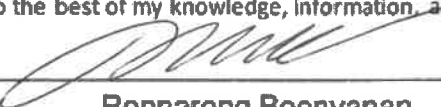
SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) 
Signature of Applicant **Ronnarong Boonyanan**

(B) 
Signature of Applicant

(C) _____
Signature of Applicant

(D) _____
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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


Signature of the Property Owner **Daniela Nicotra**

Printed Name of Property Owner
5528 Hawthorne Pl, NW, Washington DC 20016 **202 494-0496**

Address of Property Owner

Phone of Property Owner

APPLICATION

6

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)

APR 17 2024 11:54

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.

#1265550

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: Class H (HBWHR)		D. Entity Name: DIBAVADI CORP. (SDAT #: D23733462)	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input checked="" type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: BAI KAO THAI (restaurant)		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 12944-D TRAVILAH ROAD, POTOMAC, MD 20854			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: DIBAVADI, MOLVIPAR	Birthdate: 01/06/1972	Personal Phone Number: H: C:(443) 831-2768	
Full Address: 3910 DOC BERLIN DRIVE, #23, SILVER SPRING, MD 20906		Years at this Address: 2	Years as Maryland Resident: 25
Email Address: NINA66462@GMAIL.COM	Sex: FEMALE	Place of Birth: THAILAND	

If applicant is foreign-born, state:

Immigration Card Number: US citizen (Certificate #36995502)	If Naturalized, City/State: Baltimore, Maryland	Date of Naturalization: December 8, 20214
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Applicant B Name: DIBAVADI, SARAYUT	Birthdate: 04/16/1979	Personal Phone Number: H: C:(443) 565-4289	
Full Address: 3910 DOC BERLIN DRIVE, #23, SILVER SPRING, MD 20906		Years at this Address: 2	Years as Maryland Resident: 24
Email Address: MOMO@MOMOTHAIFOOD.COM	Sex: MALE	Place of Birth: THAILAND	

If applicant is foreign-born, state:

Immigration Card Number: 072-733-122 (green card)	If Naturalized, City/State:	Date of Naturalization:
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Applicant C Name:	Birthdate:	Personal Phone Number: H: C	
Full Address:		Years at this Address:	Years as Maryland Resident:
Email Address:	Sex:	Place of Birth:	

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
---------------------------------	------------------------------------	--------------------------------

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of Corporation: DIBAVADI CORP. (SDAT #: D23733462); 3910 DOC BERLIN DR., #23, SILVER SPRING, MD 20906			
C. Incorporated Under State Laws of: MARYLAND		D. Month and Year: MARCH 2023	
E. Authorized Capital: \$45,000.00	F. Number of Shares Authorized: 3	G. Number of Shares Issued: 3	

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

Name (A): Dibavadi, Molvipar	Full Address: 3910 Doc Berlin Dr., #23, Silver Spring, MD 20906	Shares Owned: 2
Name (B): Dibavadi, Sarayut	Full Address: 3910 Doc Berlin Dr., #23, Silver Spring, MD 20906	Shares Owned: 1
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

Name (A): Dibavadi, Molvipar	Full Address: 3910 Doc Berlin Dr., #23, Silver Spring, MD 20906	Title: President
Name (B): Dibavadi, Sarayut	Full Address: 3910 Doc Berlin Dr., #23, Silver Spring, MD 20906	Title: Vice-President
Name (C):	Full Address:	Title:

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

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

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

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

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Restaurant within a strip-shopping center (Potomac Oak Center, Potomac) 2,500 sq. ft. and with approx. 49 seats; looking to sell beer and wine onsite.	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): DIBAVADI, MOLVIPAR and DIBAVADI, SARAYUT	
C. Phone Number of Establishment: (240) 477-7368	D. Type of Facility/Facility Concept: Full service Thai restaurant.
E. Date Applicant will Begin to Operate: March 3, 2024	F. Days and Hours of Operation: Monday through Sunday, 11:00 am to 9:00 pm.

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: TRAVILAH OAK LLC; Guy Semmes	B. Phone Number of Property Owner: (301)252-1868	C. Full Address of Property Owner: 11630 Glen Road Potomac, MD 20854
D. Date Lease Made: APRIL 12, 2023		E. Date Lease Expires: 06/30/2028
F. State Renewal Options, if any: NONE.		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

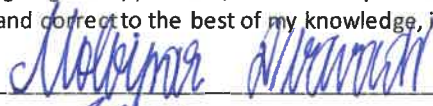
SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A)  _____

Signature of Applicant
(B) _____

Signature of Applicant
(C) _____

Signature of Applicant
(D)  _____

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application fo r 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 forego ing document are true and correct to the best of my knowledge, information, and belief."

