

9. **James Ho Park, Jonathan Park & Frederick Chung, Canton Square Liquor, Inc. T/a M & L Canton Discount Liquor – 2923-25 O’Donnell Street – Class “A” Beer, Wine & Liquor License – Application to transfer ownership**
10. **Tiebe Ghebru, Habtom Woldemariam & Maurice Street, VEL, Inc. T/a Knight’s Liquors, 5139-41 Park Heights Avenue – Class “BD7” Beer, Wine & Liquor License – Application to transfer ownership**
11. **Avinash Patel & Charles Zannino, Sai Beverage, LLC T/a Mini Market Deli & Grocery, Beer & Wine, 300 S. Highland Avenue – Class “A” Beer & Wine – Application to transfer ownership**
12. **Tsgakrstos Dafla, 2<sup>nd</sup> Avenue Liquor, Inc. T/a 2<sup>nd</sup> Avenue Liquor, 1376 W. North Avenue – Class “A” Beer, Wine & Liquor License – Application to transfer ownership & location of a Class “A” BWL license presently located at 2300 Orem Avenue to 1376 W. North Avenue**

## **II. Regular Docket (New applications and Transfers):**

1. **Barry Lowenthal & Pauline Lowenthal, Bellerock, LLC T/a The Brass Tap, 1205 W. Mt. Royal Avenue – Class “B” Beer & Wine License –Application for a new Class “B” Beer, Wine & Liquor restaurant license under the provisions of Rule 2.08 requiring \$200,000 in capital investment in restaurant fixtures and facilities and seating capacity for a minimum of 75 people**
2. **Raj Bommakanti & William Ely, Radharaj, Inc. T/a Trade name pending, 507 S. Central Avenue – Class “BD7” Beer, Wine & Liquor License – Application to transfer location of a Class “BD7”BWL presently located at 1709 Fleet Street to 507 S. Central Avenue**

## **III. Violations:**

1. **Frawling Galan, Euphoria Restaurant and Nightclub, LLC T/a Euphoria Restaurant and Nightclub, 1301 S. Ponca Street – Class “BD7” Beer, Wine & Liquor License - Violation of Rule 4.18 Illegal Conduct – September 7, 2015 – At approximately 7:00 pm, every available Baltimore City Police Officer assigned to the Southeastern and Eastern District responded to calls for an aggravated assault and disorderly conduct at the establishment. Upon arriving at the scene Baltimore City Police Officers Mirra, Vlard, Eilerman, and Williams, observed the following separate incidents: a victim that needed to be transported to the hospital for lacerations to the face, a physical altercation by two patrons that seemed to be intoxicated, a man wielding what appeared to be a handgun and then running from police, and an overall disorderly crowd of approximately 800 patrons that were exiting the establishment and into the surrounding neighborhoods at the time that Police arrived.**
-

**Violation of Rule 3.12 Public Welfare** – September 7, 2015 – At approximately 7:00 pm, every available Baltimore City Police Officer assigned to the Southeastern and Eastern District responded to calls for an aggravated assault and disorderly conduct at the establishment. Upon arriving at the scene Baltimore City Police Officers Mirra, Vlard, Eilerman, and Williams, observed the following separate incidents: a victim that needed to be transported to the hospital for lacerations to the face, a physical altercation by two patrons that seemed to be intoxicated, a man wielding what appeared to be a handgun and then running from police, and an overall disorderly crowd of approximately 800 patrons that were exiting the establishment and into the surrounding neighborhoods at the time that Police arrived.

**Violation of Rule 4.02 Inebriates and Drug Addicts** – September 7, 2015 – At approximately 7:00 pm, every available Baltimore City Police Officer assigned to the Southeastern and Eastern District responded to calls for an aggravated assault and disorderly conduct at the establishment. Upon arriving at the scene Baltimore City Police Officers Mirra, Vlard, Eilerman, and Williams, observed the following separate incidents: a victim, who appeared highly intoxicated, that needed to be transported to the hospital for lacerations to the face and a physical altercation by two patrons that seemed to be intoxicated.

**2. Adam Martinez, Santa Ana Restaurant, LLC T/a Santa Ana Restaurant, 246 S. Broadway** – Class “D” Beer & Wine License - Violation of Rule 4.05 Prohibited Hours – October 17, 2015 – At approximately 1:08 am, BLLC Inspectors entered the establishment while conducting a special investigation. Inspectors observed 8-10 patrons in the establishment who possessed and were consuming alcoholic beverages. The license assigned to this establishment allows service only until 1:00 am.

