Extract from Law. If any affidavi or path required under the provisions of this Act shall contain any lalse 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	y County	ſ
----	-----------	----	---------	---------------	-----	------------	----------	---

SECTION 1: LICENSE TYPE INFORMATION

A. Nature of Application:



LI New License Ul Transfer of Location Transfer of Ownership (a Reclassification

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

B. Entity on Whose Behalf Applica Made:	Со	□ Corporation 🔀 Limited Liability Company 🗆 Partnership 🗖 Individual					
C. Class of License Applied For:			D. Entity Name:				
C. class of License Applied For:	BBW	L	MULUSHEWA LLC				
E. Types of Permits Applied For:		m Ta	sting (\$200) 🗶 Cate	ring x	Outdoor Café n Refillable Container		
(See Appendix A)			LI Retail Delivery	Spiri	its for Cooking x Wine Corkage		
F. Trade Name of Facility:	LICLIE	WA GRILLE			G. Is Business a Franchise? TI YES NO		
H. Address of Facility to be Licens	ed (No	P.O. Box): 8241 (GEORGIA AVE SI	JITE	200, SILVER SPRING MD 20910		
SECTION 2: APPLICANT INFOR	MATIC	DN					
Applicant A Name:	Birt	thdate:	Personal Phone !	lumb	er:		
GETENET GERAWORK ASHENAFI	04/	16/1976	H:		C: (240) 595-9473		
Full Address:			Years at this Add	ress:	Years as Maryland Resident:		
10809 HOBSON ST, KENSINGTON M	1D 2089	95	17 YEARS		17 YEARS		
Email Address: Sex: M			Place of Birth:	Birth: ADDIS ABBABA/ETHIOPIA			
If applicant is foreign-born, state:							
		If Naturalized, Ci BALTIMORE MI	Naturalized, City/State: ALTIMORE MD		Date of Naturalization: NOVEMBER 2011		
Applicant B Name:	Birt	thdate:	Personal Phone Number:				
= 11 0 1 1			H:		C: (
Full Address:			Years at this Add	ress:	Years as Maryland Resident:		
Email Address:	Sex	c: M	Place of Birth:				
If applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, Ci	If Naturalized, City/State:		Date of Naturalization:		
Applicant C Name:	Birt	thdate:	Personal Phone Number: H: C				
Full Address:			Years at this Add	ress:	Years as Maryland Resident:		
Email Address: Sex:		c	Place of Birth:				
If applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, Ci	ty/State:	1	Date of Naturalization:		
(NOTE: ALL APPLICANTS WIL	LBEH	EREAFTER REFERR	ED TO BY THE LETTE	RA, B	, OR C PRECEDING THEIR NAME ABOVE)		

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

SECTI	ON 3	COPPO	PATION	INFORMA	MOIT
		COILL		HELDNING	4 12/14

A. Qualifying Maryland Resident (Indica			ru Annlieant A ru	Applicant D to Applicant C
B. Name and Full Address of Corporatio			El Applicant A [] /	Applicant B 🗆 Applicant C
Ī				
C. Incorporated Under State Laws of:			I 6 84 - 45 - 43	
c. incorporated offder State Laws 01:			D. Month and Y	ear:
E. Authorized Capital:	F. Number of Sha	res Authorized:	G. Number of S	hares Issued:
Stockholders (Include all layers equaling	100% owned by indi	viduals and/or publ	icly traded, use ad	iditional sheet if necessary)
Name (A):	Full Address:			Shares Owned:
Name (B):	Full Address:			Shares Owned:
Name (C):	Full Address:			Shares Owned:
Corporate Officers:				
Name (A):	Full Address:			Title:
Name (B):	Full Address:			Title:
Name (C):	Full Address:			Title:
CECTION A. HANTED HADDING COOR				
A. Qualifying Maryland Resident (Indica		1		
B. Name and Full Address of LLC:	te with A)	C. Authorized P		ant B 🗆 Applicant C
MULUSHEWA LLC : 8241 GEORGIS AVE SUITE 200, SILVER	SPRING MD 20010			
D. Organized Under State Laws of: MAR		E. Month and Yo	RAWORK ASH	ENAFI
MARY	YLAND	E. Month and th	10/16/2023	
Percentage of Ownership Interest of LLC		t if necessary):		
Name (A): GETENET GERAWORK ASHENAF	Full Address: 10809 HOBSON	ST, KENSINGTO	N MD 20895	Percentage: 50 %
Name (B): WORKU	Full Address:			Percentage:
SMEWAN-GIZAW	1778 1-1-AT	HERWOOD S	ST	50%
Name (C):	ruii Address: 5	liver spring) MD 20904	Percentage:
ECTION 5: PARTNERSHIP INFORMA	TION			
A. Name and Full Address of Partnership);			
C. Date on Which Partnership was Forme	ed:	D. In Which State:		
ercentage of Ownership Interest of Part		nal sheet if necessa	ry):	
Name (A):	Full Address:			Percentage:
Name (B):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
Indicate Who are the General Partners:		⊔ Applicant A ∟	Applicant B L Ap	plicant C
Indicate Maryland Residents:			Applicant B L Ap	

SECTION 6: ESTABLISHMENT INFORMATION

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

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

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

SECTION 8: LEASED PREMISES

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

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

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

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

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

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А	ff	Ю	a	ν	it'

	"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 the Last of my knowledge, information, and belief."
	(A)
7	Signature of Applicant
1	(B)
	Signature of Applicant
	(c) <u>03/01/24</u>
	Signature of Applicant
	(D)
	(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
	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." THEY EX AVELUE LIMITED PARTNERSHIP
	Signature of the Property Owner
	AVIER HIVERSON
	Printed Name of Property Owner
	801 Wayne Avenue Silver Spring, MD 20910
	Address of Property Owner Phone of Property Owner

301-585-1191

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

SECTION 1: LICENSE TYPE INFORMATION

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.