Signature of the Property Owner

Printed Name of Property Owner

Address of Property Owner

Phone of Property Owner

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A) *Melvin M. M...*

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) *Melvin M. M...*

(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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

Guy H. Semmes

Signature of the Property Owner

Guy H. Semmes

Printed Name of Property Owner

12944-C Travilah Rd, Potomac, MD 20854

Address of Property Owner

301-252-1868

Phone of Property Owner

APPLICATION

7

revised

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)

MAY 20 '24 PM 3:59

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

1272546

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input checked="" type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: B (B,W,L)		D. Entity Name: Club Capri, LLC	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: Club Capri		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): 11222 Grandview Ave. Silver Spring, MD 20902			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: Frank Passero		Birthdate: 05/17/1994	Personal Phone Number: H: C:301-523-2177	
Full Address: 2812 Hewitt Ave. Silver Spring, MD 20906		Years at this Address: 4	Years as Maryland Resident: 29	
Email Address: clubcapri23@outlook.com	Sex: Male	Place of Birth: Holy Cross Silver Spring, MD		

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

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

If applicant is foreign-born, state:

Immigration Card Number:	If Naturalized, City/State:	Date of Naturalization:
--------------------------	-----------------------------	-------------------------

(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of Corporation:		
C. Incorporated Under State Laws of:		D. Month and Year:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:

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

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input checked="" type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
B. Name and Full Address of LLC: Club Capri 11222 Grandview Ave. Silver Spring, MD 20902		C. Authorized Persons of LLC Joseph A. Passero
D. Organized Under State Laws of: Maryland		E. Month and Year: 10/2023

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

Name (A): Joseph A. Passero	Full Address: 2715 Bel Pre Rd. Silver Spring, MD 20906	Percentage: 100
Name (B):	Full Address:	Percentage:
Name (C):	Full Address:	Percentage:

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): Sport Bar and Grill at 7,000 sq. ft	
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Frank A. Passero	
C. Phone Number of Establishment: 301-370-3913 301-523-2177	D. Type of Facility/Facility Concept: Sports Bar
E. Date Applicant will Begin to Operate: 07/15/2024	F. Days and Hours of Operation: Sunday-Thursday 11am-2am Friday-Saturday 11am-3am

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner: Joseph A. Passero	B. Phone Number of Property Owner: 301-370-3913	C. Full Address of Property Owner: 2715 Bel Pre Rd. Silver Spring, MD 20906
D. Date Lease Made: 03/01/2024		E. Date Lease Expires: 03/01/2033
F. State Renewal Options, if any: None		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

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

SECTION 10: CERTIFICATES AND SIGNATURES

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

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

Affidavit:

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

(A)  _____

Signature of Applicant

(B) _____

Signature of Applicant

(C) _____

Signature of Applicant

(D) _____

(FOR CORPORATION APPLICATIONS ONLY) *Corporate President Signature*

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

Affidavit

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

 _____

Signature of the Property Owner

 _____

Printed Name of Property Owner

2715 Bel Pre Rd. Silver Spring MD 20906 (301) 370-3913

Address of Property Owner

Phone of Property Owner

APPLICATION

8

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

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

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:		<input type="checkbox"/> New License <input type="checkbox"/> Transfer of Location <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Reclassification	
B. Entity on Whose Behalf Application is Made:		<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
C. Class of License Applied For: <i>Class-B BWLHR</i>		D. Entity Name: <i>Lamrot Bar & Restaurant LLC</i>	
E. Types of Permits Applied For: (See Appendix A)		<input type="checkbox"/> Tasting (\$200) <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Café <input type="checkbox"/> Refillable Container <input type="checkbox"/> Retail Delivery <input type="checkbox"/> Spirits for Cooking <input type="checkbox"/> Wine Corkage	
F. Trade Name of Facility: <i>Lamrot Bar & Restaurant</i>		G. Is Business a Franchise? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
H. Address of Facility to be Licensed (No P.O. Box): <i>949 Bonifant ST Suit-B Silver Spring MD 20910</i>			

SECTION 2: APPLICANT INFORMATION

Applicant A Name: <i>Yakob Desta</i>	Birthdate: <i>12/27/1981</i>	Personal Phone Number: H: C: <i>301-795-5556</i>	
Full Address: <i>3729 Castle Terrace Silver Spring MD 20904</i>		Years at this Address: <i>1 Years</i>	Years as Maryland Resident: <i>12 Years</i>
Email Address: <i>Yakob.desta@yahoo.com</i>	Sex: <i>M</i>	Place of Birth: <i>Ethiopia</i>	

If applicant is foreign-born, state:

Immigration Card Number: <i>A059959123</i>	If Naturalized, City/State: <i>Baltimore Maryland</i>	Date of Naturalization: <i>05/31/2016</i>
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Applicant B Name: <i>Endale Habtemariam</i>	Birthdate: <i>09/22/1981</i>	Personal Phone Number: H: C: <i>240-481-8410</i>	
Full Address: <i>5 Pennydog Ct Silver Spring MD 20902</i>		Years at this Address: <i>1</i>	Years as Maryland Resident: <i>10 Years</i>
Email Address: <i>Endale.Habtemariam@yaho.com</i>	Sex: <i>M</i>	Place of Birth: <i>Ethiopia</i>	

If applicant is foreign-born, state:

Immigration Card Number: <i>A063397046</i>	If Naturalized, City/State: <i>Baltimore, Maryland</i>	Date of Naturalization: <i>09/30/2021</i>
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Applicant C Name: <i>Kaleb Tadele</i>	Birthdate: <i>09/26/1987</i>	Personal Phone Number: H: C: <i>667-445-7479</i>	
Full Address: <i>204 Preston Ct Catonsville MD 21228</i>		Years at this Address: <i>10 Years</i>	Years as Maryland Resident: <i>14 Years</i>
Email Address: <i>Kalebktadele13eicld.com</i>	Sex: <i>M</i>	Place of Birth: <i>Eritrea</i>	

If applicant is foreign-born, state:

Immigration Card Number: <i>A56 087-660-033</i>	If Naturalized, City/State:	Date of Naturalization:
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(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFERRED TO BY THE LETTER A, B, OR C PRECEDING THEIR NAME ABOVE)

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

SECTION 3: CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)		<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of Corporation:			
C. Incorporated Under State Laws of:		D. Month and Year:	
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Shares Issued:	

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

Name (A):	Full Address:	Shares Owned:
Name (B):	Full Address:	Shares Owned:
Name (C):	Full Address:	Shares Owned:

Corporate Officers:

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

SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION

A. Qualifying Maryland Resident (Indicate with X)	<input checked="" type="checkbox"/> Applicant A <input checked="" type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C	
B. Name and Full Address of LLC: Lamrot Bar & Restaurant 949 Bonifant ST suit-B Silver Spring MD 20910	C. Authorized Persons of LLC Yakob Desta Endale Habtemariam, Kaleb Tadele	
D. Organized Under State Laws of: Maryland	E. Month and Year: April 2024	

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

Name (A): Yakob Desta	Full Address: 949 Bonifant ST suit-B Silver Spring MD 20910	Percentage: 25%
Name (B): Yonatan Gezmu	Full Address: 949 Bonifant ST suit-B Silver Spring MD 20910	Percentage: 25%
Name (C): Kaleb Tadele	Full Address: 949 Bonifant ST suit-B Silver Spring MD 20910	Percentage: 25%

Name (D) Endale Habtemariam 5 pennydog Ct Silver Spring MD 20902 percentage: 25%

SECTION 5: PARTNERSHIP INFORMATION

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

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

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

Indicate Who are the General Partners:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C
Indicate Maryland Residents:	<input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B <input type="checkbox"/> Applicant C

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):		2000 SF Lamrot Ethiopia Bar & Restaurant
B. Who Will be in Charge of Day-to-Day Operations (General Manager): YAKOB DESTA		
C. Phone Number of Establishment:	D. Type of Facility/Facility Concept:	
301-920-0142	Commercial / Bar & Restaurant	
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:	
05/01/2024	Monday - Thursday 9:00 am - 2:00 am Friday - Sunday 9:00 am - 3:00 am	

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

A. Names of all Current License Holders:		B. Date Facility Began Operating:
1) HUG LOUNGE 3) 2) Kaleb Tadele		05/01/2023
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:	
949 Bonifant ST suit-B Silver Spring MD 20910	949 Bonifant ST / the same Address	

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
T&K management	301-919-8020	7906 Georgia Ave suit-103 Silver Spring MD 20910
D. Date Lease Made:	E. Date Lease Expires:	
04/12/2024	April 30, 2039	
F. State Renewal Options, if any:		
NO option at this time		

SECTION 9: APPLICANT QUESTIONNAIRE

Has any applicant ever been:

1. Convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:	
Kaleb Tadele HUG LOUNGE-B949 Bonifant ST - suit-B IVELA Silver Spring MD 20910 - 1-May-2023	
7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license was held:	
Kaleb Tadele IVELA LOUNGE 949 Bonifant ST suit-A Silver Spring MD 20910 (100%)	
8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, state name and the financial interest owned:	


SECTION 10: CERTIFICATES AND SIGNATURES

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

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


Affidavit:

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

(A)  JACOB WEST
Signature of Applicant

 KALEB TADOLO
Signature of Applicant


Signature of Applicant

(D)  JACOB WEST
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature

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

Affidavit:

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


Signature of the Property Owner

Alejandro Bello Accounts Manager T&K Management LLC Agent for 949-961 LLC

7906 Georgia Avenue, Suite 103, Silver Spring MD 20910 240-715-3380

Address of Property Owner Phone of Property Owner