**Violation of Rule 3.03 (c) Employee Records** – October 17, 2015 – At approximately 1:08 am, BLLC Inspectors entered the establishment while conducting a special investigation. While conducting their investigation, BLLC Inspectors asked for employee records. Staff could not provide inspectors with the employee records upon request.

**Violation of Rule 4.18 Illegal Conduct** – October 17, 2015 – At approximately 1:08 am, BLLC Inspectors entered the establishment while conducting a special investigation. Inspectors observed 8-10 patrons in the establishment who possessed and were consuming alcoholic beverages. The license assigned to this establishment allows service only until 1:00 am. In addition, while reviewing the business records of the establishment, BLLC inspectors observed that the Alcohol Awareness certification for the establishment had expired

***\*Please note that times given above are approximate. Parties are encouraged to arrive at least 30 minutes prior to the time noted above, items may be moved and postponed items can be heard early to move the agenda forward. Also note that parties are asked to submit and written requests and all documents and requests to the liquor board at least 72 hours before the scheduled hearing.***

**Transfer of Ownership**

**Applicant(s): James Ho Park, Jonathan Park & Frederick Chung**

**Canton Square Liquor, Inc. T/a M & L Canton Discount Liquor**

**2923-25 O'Donnell Street**

**Class "A" Beer, Wine & Liquor License – Application to transfer ownership**

**Board's Information:**

Attached are copies of the application, posting report, map, licensee history and Transfer report.

Community Letter(s)/ Memorandum of Understanding: None

Posting Date(s): 10/8/15

SDAT: In Good Standing

**Board's Decision**

Maryland Department of Assessments and Taxation Business Services (w4)

Entity Name: CANTON SQUARE LIQUOR, INC

Department ID: D16777724

General Information      Amendments      Personal Property      Certificate of Status

Principal Office (Current):      7306 NOISY NOTE CT  
SEVERN, MD 21144

Resident Agent (Current):      JONATHAN PARK  
7306 NOISY NOTE CT  
SEVERN, MD 21144

Status:      INCORPORATED

Good Standing:      Yes

Business Code:      What does it mean when a business is not in good standing or forfeit  
Ordinary Business - Stock

Date of Formation or Registration:      09/22/2015

State of Formation:      MD

Stock/Nonstock:      Stock

Close/Not Close:      Close

# Board of Liquor License Commissioners

For Baltimore City  
231 E. Baltimore Street, 6<sup>th</sup> Floor  
Baltimore, Maryland, 21202-3258

## POSTING SIGNS REPORT

Applicant(s) Name:	James Ho Park/ Jonathan J. Park/ Frederick M. Chung
Address of Premises:	2923-25 O'Donnell St. 21224
Inspector:	j:0#.w baltimore\joann.martin
Date Posted:	10/8/2015
Time Posted:	2:15 PM
Date Rechecked:	10/19/2015
Time Rechecked:	12:30 PM
Manager or Owner when sign posted:	James Chung