1218556

A. Nature of Application:	■ New Licer	■ New License ☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification					
B. Entity on Whose Behalf Applicat Made:	□ Corp	□ Corporation ■ Limited Liability Company □ Partnership □ Individual					
C. Class of License Applied For: Class H (HBWHR)		D. Entity Name: CVS, LLC (SDA					
E. Types of Permits Applied For:		□ Tast	ing (\$200) 🗆 Catering	g 🗆 O	utdoor Café 🗆 Refillable Conta	iner	
(See Appendix A)			🗆 Retail Delivery 🗆 Sp	irits	for Cooking Wine Corkage		
F. Trade Name of Facility: UZU SUSHI				G.	Is Business a Franchise?	YES NO	
H. Address of Facility to be Licensed 1701 Rockville Pike, Ste. A7,			2 (The Shops at C	ong	ressional Village)		
SECTION 2: APPLICANT INFORM	ATIO	Ņ					
Applicant A Name: LIU, Dao		date: 3/1989	Personal Phone Nun H:	nber:	c:(443) 422-8886		
Full Address: 524 Silverrod Aly, Clarksburg,	MD 2	20871	Years at this Address 2.5		Years as Maryland Resident: 20+		
Email Address: derek@ivea.co		Place of Birth: Shanghai, China					
If applicant is foreign-born, state:							
			aturalized, City/State: timore, Maryland		Date of Naturalization: 11/05/2015		
Applicant B Name:	Birth	date:	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:	1	f Naturalized, City	aturalized, City/State:		Date of Naturalization:		
Annlicant C Namo	Dirth	data	Personal Phone Num				
Applicant C Name: Birthdate		uate:	H:	ober:			
Full Address:			Years at this Address	s: Y	Years as Maryland Resident:		
Email Address: Sex:			Place of Birth:				
f applicant is foreign-born, state:							
Immigration Card Number:	f Naturalized, City	/State: Date of Naturalization:					

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

SECTION 3: CORPORATION INFORMATION

Indicate Maryland Residents:

SECTION 3: CORPORATION INFORM	ATION						
A. Qualifying Maryland Resident (Indica				□ Applicant A □ A	Applicant B □ Applicant C		
B. Name and Full Address of Corporation	n:						
C. Incorporated Under State Laws of:				D. Month and Y	ear:		
E. Authorized Capital:	F Neumbox of Ch.	ares Authorized:		G. Number of SI			
E. Authorized Capital:	r. Number of Sh	ares Authorized:		G. Number of Si	nares issuea:		
Stockholders (Include all layers equaling 1	100% owned by ind	lividuals and/or p	public	ly traded, use ad	ditional sheet if necessary)		
Name (A):	Full Address:				Shares Owned:		
Name (B):	Full Address:				Shares Owned:		
Name (C):	Full Address:				Shares Owned:		
Corporate Officers:	<u> </u>						
Name (A):	Full Address:				Title:		
Name (B):	Full Address:				Title:		
Name (C):	Full Address:				Title:		
SECTION 4: LIMITED LIABILITY CORPO		MATION					
A. Qualifying Maryland Resident (Indicat	te with X)				ant B Applicant C		
B. Name and Full Address of LLC:		C. Authorize	ed Pe	rsons of LLC			
CVS, LLC; 8341 Beechcraft Dr., Gaithers	sburg, MD 20879	LIU, D					
D. Organized Under State Laws of: Maryland		11/22/202	E. Month and Year: 11/22/2022				
Percentage of Ownership Interest of LLC (et if necessary):					
Name (A): LUI, Dao	Full Address: 524 Silverrod A	ly, Clarksburg	3, ME	20871	Percentage: 100%		
Name (B):	Full Address:	-			Percentage:		
Name (C):	Full Address:				Percentage:		
SECTION 5: PARTNERSHIP INFORMA	TION						
A. Name and Full Address of Partnership							
C. Date on Which Partnership was Formed: D. In Which State:							
Percentage of Ownership Interest of Partn	ership (Use additio	onal sheet if nece	essary	/):			
Name (A):	Full Address:				Percentage:		
Name (B):	Full Address:				Percentage:		
Name (C):	Full Address: Percentage:						
Indicate Who are the General Partners:	ndicate Who are the General Partners:						

☐ Applicant A ☐ Applicant B ☐ Applicant C

SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.):			
	nops 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.			
E. Date Applicant will Begin to Operate: Opening late June/early July 2024. 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:		B. Date Facility Began Operating:
1)	3)	
2)		
C. Location of Current Licensed Facility:	D. Location to Which License is Be	ing Transferred:

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Windfall Rockville, LLC	keikenberg@csinvestors.com; (301) 692-1930	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 QUESTIONAIRE

Has any applicant ever been:

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

Address of Property Owner

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

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

Affidavit:		
true and correct to the best of my knowledge,	information, and belief."	perjury that the contents of the foregoing document are
(A) Dao Liu (Apr.18, 2024 15:53 EDT)	18/04/24	_
Signature of Applicant		
(B)		_
Signature of Applicant		
(C)		-
Signature of Applicant		
	(D)	
	(FOR CORPORATION	ON APPLICATIONS ONLY) Corporate President Signature
be permitted by law, and I do hereby grant per Board of License Commissioners for Montgom County to inspect and search at any and all ho facility is to be conducted. Affidavit:	rmission to the State Comptroller, his dery County, its duly authorized agents a urs, without warrant, the premises and are and affirm under the penalties of pe	for the sale thereon of such alcoholic beverages as may duly authorized deputies, inspectors and clerks, the and employees, and any peace officer of Montgomery d any and all parts thereof upon and in which said perjury that the contents of the foregoing document are
Signature of the Property Owner Printed Name of Property Owner		
Windfall Rockville LLC; 121 Congressional	Lane, #200, Rockville, MD 20852	
		

Phone of Property Owner

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

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

any and all parts thereof upon and in which said	a facility is to be conqueted.	
Affidavit:		
"By signing this application, I do solemnly declar true and correct to the best of my knowledge, in Dao Liu (A)Dao.Liu(Apr.18, 2024.15:53 EDT)	formation, and belief."	jury that the contents of the foregoing document are
Signature of Applicant		
(B)		
Signature of Applicant		
(C)		
Signature of Applicant		
	(D)	
,	(FOR CORPORATION	APPLICATIONS ONLY) Corporate President Signature
be permitted by law, and I do hereby grant perm Board of License Commissioners for Montgomers County to inspect and search at any and all hours facility is to be conducted. Affidavit:	ission to the State Comptroller, his duly County, its duly authorized agents and so, without warrant, the premises and ar	d employees, and any peace officer of Montgomery
Frinted Name of Property Owner Windfall Rockville LLC; 121 Congressional L		
Address of Property Owner	Phone of Property Owner	

301 692 1930

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 ther hall be subject to penalties provided by law for the time.

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE 724 PM 2450

(PLEASE PRINT OR TYPE IN INK)

627.24.124 on 2:58

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 INF	ORM/	ATION				#1270558
A. Nature of Application:		New License □ Transfer of Location ■ Transfer of Ownership □ Reclassification				
B. Entity on Whose Behalf Application is Made:			■ Corporation □ Limited Liability Company □ Partnership □ Individual			
C. Class of License Applied For:				D. Entity Name: Sozach conven	ienc	ee inc
E. Types of Permits Applied For:			□ Tasti	ing (\$200) □ Cateri	ng 🗆	Outdoor Café 🗆 Refillable Container
(See Appendix A)			C	Retail Delivery 🗆 🖰	Spiri	its for Cooking □ Wine Corkage
F. Trade Name of Facility: Sozach convenience inc						G. Is Business a Franchise? □ YES ■ NO
H. Address of Facility to be Licen 202 Park Rd, Rockville MD - 208		P.O. Box):				
SECTION 2: APPLICANT INFO	RMATI	ON				
Applicant A Name:	Bit	thdate:		Personal Phone Nu	ımb	er:
Samima Sultana	01/	01/1990		H:		C : 7188017950
Full Address: 7881 Tall pines ct, #F, Glen Bur	Full Address: 7881 Tall pines ct, #F, Glen Burnie, MD 21061			Years at this Addre	ess:	Years as Maryland Resident: 2
Email Address: Sex: samimakoly@yahoo.com Female			Place of Birth: Bangladesh			
If applicant is foreign-born, state:	10-11-0					
Immigration Card Number: If Naturalized New York, Ne						
Applicant B Name: N/A	Bir	thdate:		Personal Phone Number:		
				H: C:		
Full Address:				Years at this Addre	ss:	Years as Maryland Resident:
Email Address:	Sea	C:		Place of Birth:		
If applicant is foreign-born, state:					_	
Immigration Card Number: If Naturalized, Cit		ed, City/	y/State: Date of Naturalization:		ate of Naturalization:	
Applicant C Name:	Bir	thdate:		Personal Phone Nu	mbe	×**2
N/A				H: C		
Full Address:			Years at this Addres	ss:	Years as Maryland Resident:	
Email Address:	Sex	**		Place of Birth:		
f applicant is foreign-born, state:						
		If Naturalize	d, City/	State:	D	ate of Naturalization:

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTION 3: CORPORATION INFORM.		PPLIES)	(
A. Qualifying Maryland Resident (Indicate with X)			■ Applicant A □ A	Applicant B 🗆 Applicant C	
B. Name and Full Address of Corporation	= / (ppncont / L /	tppileant B D Applicant C			
Sozach Convenience Inc, 202 Park Rd, Rockville MD - 20850					
C. Incorporated Under State Laws of: Maryland D. Month and Year: 03/2024				ear:	
E. Authorized Capital: 6 100 total 1 SOZOCH CONVENIENCE	100		G. Number of SI 100 %		
Stockholders (Include all layers equaling 1		ls and/or publi	cly traded, use ad		
Name (A): Samima Sultana	Full Address: 7881 Tall pines ct, #F, C	Glen Burnie, MI	D 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, G	Glen Burnie, Mü	21061	Title: President	
Name (B):	Full Address:			Title:	
Name (C):	Full Address:			Title:	
SECTION 4: LIMITED LIABILITY CORPO	TRATION INFORMATIO	7NI			
A. Qualifying Maryland Resident (Indicat			licant A El Applica	ınt B □ Applicant C	
B. Name and Full Address of LLC:		Authorized Pe		inc b Li Applicant C	
*	- ^ ~				
D. Organized Under State Laws of:					
Maryland	(E. (03	Month and Yea	ar:		
Percentage of Ownership Interest of LLC (L	Jse additional sheet if ne	cessarv):			
	Full Address:	-		Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
SECTION 5: PARTNERSHIP INFORMAT	TANI				
A. Name and Full Address of Partnership:					
N/A					
C. Date on Which Partnership was Formed	f: D. In	Which State:			
Percentage of Ownership Interest of Partne	ership (Use additional sho	eet if necessary):		
Name (A):	Full Address:			Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
Indicate Who are the General Partners:	n	Applicant A 🗆 /	Applicant B 🗆 Appl	icant C	
Indicate Maryland Residents:	☐ Applicant A ☐ Applicant B ☐ Applicant C				

■ Applicant A

Applicant B

Applicant C

SECTION 6: ESTABLISHMENT INFO)RN	TION			
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 Been and wine convenience					
B. Who Will be in Charge of Day-to-Da Samima Sultana		001			
C. Phone Number of Establishment: 240-403-7445		D. Type of Facility/Facility Concept: Convenience store			
E. Date Applicant will Begin to Operat	te:	F. Days and Hours of Operation:			
03/19/1024		7 days week, 7am - 1am			
SECTION 7: LICENSE TRANSFER (CO	ОМРІ	LETE ONLY IF TRANSFERRING A	LICE	NSE)	
A. Names of all Current License Holde				B. Date Facility Began Ope	rating:
1) Ermias Stefanos 2)		3)		11-16-2022	2
C. Location of Current Licensed Facility Sozach Inc(Metro Coffee), 202 Park I		D. Location to Which License ock Sozach Convenience Inc, 20			0
SECTION 8: LEASED PREMISES					
A. Name of Property Owner:	B. Ph	one Number of Property Owner:	C. F	ull Address of Property Own	er:
Herta Nahr	30	1-865-0253	10	518 Edwardia	n Lane,
D. Date Lease Made: 03/18/2024 E. Date Lease Expires: New Manket 12/31/2033				lanket, MI	
F. State Renewal Options, if any: 6 year					
rrothala. Annico and company	1 8 150 27				
SECTION 9: APPLICANT QUESTION, Has any applicant ever been:	AIKE				
1. Convicted of a felony?					- 1/55 110
2. Found guilty of violating the laws go	vernir	ng the sale of alcohol in the State o	f RAnge	viand arthallmited Ct	☐ YES ■ NO
3. Found guilty of violating the laws for					□ YES ■ NO
4. Found guilty of any offense against t					□ YES ■ NO
traffic offense?					□ YES ■ NO
5: Has any applicant ever had a license			ende	dorrevoked?	□ YES ■ NO
6. Has any applicant ever had a license	for th	e sale of alcoholic beverages?			□ YES ■ NO
If YES, state name of applicant, name o	of facili	ty, address for which license was I	held,	and the dates for which it wa	s held:
N/A					
7: Does any applicant or person with ar	n own	ership interest in this facility have	a fin	ancial interest in any other	
facility in Montgomery County or the S	tacility in Montgomery County or the State of Maryland where an alcoholic heyerage license has been any lind				□ YES ■ NO
If YES, state the name of the applicant	olic Be	everages Article of the Annotated	Code	of Maryland?	
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the 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 YES NO					
applied for, or in the facility to be cond	lucted	under the current license?			G 163 8 140
If YES, state name and the financial inte	erest o	wned:			
N/A					1

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

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

Affidavit:

Address of Property Owner

"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."
Horta of Nahr. Trustee
Herta J. Nahr, Trustee
Printed Name of Property Owner 240-372-4482
10518 Edwardian Lane, New Market, MD -21771

Phone of Property Owner

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

APR 24 124 74 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.