*Summary on location of sign posted:*

Outside front door

*Summary on location of sign rechecked:*

Checked throughout the ten day period, sign remained as posted. jm

*Insert Photo of Sign and location:*



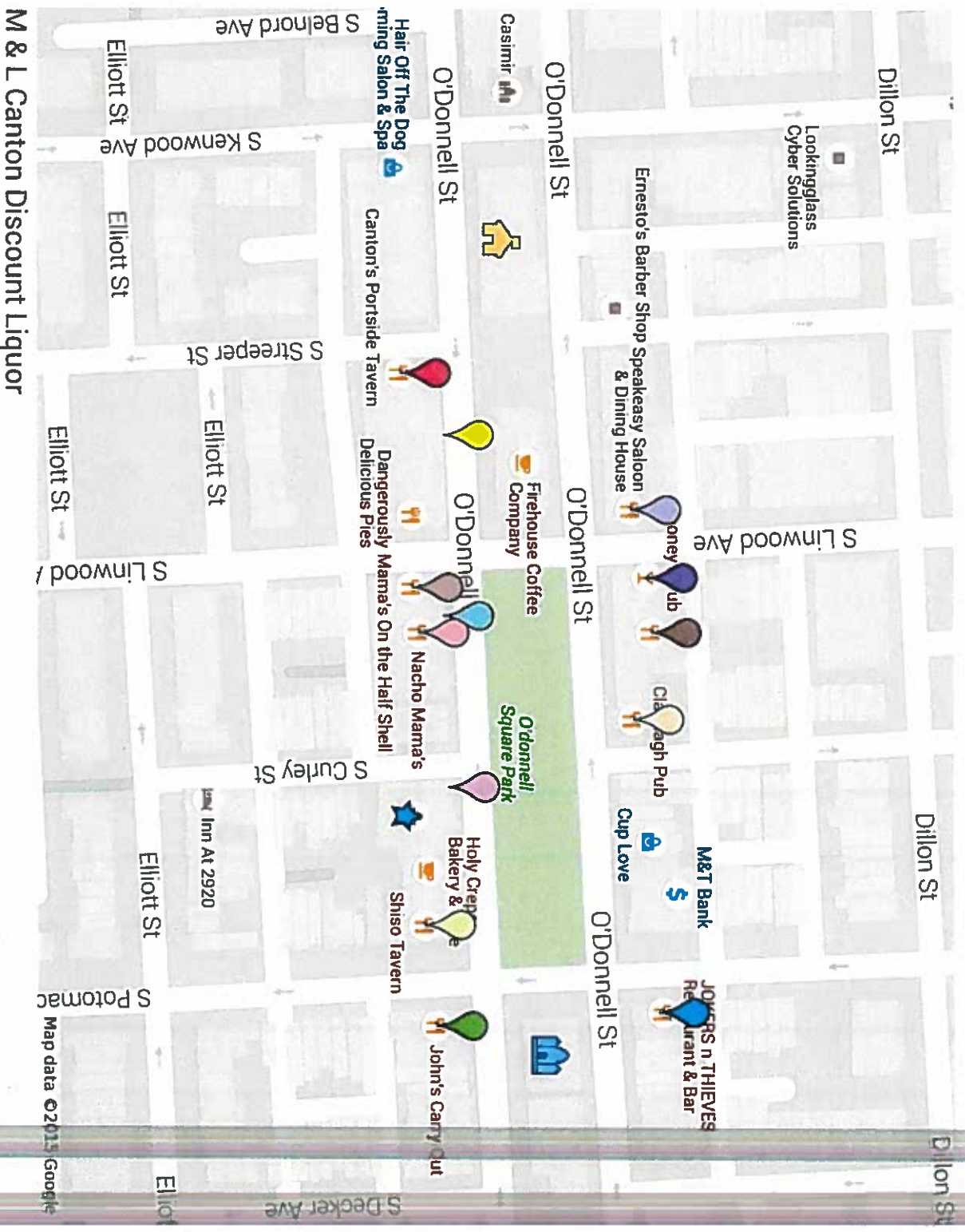
Attach Additional Photos



# 923-25 O'Donnell St. 21224

## Liquor Establishments

-  2923 O'Donnell St
-  Canton's Portside Tavern
-  Claddagh Pub
-  El Bufalo
-  Grunwald Club, Inc.
-  JOKERS n THIEVES Restaurant & Bar
-  John's Carry Out
-  Looney's Pub
-  Mama's On the Half Shell
-  Nacho Mama's
-  Plug Ugly's Publick House
-  Shiso Tavern
-  Speakeasy Saloon & Dining House
-  Tavern on the Square
-  Churches or Schools
-  Church on the Square ( Within 300 Ft.)
-  St. Casimir's School ( Not within 300 Ft.)





Back

## Board of Liquor License Commissioners

For Baltimore City  
231 E. Baltimore Street, 6<sup>th</sup> Floor  
Baltimore, Maryland, 21202-3258

### POSTING SIGNS REPORT

Applicant(s) Name:	James Ho Park/ Jonathan J. Park/ Frederick M. Chung
Address of Premises:	2923-25 O'Donnell St. 21224
Inspector:	i:0#.w/baltimore\joann.martin
Date Posted:	10/8/2015
Time Posted:	2:15 PM
Date Rechecked:	
Time Rechecked:	
Manager or Owner when sign posted:	James Chung

Summary on location of sign posted:

Outside front door

Summary on location of sign rechecked:

Insert Photo of Sign and location:



Attach Additional Photos

Approve



# Board of Liquor License Commissioners

For Baltimore City  
231 E. Baltimore Street, 6<sup>th</sup> Floor  
Baltimore, Maryland, 21202-3258

## INSPECTORS REPORT - TRANSFERS/NEW APPLICATIONS

Licensee Information (Trade Name):	James Ho Park/ Jonathan J. Park/ Frederick M. Chung t/a M &
Corporation Name:	Canton Square Liquor, Inc.
Location Address:	2923-25 O'Donnell St. 21224
License Type:	Class "A" Beer, Wine and Liquor <input type="checkbox"/>
Is the establishment open and operating in a safe and sanitary manner? (If not open, not in comments - CLOSED or NOT OPERATING)	Yes <input checked="" type="checkbox"/>
Is the location within 300 feet of Church and/or School?	Yes <input checked="" type="checkbox"/>
Date Posted?	10/8/2015 <input type="text"/>
Date Removed?	<input type="text"/>
Are there any other licensed establishments within a two block radius?	Yes <input checked="" type="checkbox"/>

Other licensed locations - Describe/Note:

See Map

Comments and Follow-up Items(s) (please note any issues or concerns about the location):

Filed application for transfer of ownership

Insert Photo of Sign and location:



Attach Additional Photos

Inspector Name	Date and Time	
<input type="text" value="i:O#.w baltimore\joann.martin"/>	<input type="text" value="10/9/2015"/>	<input type="text" value="11:18:14 AM"/>
Name of Licensee (if present)		
<input type="text" value="James Chung"/>		
<input type="button" value="Approve"/>		

# BLLC Routine Inspection

Inspection Type: Routine

Address: 2923-25 O'DONNELL STREET 21224

Trade Name: M & L CANTON DISCOUNT LIQUORS

Corporation Name: N/A

Type of License: Class "A" Beer, Wine and Liquor

[License Class Descriptions](#)

Date/Time of Inspection: 10/9/2015 11:28:45 AM

Fire Capacity Certification: Yes  Capacity: n/a

Building Structural Integrity Met: Yes

Employee and Business Records Met: Yes

Traders License: Yes

Health Certification: Yes

Liquor License Present: Yes

BD7 Exception: None

SDAT Certification: None

Alcohol Awareness Certification: Yes

Type of Violation Found: None

Violation Issued: No

Photo Taken: Yes



Attach Additional Photos

Owner Email:

Remarks:

- Licensee/Operator failed to allow Inspector Entry or Access
- Licensee/Operator refused to provide Inspector Documents/Information
- Licensee/Operator could not provide stock inventory sheets to Inspector
- General Observations made of uncleanliness - Trash and Debris/Animal Feces/Dirty Conditi
- Inspector Found Unsanitary Conditions in Bathroom Area
- Inspector Found Unsanitary Conditions in Bar Area
- Inspector Found Unsanitary Conditions in Common Area

Additional Comments:

Open and Operating file transfer of Ownership

Submitted by Inspector

i:\0#\w\baltimore\joann.martin

Approve

**Application for Alcoholic Beverages License**  
**Board of Liquor License Commissioners for Baltimore City**

CLASS TYPE A LICENSE AT THE LOCATION 2923-25 O'Donnell St IF TRANSFER LOCATION \_\_\_\_\_  
 CORPORATE/LLC/LLP/PARTNERSHIP NAME Canton Square Liquor, Inc. TRADE NAME M & L Canton  
 ATTORNEY FOR THE APPLICANT Melvin J. Kodenski ADDRESS 19 E. Fayette St Ste. 400 PHONE 410 685-5700 EMAIL \_\_\_\_\_

*Discount  
Liquor*

INDICATE TYPE OF LICENSE APPLICATION: TRANSFER  NEW  EXPANSION OF PREMISES  SUBSTITUTE  AMENDMENT(S)   
 Describe Part of Premises to be Used: 1st Floor Will you offer delivery of food and/or alcohol?  Yes  No  
 Will Live Entertainment be provided?  Yes  No What Kind? \_\_\_\_\_  
 Will Outdoor Table Service Be Provided?  Yes  No Off Premise Catering of Food and Alcohol?  Yes  No

Please note that as per Art. 28 §10-202(a)(iv)(1) that an application for the issuance or transfer is not complete unless the applicant has obtained zoning approval from the City of Baltimore Do you have a Zoning Approval OHCO?  Yes  No If yes, please attach. If no, please give timeframe for obtaining letter of approval: \_\_\_\_\_