#1170553

SECTION 1: LICENSE TYPE INFOR	MATI	ION # 12 10555			
A. Nature of Application:		□ New Licen	se 🗆 Transfer of Locat	ion ■ Transfer of Ownership 🗆 Reclassification	
B. Entity on Whose Behalf Application is		ooration 🛎 Limited Liab	ility Company □ Partnership □ Individual		
C. Class of License Applied For: A (off sale) BWST ABWS			D. Entity Name: ANJANI, LLC		
E. Types of Permits Applied For:				□ Outdoor Café □ Refillable Container	
(See Appendix A)			■ Retail Delivery Sp	irits for Cooking □ Wine Corkage	
F. Trade Name of Facility: Cicilia Beer & Wine				G. is Business a Franchise? ☐ YES ■ NO	
H. Address of Facility to be Licensed 13505 Clopper Road, German					
SECTION 2: APPLICANT INFORM	ATION	J			
Applicant A Name: Leena Thapa	Birtho 12/14	date: 4/1984	Personal Phone Num H: 202-247-1530	ber: 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	e	Place of Birth: Nepal		
If applicant is foreign-born, state:					
Immigration Card Number: A 661152931					
4 1	55.7 . 0 I				
Applicant B Name:	Birthd	late:	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:	lf	Naturalized, City	/State:	Date of Naturalization:	
Applicant C Name:	Birthd	late:	Personal Phone Num	ber:	
		H: C			
Full Address:		Years at this Address	: Years as Maryland Resident:		
Email Address:	Sex:		Place of Birth:		
f applicant is foreign-born, state:					
Immigration Card Number: If Naturalized, (/State:	Date of Naturalization:	
ALOTE. ALL ADDUCANTS MULL D	EUERE	ACTED OCCUPACE	TO DIVITIE LETTERS 5		

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES) SECTION 3: CORPORATION INFORMATION A. Qualifying Maryland Resident (Indicate with X) □ Applicant A □ Applicant B □ Applicant C B. Name and Full Address of Corporation: D. Month and Year: C. Incorporated Under State Laws of: F. Number of Shares Authorized: G. Number of Shares Issued: E. Authorized Capital: Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary) **Full Address:** Name (A): **Shares Owned: Full Address:** Shares Owned: Name (B): **Full Address: Shares Owned:** Name (C): **Corporate Officers:** Name (A): Full Address: Title: Name (B): **Full Address:** Title: Full Address: Title: Name (C): **SECTION 4: LIMITED LIABILITY CORPORATION INFORMATION** A. Qualifying Maryland Resident (Indicate with X) ■ Applicant A

Applicant B

Applicant C B. Name and Full Address of LLC: C. Authorized Persons of LLC Leena Thapa ANJANI, LLC 13505 Clopper Road, Germantown, Md 20874 D. Organized Under State Laws of: E. Month and Year: 09/27/2023 Maryland Percentage of Ownership Interest of LLC (Use additional sheet if necessary): Percentage: **Full Address:** Name (A): 5073 Judicial Way, Frederick, MD 21703 Leena Thapa 100% **Full Address:** Name (B): Percentage: Full Address: Name (C): 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 (B):	Full Address:	Percentage:		
Name (C):	Full Address:	Percentage:		
Indicate Who are the General Partners:	□ Applicant A □ Applicant B □ Applicant C			
Indicate Maryland Residents:	□ Applicant A □ Applicant B □ Applicant C			

Percentage:

Full Address:

Name (A):

CE	CTION	6.	FCT	NRI	ICLIN	MENIT	INFORM	ЛЛ	TION
3E	CHOIL	u.		101	יוחכו	RICIAL	HALOKE	***	

A. Detailed description and total square f	footage of the portion of the building for which license is sought (ex. Free standing,					
located in strip mall, restaurant, seating, l						
2600 sq./ft. of space in a strip shop	per 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					
	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)		B. Date Facility Began Operating:
C. Location of Current Licensed Facility:	D. Location to Which License is Bei	ng Transferred:
13505 Clopper Road, Germantown, MD 20874	13505 Clopper Road, Germa	ntown, MD 20874

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Seneca Plaza, LP	(301) 708-0008	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 QUESTIONAIRE

Has any applicant ever been:

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

Delray Beach Fl 33483

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 declar true and correct to the best of my knowledge, i		enalties of perjury that the contents	s of the foregoing document are
Signature of Applicant			
(B)			
Signature of Applicant			
(C)			
Signature of Applicant	(D)	June	
		ORPORATION APPLICATIONS ONLY)	Corporate President Signature
alcoholic beverage license and that I hereby cobe permitted by law, and I do hereby grant per Board of License Commissioners for Montgome County to inspect and search at any and all houfacility is to be conducted. Affidavit:	mission to the State Compt ery County, its duly authori:	troller, his duly authorized deputies zed agents and employees, and any	, inspectors and clerks, the peace officer of Montgomery
"By signing this application, I do solemnly decla true and correct to the best of my knowledge, i			of the foregoing document are
Signature of the Property Owner			
Printed Name of Property Owner Arill C Smith	MP		
Alle fo	<i>[1]</i>		
Address of Property Owner 900 Melaleuca Road	Phone of Prop	perty Owner	

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFOR	MATIC	ON			#127055	1_
A. Nature of Application:		■ New License □ Transfer of Location □ Transfer of Ownership □ Reclassification				
B. Entity on Whose Behalf Applicat Made: 6 Ways to Sunday LLC		□ Corporation ■ Limited Liability Company □ Partnership □ Individual				
C. Class of License Applied For:		D. Entity Name: 6 Ways to Sunday	, LLC			
E. Types of Permits Applied For:					door Café 🗆 Refillable (
(See Appendix A)		□ Retail Delivery □ Sp	irits fo	r Cooking Wine Cork	age	
F. Trade Name of Facility: 6 Ways to Sunday				G. is	Business a Franchise?	□ YES ■ NO
H. Address of Facility to be License 8003 Norfolk Ave., Bethesda, M						
SECTION 2: APPLICANT INFORM	IATION		C			
Applicant A Name:	Birtho		Personal Phone Num	ber:	740 700 4044	
Ronnarong Boonyanan	12/10	/1977	H:		C: 719 789-4244	
Full Address: 4900 Aspen Hill Rd., Rockville,	MD 20	853	Years at this Address 3	: Yea	ars as Maryland Reside	nt:
Email Address: b.ronnarong@gmail.com	Sex: male		Place of Birth: Thailand			
f applicant is foreign-born, state:						
Immigration Card Number: 215836347	H	Naturalized, City	/State:	Date	of Naturalization:	
Applicant B Name: PRAPAVADEE LIMVATAN		3/5 /1962		706	c: 202 60	
Full Address: GEORGIA AVE	Silv MD	IRR Spring . 209 02	Years at this Address	: Ye	ars as Maryland Reside る。	nt:
Email Address: Lekki Linv gmail. Con	Sex:	F.	Place of Birth:	md	•	
f applicant is foreign-born, state:						
Immigration Card Number:		Naturalized, City Block! Yn I		Date	of Naturalization: OcT. 4 2	001.
Applicant C Name:	Birthd	ate:	Personal Phone Nun	ber:		
			H:	С		
Full Address:			Years at this Addres		s: Years as Maryland Resident:	
Email Address: Sex:			Place of Birth:			
f applicant is foreign-born, state:						
Immigration Card Number:	If	Naturalized, City	turalized, City/State:		Date of Naturalization:	
(NOTE: ALL APPLICANTS WILL B	E HERE.	AFTER REFERRED	TO BY THE LETTER A,	B, OR	C PRECEDING THEIR NA	ME ABOVE)