WORKER'S COMPENSATION INFORMATION - INSURANCE CARRIER \_\_\_\_\_ POLICY OR BINDER # \_\_\_\_\_

1. Applicant A  
JAMES HO. PARK 410-627-8175 Cityzone2@hotmail.com  
 (full name) (telephone no) E-mail (Required)  
7306 NOISY NOTE CT. SEVEN MD 21144  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
8-12-1957 M SEOUL, KOREA  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)  
 If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

2. Applicant B  
Jonathan J. PARK 410-903-2853 JPark1221@yahoo.com  
 (full name) (telephone no) E-mail (Required)  
7306 NOISY NOTE CT. SEVEN MD 21144  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
12-21-1983 M NYC-NY  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)  
 If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

3. Applicant C  
Frederick M Chung 410 675-9101  
 (full name) (telephone no) E-mail (Required)  
2923 O'Donnell St Baltimore MD 21224  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
02-22-41 M Korea  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)  
 If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

*5yrs.*

1. Has the applicant(s) been convicted of a felony, or has been adjudged guilty of violating the laws governing the sale of any alcoholic beverage or gambling in any State, including Maryland?  Yes  No If yes, mark applicant and provide explanation in adjacent space provided.

Applicant A  B  C

2. State whether the applicant(s) has ever been adjudged guilty of any offense against the law of the State of Maryland or the United States.  Yes  No If yes, mark applicant and explain.

Applicant A  B  C

3. Has the applicant(s) ever held a license for the sale of alcoholic beverages in the State of Maryland?  Yes  No If yes, explain.

Applicant A  B  C

4. Has the applicant(s) ever had a liquor license suspended or revoked?  Yes  No If yes, explain in adjacent space.

Applicant A  B  C

5. Does the applicant(s) have a pecuniary interest in any other alcoholic beverage business or business for which a license has been applied for, granted, and issued?  Yes  No If yes, explain in adjacent space.

Applicant A  B  C

6. Is your spouse or child a licensee, in this jurisdiction or any other, and does he or she have any financial interest in any other alcoholic beverage business?  Yes  No If yes, explain.

Applicant A  B  C

7. Is there now, or will there be, during the continuance of the license applied for, any other person financial interested in said license or business to be conducted thereunder?  Yes  No If yes, explain in the adjacent space provided.

8. Is the licensed premises presently open and operating?  Yes  No If no, please provide information requested in adjacent space provided.

Closure Date:

Explanation:

9. Do any of the applicant(s) have any indebtedness or other financial obligations to any manufacturer, brewer, distiller, or wholesaler at the time of making this application?  Yes  No If Yes, please provide information as to the applicant(s) indebted, the amount of indebtedness, and the name of the manufacturer, brewer, distiller, or wholesaler in the adjacent space provided.



10. Please list the following, if applicable, in the spaces provided below:

Purchase Price of Business	Owner of the Real Property	Cost of the Real Property	Cost of the Business	Cost of the Personal Property	Down Payment provided to seller	Terms for the Balance due
590,000				1	10,000.00 at signing of agreement 510,000.00 at settlement 50,000.00 confessed judgment	

11. Please list the following information for the Manager of the establishment to be licensed:

Name	Address	Phone	Email

note

Applicants Applying as Business Entities - (Give name(s) and addresses - in Corporation list all officers (attach list if necessary) or in Limited Liability Company/Partnerships list all authorized persons)

- 7306 NOISY NOTE CT.  
SEVERN MD 21144
- 1) NAME JAMES H. PARK ADDRESS 7306 NOISY NOTE CT. SEVERN MD 21144 TITLE Pres. % OF STOCK HELD 51% RESIDENCE
- 2) NAME JONATHAN J. PARK ADDRESS 7306 NOISY NOTE CT. SEVERN MD 21144 TITLE Treas. % OF STOCK HELD 48% RESIDENCE
- 3) NAME FREDERICK M. chung ADDRESS 2923 O'Donnell St TITLE Sec. % OF STOCK HELD 1% RESIDENCE
- 4) NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TITLE \_\_\_\_\_ % OF STOCK HELD \_\_\_\_\_ RESIDENCE

\*\*\*\*\*Attached is a list of the names and addresses of all outstanding stockholders who on the day of this application own more than 5% of the outstanding stock of the corporation and the articles of incorporation, partnership agreement or articles of organization.\*\*\*\*\*

\*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.

CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has been a resident and taxpayer of Baltimore City, Maryland for at least two years preceding the filing of this application. 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 Baltimore City, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Baltimore City, its duly authorized agents and employees, and any peace officer of Baltimore City or the State of Maryland to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said business is to be conducted.

Signature of Applicant A: [Signature]  
 Signature of Applicant B: [Signature]  
 Signature of Applicant C: [Signature]

State of Maryland: Baltimore Co. SS

THIS CERTIFIES, THAT ON THE 30th OF September

before the subscriber a notary public of the State of Maryland, personally appeared James Ho Park, Jonathan J. Park and Frederick M. chung  
 The applicant(s) names in the foregoing application, and made oath in due form of law that the statement therein are true to the best of (his/her/their) knowledge and belief.

Elaine Pappas  
 Notary Public



(Witness my hand and seal)

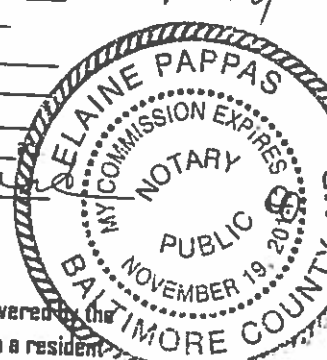
Name and Address of the owners of the premise/landlord: Frederick Chung Phone Number: 410675-9101

STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH ALCOHOLIC BEVERAGES LAW OF MARYLAND

(I, WE) Frederick Chung HEREBY CERTIFY That (I am, we are) the owner(s) of the property located at Baltimore, City with a Zip Code of 21224 which is named in the present application made to Board of Liquor License Commissioners of Baltimore City under the Alcoholic Beverage Laws of Maryland and assent to the granting of the license applied for, and hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners of Baltimore City, its duly authorized agents and employees, and any peace officer of the City of Baltimore and State of Maryland, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours

(Witness (my, our) hand(s) and seal(s) this 30<sup>th</sup> day of Sept. in the year of 2015

WITNESS Frederick Chung Landlord  
 STATE OF MARYLAND  
 THIS CERTIFIES, THAT ON 30<sup>th</sup> day of September 2015  
 Before the subscriber a notary public of the State of Maryland, personally appeared Frederick Chung  
 and acknowledge the execution of the foregoing statement to be his  
 (Witness my hand and seal) Elaine Pappas  
 Notary Public



The following certificates must be signed by at least 3 persons.  
 We, the undersigned citizens, real estate owners and registered voters in the City of Baltimore in which the business covered by the present application is to be conducted, certify that the qualifying applicant(s) is/are personally known to us and has been a resident or a taxpayer of Baltimore City and a resident of the State of Maryland for 2 years preceding this application.

Names	Address	Signature	DOB (Month/Year)	Length of time Acquainted with the Applicant(s)
<u>Pyung Chung</u>	<u>1239 W. Balto St.</u>	<u>[Signature]</u>	<u>1-16-51</u>	<u>15 yrs.</u>
<u>Kye Chung</u>	<u>1237 W. Balto St.</u>	<u>[Signature]</u>	<u>9-11-41</u>	<u>15 yrs</u>
<u>Hochon Sun</u>	<u>1900 W. Lombard</u>	<u>[Signature]</u>	<u>11-15-44</u>	<u>20 yrs</u>
<u>James L. Aant McNeil</u>	<u>4360 Nicholas Ave</u>	<u>[Signature]</u>	<u>3-15-72</u>	<u>15 yrs</u>
<u>Lakhwinder Singh</u>	<u>12 Six point Ct. Balt.</u>	<u>[Signature]</u>	<u>9/20/66</u>	<u>15 years</u>
<u>Lakhwinder Singh</u>	<u>1409-1415 E Fayette St. Balt</u>	<u>[Signature]</u>	<u>9/20/66</u>	<u>15 years</u>

Home Building

FOR OFFICE USE ONLY

DATE FILED: \_\_\_\_\_ NEW/TRANSFER/EXPANSION - \$500.00 PAID  POSTING DATE \_\_\_\_\_  
 SUBSTITUTE APPLICATION FEE - \$250.00 PAID  PRINT NAME OF BLLC STAFF \_\_\_\_\_ INITIALS \_\_\_\_\_

Status of Application  
 Approved: Yes  No   
 Date: \_\_\_\_\_  
 BLLC Initials: \_\_\_\_\_  
 Withdrawn: Yes  No   
 Date: \_\_\_\_\_  
 BLLC Initials: \_\_\_\_\_

Board of Liquor License Commissioners For the City of Baltimore, 231 East Baltimore Street, 6<sup>th</sup> Floor, Baltimore, Maryland 21202  
 Phone 410-396-4377 Fax 410-396-4382





# Liquor Board System

Version 1.0

Annual-Renewal | License-Transfer | One-Day | Add New License | Query | Help

## License Detail

Close the License | Print License | Print Renewal Letter | << Go Back

### License Info

License Num: LA 093      Cert Num: 0372      Fee: \$858.00      Status: Renewed  
License Date: 5/1/2015      License Year: 2015  
CR Number: 04118828  
Payment Date: 04-17-15

2014 - 2015 TPP Paid   
2015 Trader's License  [Update Info](#)

[Click to Start License Renewal](#)

## Add Adult Entertainment License

[Add New Adult Entertainment License](#)

### Location

Corp Name: N/A  
Trade Name: M & L CANTON DISCOUNT LIQUORS  
Zone Code: 12  
Phone: 410-675-9101

Block Num: 2923-25      Street: O'DONNELL STREET  
City: BALTIMORE      State: MD      Zip: 21224

CR Number: 04118828

Portion of Business Used:  
FIRST FLOOR FOR BUSINESS & BASEMENT FOR STORAGE

Restriction:

[Edit the License Location Info](#) | [Alternate Mailing Address](#)

## License Owners

First Name	Last Name	Street	City	State	Zip	Action	Change Owner
FREDERICK	CHUNG	10329 ROYAL ASCOT COURT	ELLCOTT CITY	MD	21042	<a href="#">Edit</a>	<a href="#">Remove Owner</a>

### Sunday License

License Num:      Cert Num:      Fee:  
License  
Dates:

### Comments

Date	Comment	Action
11/17/2008	06/17/08 \$500 PAID IN FULL #64252	<input type="button" value="Delete"/>
11/17/2008	06/12/08 Public Hearing re: Violation of rules 4.01(a) & 3.03(c).DECISION: RULE 4.01(a) GUILTY \$500 & RULE 3.03(c) NOT GUILTY = \$500	<input type="button" value="Delete"/>

License num: LA 093

Address: 2923-25 O'DONNELL STREET

Trade Name: M & L CANTON DISCOUNT LIQUORS

Comment:

**Hold Info**

Powered by:



**Transfer of Ownership**

**Applicant:** Tiebe Ghebru, Habtom Woldemariam & Maurice Street,

**VEL, Inc. T/a Knight's Liquors,**

**5139-41 Park Heights Avenue**

Class "BD7" Beer, Wine & Liquor License

Application to transfer ownership

**Board's Information:**

Attached is a copy request from the licensee.

Community Letter(s)/ Memorandum of Understanding: NA

Posting Date: 10/8/15

SDAT: In Good Standing

**BOARD'S DECISION:**

Entity Name: UEL, INC.

Department ID: D16750416

General Information

Amendments

Personal Property

Certificate of Status

Principal Office (Current): 5139-41 PARK HEIGHTS AVE  
BALTIMORE, MD 21215

Resident Agent (Current): HABTOM WOLDEMARIAM  
3861 MCDOWELL LANE  
BALTIMORE, MD 21227

Status: INCORPORATED

Good Standing: Yes  
What does it mean when a business is not in good standing or forfeited?