(NOTE: COMPLETE ONLY ONE SECTION FG. ECTIONS 3, 4, OR 5, AS APPLIES)
SECTION 3: CORPORATION INFORMATION

A. Qualitying Maryland Resident (Indica		□ Applicant A □ Applicant B □ Applicant C				
B. Name and Full Address of Corporation	n:					
C. Incorporated Under State Laws of:		D. Month and Year:				
E. Authorized Capital:	F. Number of Share	s Authorized:	G. Number of	Shares Issued:		
Stockholders (Include all layers equaling 1	100% owned by indivis	duals and/or public	ly traded, use a	dditional sheet if necessary)		
Name (A):	Full Address:			Shares Owned:		
Name (8):	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 CORPO	ORATION INFORMA	TION				
A. Qualifying Maryland Resident (Indicat			licant A Applic	ant B Applicant C		
B. Name and Full Address of LLC:		C. Authorized Persons of LLC				
6 Ways to Sunday LLC,8003 Norfolk Ave.,	Bethesda, MD 20814	Ronnarong Boonyanan &				
D. Organized Under State Laws of: Maryland		E. Month and Year: PRA PAVADEE LIMVATA September 2023				
Percentage of Ownership Interest of LLC (Use additional sheet if	necessary):				
Name (A): WISASA LLC	Full Address: 10707 Georgia Ave	e., Wheaton MD 20902		Percentage: 60		
Name (B): 6 Savories LLC	Full Address: 8003 Norfolk Ave., I	Bethesda MD 208	314	Percentage: 40		
Name (C):	Full Address:			Percentage:		
SECTION 5: PARTNERSHIP INFORMAT						
A. Matte and rull Address of rathership.						
·	C. Date on Which Partnership was Formed: D. In Which State:					
Percentage of Ownership Interest of Partne		sheet if necessary	:			
Name (A):	Full Address:			Percentage:		
Name (B):	Full Address:			Percentage:		
Name (C):	Full Address:			Percentage:		
Indicate Who are the General Partners:		□ Applicant A □ A	policant B 🗆 An	olicant C		
Indicate Maryland Residents:		☐ Applicant A ☐ Applicant B ☐ Applicant C ☐ Applicant A ☐ Applicant B ☐ Applicant C				

SF	CTION	6:1	ESTA	RI	ISHN	JENT	INFO	RMA	TION

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, b					
2,024 Square foot existing restaurant space i	n 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:	F. Days and Hours of Operation:				
5/24/24	SUNDAY - SATURDAY, 10:20AM - 11.30PM				

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

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

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Daniela Nicotra	202 494-0496	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:		

SECTION 9: APPLICANT QUESTIONAIRE

Has any applicant ever been:

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

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

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

Affidavit:		
"By signing this application, I do solemnly declare and affirm under the penalties of true and correct to the best of my knowledge, information, and belief." (A)	of perjury that the contents	of the foregoing document are
Signature of Applicant Ronnarong Boonyanan (B) Lyenlu Culiu.	_	
Signature of Applicant		
(C)		
Signature of Applicant		
(D)		
(FOR CORPORAT	ON APPLICATIONS ONLY)	Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the alcoholic beverage license and that I hereby consent to the use of the said propert be permitted by law, and I do hereby grant permission to the State Comptroller, his Board of License Commissioners for Montgomery County, its duly authorized agent County to inspect and search at any and all hours, without warrant, the premises a	property named in the for y for the sale thereon of su s duly authorized deputies, ts and employees, and any	egoing application for an ich alcoholic beverages as may , inspectors and clerks, the peace officer of Montgomery
(FOR CORPORATE 22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the alcoholic beverage license and that I hereby consent to the use of the said propert be permitted by law, and I do hereby grant permission to the State Comptroller, his Board of License Commissioners for Montgomery County, its duly authorized agent County to inspect and search at any and all hours, without warrant, the premises a facility is to be conducted. Affidavit:	property named in the for y for the sale thereon of su s duly authorized deputies, ts and employees, and any	egoing application for an ich alcoholic beverages as may , inspectors and clerks, the peace officer of Montgomery

Printed Name of Property Owner

Signature of the Property Owner

5528 Hawthorne Pl, NW, Washington DC 20016

Daniela Ni cotra

202 494-0496

Address of Property Owner

Phone of Property Owner

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFOR	RMA	TION		#1265550
A. Nature of Application:			nse 🗆 Transfer of Locat	tion Transfer of Ownership Reclassification
B. Entity on Whose Behalf Applicat Made:	ion is	■ Cor	poration □ Limited Lial	bility Company □ Partnership □ Individual
C. Class of License Applied For: Class H (HBWHR)		41		P. (SDAT #: D23733462)
E. Types of Permits Applied For:		□ Tas		g □ Outdoor Café □ Refillable Container
(See Appendix A)			☐ Retail Delivery ☐ Sp	pirits for Cooking Wine Corkage
F. Trade Name of Facility: BAI KAO THAI (restaurant)				G. Is Business a Franchise? ☐ YES ■ NO
H. Address of Facility to be Licensed 12944-D TRAVILAH ROAD, F			354	
SECTION 2: APPLICANT INFORM	ATIO	ON		
Applicant A Name:	MP 47	thdate: 06/1972	Personal Phone Nun	
DIBAVADI, MOLVIPAR	01/	00/19/2	H:	C:(443) 831-2768
Full Address: 3910 DOC BERLIN DRIVE, #23, SILVE		- 4	Years at this Addres 2	s: Years as Maryland Resident: 25
Email Address: Sex: NINA66462@GMAIL.COM FEMALE			Place of Birth: THAILAND	
If applicant is foreign-born, state:				
Immigration Card Number: If Naturalized, C US citizen (Certificate #36995502) Baltimore, Maryl				Date of Naturalization: December 8, 20214
Applicant B Name: DIBAVADI, SARAYUT				nber: C:(443) 565-4289
Full Address: 3910 DOC BERLIN DRIVE, #23, SILVE	R SP	RING, MD 20906	Years at this Address	s: Years as Maryland Resident: 24
Email Address: MOMO@MOMOTHAIFOOD.COM	Sex MA		Place of Birth: THAILAND	
If applicant is foreign-born, state:			15	
Immigration Card Number: 072-733-122 (green card)		If Naturalized, City	//State:	Date of Naturalization:
Y				
Applicant C Name:	Birt	hdate:	Personal Phone Num H:	nber: C
Full Address:	11		Years at this Address	s: Years as Maryland Resident:
Email Address:	Sex	*	Place of Birth:	
If applicant is foreign-born, state:	M			
Immigration Card Number:		If Naturalized, City	//State:	Date of Naturalization:

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

SECTION 3: CORPORATION INFORMA					
A. Qualifying Maryland Resident (Indicat	Applicant A E Applicant b Applicant C				
B. Name and Full Address of Corporation:					
DIBAVADI CORP. (SDAT #: D237	733462); 3910 D	OC BERLIN	DR.	, #23, SILVEF	R SPRING, MD 20906
C. Incorporated Under State Laws of: MARYLAND			D. Month and MARCH 2023		
E. Authorized Capital: \$45,000.00	F. Number of Sha			G. Number of S	
Stockholders (Include all layers equaling 1	00% owned by indi	viduals and/or	public	cly traded, use ac	ditional sheet if necessary)
Name (A):	Full Address: 3910 Doc Berlin Dr.				Shares Owned:
Name (B): Dibavadi, Sarayut	Full Address: 3910 Doc Berlin Dr.	., #23, Silver S	pring,	MD 20906	Shares Owned:
Name (C):	Full Address:				Shares Owned:
Corporate Officers:					J
Name (A): Dibavadi, Molvipar	Full Address: 3910 Doc Berlin Dr.	., #23, Silver S	pring,	MD 20906	Title: President
Name (B): Dibavadi, Sarayut	Full Address: 3910 Doc Berlin Dr.	., #23, Silver S	pring,	MD 20906	Title: Vice-President
Name (C):	Full Address:				Title:
SECTION 4: LIMITED LIABILITY CORPC	DRATION INFORM	MATION			
A. Qualifying Maryland Resident (Indicate			□ Anr	olicant A □ Applic	ant B = Applicant C
B. Name and Full Address of LLC:		☐ Applicant A ☐ Applicant B ☐ Applicant C C. Authorized Persons of LLC			
D. Organized Under State Laws of:		E. Month a	nd Ye	ar:	
Percentage of Ownership Interest of LLC (L	Jse additional sheet	t if necessary):			
Name (A):	Full Address:				Percentage:
Name (B):	Full Address:				Percentage:
Name (C):	Full Address:				Percentage:
SECTION 5: PARTNERSHIP INFORMAT	ION				
A. Name and Full Address of Partnership:					
C. Date on Which Partnership was Formed: D. In Which State:					
Percentage of Ownership Interest of Partn		nal sheet if nec	essary	/):	
Name (A):	Full Address:				Percentage:
Name (B):	Full Address:				Percentage:
Name (C):	Full Address:				Percentage:
Indicate Who are the General Partners:		□ Applicant	t A 🗆	Applicant B □ Ap	plicant C
Indicate Maryland Residents:				Applicant B □ Ap	

Ç	F	CTI	ON	6.	FST	ΔRI	ISH	MENT	INFORM	AATIO	N
_	и 🗀			· U		~01		VILIVI	HWECH	/IPC IC/	a w

A. Detailed description and total square for	ootage of the portion of the building for which license is sought (ex. Free standing,
located in strip mall, restaurant, seating, b Restaurant within a strip-shopping center (Potoma	peer/wine, etc.): c 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 Op DIBAVADI, MOLVIPAR and DIBAV	
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:		B. Date Facility Began Operating:
1)	3)	
2)		
C. Location of Current Licensed Facility:	D. Location to Which License is Be	ing Transferred:

SECTION 8: LEASED PREMISES

SECTION SIEE/SED I REMISES		
A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
TRAVILAH OAK LLC; Guy Semmes	(301)252-1868	11630 Glen RoadPotomac, 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 QUESTIONAIRE

Has any applicant ever been:

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

Address of Property Owner

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

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

Affidavit:		
"By signing this application, I do solemnly declare true and correct to the best of my knowledge, in (A)		perjury that the contents of the foregoing document are
(C)Signature of Applicant	(D) CHANGE (FOR CORPORATION	ON APPLICATIONS ONLY) Corporate President Signature
alcoholic beverage license and that I hereby cons be permitted by law, and I do hereby grant perm Board of License Commissioners for Montgomery	sent to the use of the said property to dission to the State Comptroller, his of y County, its duly authorized agents	roperty named in the foregoing application for an for the sale thereon of such alcoholic beverages as may duly authorized deputies, inspectors and clerks, the and employees, and any peace officer of Montgomery dany and all parts thereof upon and in which said
Affidavit:		
"By signing this application, I do solemnly declare true and correct to the best of my knowledge, inf		perjury that the contents of the foregoing document are
Signature of the Property Owner		
Printed Name of Property Owner		
		<u> </u>

Phone of Property Owner

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

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

any and an parts that to appropriate in which said facility is to be to inducted.
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 Application
(B) / U/O
Signature of Applicant
(C)
Signature of Applicant (D) WHATH WHATH
(FOR CO. PORATION 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."
Lung A. Lemmes
Signature of the Property Owner Semmes
Printed Name of Property Owner
12944-c Travilah Rd. Potomue, MD 20854 301-252-1868
Address of Property Owner Phone of Property Owner



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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

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To the Board of License Commissioners for Montgomery County:

SECTION 1: LICENSE TYPE INFORMATION

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

A. Nature of Application:		New License 11 Transfer of Location 12 Transfer of Ownership 13 Re			on 🗈 Transfer of Ownership 🗈 Reclassification	
B. Entity on Whose Behalf Application is		III Co	Corporation # Umited Liability Company Partnership Individual			
Made:						
C. Class of License Applied For: B (B,W,L)			D. Entity Name: Club Capri, LLC			
	E. Types of Permits Applied For:				Outdoor Café Refillable Container	
(See Appendix A)			Retail Delivery Spirits for Cooking: Wine Corkage			
F. Trade Name of Facility: Club Capri					G. Is Business a Franchise? □ YES ■ NO	
H. Address of Facility to be Lice 11222 Grandview Ave. Sil	nsed (No P.O. ver Spring,	80x): MD 20902				
SECTION 2: APPLICANT INFO	RMATION					
Applicant A Name:	Birthdat	10.1	Personal Phone	Numb	er:	
Frank Passero	05/17/1	994	H:		C:301-523-2177	
Full Address: 2812 Hewitt Ave. Silver Sp	ring, MD 20	906	Years at this Address: Years as Maryland Reside		Years as Maryland Resident: 29	
Email Address: clubcapri23@outlook.com	Sex: Male		Place of Birth: Hoty Cross Silver Sp		ring, MD	
If applicant is foreign-born, state	h T					
immigration Card Number:	If Na	Naturalized, City/State:		1	Date of Naturalization:	
Applicant B Name:	Birthdate	date: Personal		Number: C:		
Full Address:			Years at this Add	ress:	Years as Maryland Resident:	
Email Address:	Sex:		Place of Birth:	of Birth;		
If applicant is foreign-born, state	:		1			
fmmigration Card Number:		turalized, Cit	zed, City/State: Date of Na		Date of Naturalization:	
Applicant C Name:	Birthdate			lumb		
Full Address:			H: Years at this Add		C I Manage of the control of the con	
			rears at this Add	ress:	Years as Maryland Resident:	
Email Address:	Sex:		Place of Birth:			
f applicant is foreign-born, state	b p					
Immigration Card Number:	If Na	turalized, Cit	y/State:	D	Pate of Naturalization:	
(NOTE: ALL APPLICANTS W	LL BE HEREAF	TER REFERRE	O 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 INFORM				
A. Qualifying Maryland Resident (Indic			C Applicant A	Applicant 8 (Applicant C
B. Name and Full Address of Corporation	on:			
C. Incorporated Under State Laws of:			D. Month and	Year:
E. Authorized Capital:	F. Number of Share	s Authorized:	G. Number of	Shares Issued:
Stockholders (Include all layers equaling	100% owned by individ	duals and/or pub	licly traded, use a	idditional sheet if necessary)
Name (Δ):	Full Address:			
Name (8):	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 CORP	ORATION INFORMA	TION		
A. Qualifying Maryland Resident (Indica			unlicant A Anni	Icant B (Applicant C
B. Name and Full Address of LLC:		C. Authorized P	ersons of LLC	cont p @ whhitein r
Club Capri 11222 Grandview Ave. Silve	r Spring, MD 20902	Joseph .	A. Passe	ero
D. Organized Under State Laws of: Maryland		E. Month and Y- 10/2023	ear:	
Percentage of Ownership Interest of LLC		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 INFORMA	TION			
A. Name and full Address of Partnership				
C. Date on Which Partnership was Form	ed: D	. In Which State:		
Percentage of Ownership Interest of Part		I sheet if necessa	ry):	
Name (A):	Full Address:			Percentage:
Name (8):	Full Address:			Percentage:
Name (C):	Full Address:			Percentage:
Indicate Who are the General Partners:		Applicant A L	Applicant B A	oplicant C
Indicate Maryland Residents:			Applicant B 🗆 A	

i.	IC 40 WARNA	1 20 2 17 1	COLUMN TWO	ISHMEN	W. LIKE IN JOS	125 01 01 01	化甲基磺胺抗
'n	EL HUI	4 Bi Bi	SEABL	ISHMEN	LINEU	RIVIN	4 1 155 19

A CONTRACTOR OF THE PROPERTY O					
A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mail, restaurant, seating, beer/wine, etc.): Sport Bar and Grill at 7,000 sq. ft					
B. Who Will be in Charge of Day-to-Day Op Frank A. Passero	perations (General Manager):				
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:		B. Date Facility Began Operating:
1)		
2}		
C. Location of Current Licensed Facility:	D. Location to Which License is Being Transferred:	

SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Joseph A. Passero	301-370-3913	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 QUESTIONAIRE

Has any applicant ever been:

1. Convicted of a felony?	TYES NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	YES - NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	YES # NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	= YES ■ NC
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	YES NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	☐ YES ■ NO
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	YES . NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dawas held:	ites the licens
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license	U YES . NO
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? If YES, state name and the financial interest owned:	C YES NO

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

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

Affidavit	
"By signing this application, I do solemnly declare and affirm under the penalties of true and correct to the best of my knowledge, information, and belief."	perjury that the contents of the foregoing document are
(A) 3	_
Signature of Applicant	
(B)	
Signature of Applicant	
(C)	
Signature of Applicant	
(D)	
(FOR CORPORATIO	ON APPLICATIONS ONLY) Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the p alcoholic beverage license and that I hereby consent to the use of the said property be permitted by law, and I do hereby grant permission to the State Comptroller, his county of License Commissioners for Montgomery County, its duly authorized agents County to inspect and search at any and all hours, without warrant, the premises and facility is to be conducted.	for the sale thereon of such alcoholic beverages as may duly authorized deputies, inspectors and clerks, the and employees, and any peace officer of Montgomery
Affidavit	
"By signing this application, I do solemnly declare and affirm under the penalties of p true and correct to the best of my knowledge, information, and belief."	erjury that the contents of the foregoing document are
Jofha Lary	
Signature of the Property Owner	
Joseph D. Vance	entrope
Printed Name of Property Owner	· \
2715 Bel Pre Rd. 5: New Spring MD 20906 (310-3913
Address of Property Owner Phone of Property Owner	ar .

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

STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

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

SECTION 1: LICENSE TYPE INFOR	MATION			# 218 559	
A. Nature of Application:		☐ New License Transfer of Location Transfer of Ownership ☐ Reclassifica			
B. Entity on Whose Behalf Application is			rporation 🕱 Limited Liability Company 🗆 Partnership 🗆 Individual		
C. Class of License Applied For:			D. Entity Name:	Bar & Restourant ILC	
E. Types of Permits Applied For: (See Appendix A)			sting (\$200) Catering Outdoor Café Refillable Container Retail Delivery Spirits for Cooking Wine Corkage		
			estaurant	G. Is Business a Franchise? ☐ YES X NO	
H. Address of Facility to be Licensed	(No P.O.	Box): 946	Bonifant	ST Suit-B	
SECTION 2: APPLICANT INFORM	ATION				
Applicant A Name:	Birthdat		Personal Phone Num H:		
Full Address: 3729 castle		7/1981	Years at this Address	C: 301 - 795 - 556 s: Years as Maryland Resident:	
Silver Spring MA	C-12-12-12-12-12-12-12-12-12-12-12-12-12-	1000000	1 Years	12 Years	
Email Address:	Sex:	3.7	Place of Birth:	12 781115	
Yakob destad Yahoo com	1	1	Ethil	DPI 2	
If applicant is foreign-born, state:		•	*		
Immigration Card Number: If Naturalized, C		aturalized, City	/State:	Date of Naturalization:	
A059959123 Baltim		Baltimo	ve Maryland	05/31/2016	
Applicant B Name:	Birthdat	10	Personal Phone Num		
Endal Habtemanon	09/2	2/1981	H:	C: 246-481-8416	
Full Address:			Years at this Address	,	
5 Pennydog CT Silve	Spnn	9 HB 20902	1	10 Years	
Email Address: Yahoo Col	Sex:	*	Place of Birth:		
Endole Habtemanon a		1	thio	pid	
If applicant is foreign-born, state:	16 N	accientional Class	154-4	Para di Blanco di Cita	
Immigration Card Number:		aturalized, City			
A063397046	B	altimore	, Maryland	09/30/2021	
Applicant C Name:	Birthdate	p.	Personal Phone Num	her	
Kalob Tadele			c 667 445 7479		
Full Address:			Years at this Address	: Years as Maryland Resident:	
204 preston et	MA	nsuille	10 Years	14 Years	
Email Address:	Sex:				
Kaleb Ktadel 13eiclod.	com p	2	EM	eria_	
If applicant is foreign-born, state:					
Immigration Card Number: ASA) If Na	ituralized, City,	/State:	Date of Naturalization:	
127-660-023	- 1				

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

SECTION 3: CORPORATION INFORMA			
A. Qualifying Maryland Resident (Indicat		☐ Applicant A ☐ A	Applicant B Applicant C
B. Name and Full Address of Corporation	•		
C. Incorporated Under State Laws of:		D. Month and Y	ear:
E. Authorized Capital:	F. Number of Shares Authorized:	G. Number of Si	hares Issued:
Stockholders (Include all layers equaling 1	i 00% owned by individuals and/or pu	blicly traded , use ad	ditional sheet if necessary)
Name (A):	Full Address:		Shares Owned:
Name (B):	Full Address:		Shares Owned:
Name (C):	Full Address:		Shares Owned:
Corporate Officers:			
Name (A):	Full Address:		Title:
Name (B):	Full Address:		Title:
Name (C):	Full Address:		Title:
SECTION 4: LIMITED LIABILITY CORPO	DRATION INFORMATION		
A. Qualifying Maryland Resident (Indicate		Applicant A 🔳 Applic	ant B □ Applicant C
B. Name and Full Address of LLC:	C. Authorized	Persons of LLC	
Lamrot Bar & Rest	tournant yai	dala Habten	narian, Kaleb Tade
949 Bonifont ST Suit		Year: April	20016
D. Organized Under State Laws of:	aryland E. Month and	April	2024
Percentage of Ownership Interest of LLC (U	Jse additional sheet if necessary):		
Name (A): Yakob Desta	Full Address: 949 Bonifan	1 POR MID 20910	
Name (B): Yonatan Gezmu	Full Address: 949 Bonito Silver spring Full Address: 949 Bonito	nt ST Suits	Percentage: 25%
Name (C): Kaleb Tadele	Full Address: QU-9 Bonit	ant ST Suit-B	Percentage: 25%
NAME(D) Endale Habtemarian	5 pennydog	ct silver	percentage 25%
SECTION 5: PARTNERSHIP INFORMAT	TION Spring HID	20902	
A. Name and Full Address of Partnership			
C. Date on Which Partnership was Forme	d: D. In Which State	e:	
Percentage of Ownership Interest of Partn	emphin (Heat additional shoot if naces	eamil:	
Name (A):	Full Address:	5ai y /.	Percentage:
rediffe (24).	I WII FRANCISSI		
Name (B):	Full Address:		Percentage:
Name (C):	Full Address:		Percentage:
Indicate Who are the General Partners:	☐ Applicant /	A □ Applicant B □ Ap	pplicant C
Indicate Maryland Residents:	☐ Applicant A ☐ Applicant B ☐ Applicant C		

SECTION 6: ESTABLISHMENT INFO	RMATION		•		
		tion of the building	g for which license is sought (ex	. Free standing,	
A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standillocated in strip mall, restaurant, seating, beer/wine, etc.): 2000 SF Lamret Ethiopia Bar &					
B. Who Will be in Charge of Day-to-Da	y Operations (Genera	l Manager): γ	akob Desta	estaurant	
C. Phone Number of Establishment:		ty/Facility Concept			
301-920-0142		orcial / B	ar & Restaurant		
E. Date Applicant will Begin to Operate		ers of Operation:	soloy 3:00 am - 2:	00 2m	
05/01/2024		y - Sune		a am	
CONTRACT TO ANGEED (CO	>>>>	DANICTEDDING A	I ICENICE\		
SECTION 7: LICENSE TRANSFER (CC		KANSTERRINGA	B. Date Facility Began Ope	rating	
	3)		05/01/202	_	
1) HUG Lounge 2) Kolch Tadole				٠	
C. Location of Current Licensed Facility			s Being Transferred:		
Silver Spring MD 2091		Bonifort	57 / the same	Add yes	
SECTION 8: LEASED PREMISES					
A. Name of Property Owner:	B. Phone Number of	Property Owner:	C. Full Address of Property Own	ier:	
T&K managment	7906 Georgia Ave			20910	
D. Date Lease Made: 04/12/	2024		E. Date Lease Expires:		
April 30, 2036				9	
F. State Renewal Options, if any:					
No option	- at this	time			
A STATISTICS AND A STATIST AND A STATI	A 170 F				
SECTION 9: APPLICANT QUESTION	AIKE				
Has any applicant ever been:				□ YES 😿 NO	
Convicted of a felony? Found guilty of violating the laws go	worning the sale of alc	ohol in the State o	f Maryland or the United States?		
3. Found guilty of violating the laws fo	r provention and gam	hling in the State o	f Maryland or the United States?	YES NO	
4. Found guilty of any offense against					
traffic offense?				LI ES LINO	
5: Has any applicant ever had a license	5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?				
6. Has any applicant ever had a license	for the sale of alcoho	olic beverages?		X YES □ NO	
If YES, state name of applicant, name	of facility, address for	which license was	held, and the dates for which it w	vas held:	
Kalob Tadale	HUG LOURS	2-B949 BO	refart ST - Sheet	В	
TUPLA-A	Silver Spn	LA MID S	20910 = 1-May -2	2023	
7: Does any applicant or person with a	an ownership interest	in this facility have	e a financial interest in any other		
facility in Montgomery County or the	State of Maryland wh	ere an alcoholic be	everage license has been applied	YES - NO	
for, granted, or issued under the Alcol	holic Beverages Article	of the Annotated	code of iviaryland :	ates the license	
If YES, state the name of the applican	t, name and address	or licensed premise	PIGS Do Stont	ST COMA	
was held: Kalab Tas	de le IVELA	Louise	77 BONG TIME	\	
	Silve	r spring	949 Bonitant HN 20910 (100%)	
8: Does any person other than the a	pplicant(s) have any f	inancial interest ir	n this alcoholic beverage license	□ YES NO	
applied for, or in the facility to be con		ent license?			
If YES, state name and the financial in	terest owned:				

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

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

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)
(D) YAROS (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."

ABA					
Signature of the Property Owner Alexandro Bello Account	its Hanager Tex Management	LLC Agent	for	949-961	LLC
Printed Name of Property Owner	unte 103, Silver Spring MD				
Address of Property Owner	Phone of Property Owner				