Business Code: Ordinary Business - Stock










Date of Formation or Registration: 09/09/2015

State of Formation: MD

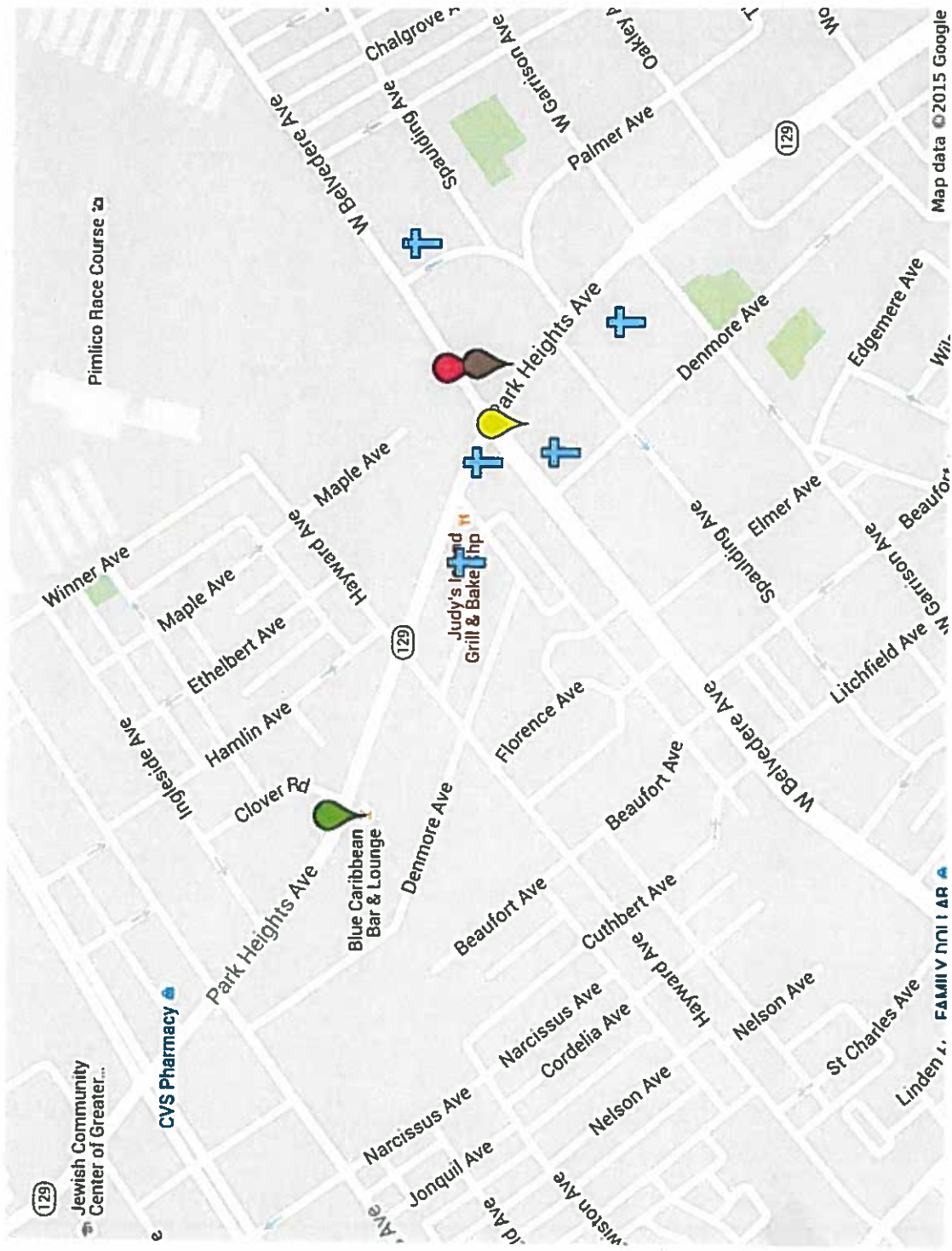
Stock/Nonstock: Stock

Close/Not Close: Close

# 5139-41 Park Heights

- Licensed Establishments**
-  5139 Park Heights Ave
  -  5142 Park Heights Ave
  -  5129 Park Heights Ave
  -  Manna Bible Baptist Church
  -  Brown's Memorial Baptist Church
  -  Power of Faith
  -  Lord's Church of Baltimore Inc
  -  New Fellowship Christian
  -  Blue Caribbean Bar & Lounge

**Existing Location**





**Application for Alcoholic Beverages License**  
**Board of Liquor License Commissioners for Baltimore City**

CLASS TYPE LBD7 LICENSE AT THE LOCATION 5139-41 Park Heights Ave TRANSFER LOCATION \_\_\_\_\_  
 CORPORATE/LLC/LLP/PARTNERSHIP NAME UEL, Inc. TRADE NAME Knight's Liquors  
 ATTORNEY FOR THE APPLICANT Melvin J. Kodenski ADDRESS 19 E. Fayette St, Ste. 400 PHONE 410685-5100 EMAIL \_\_\_\_\_

INDICATE TYPE OF LICENSE APPLICATION: TRANSFER  NEW  EXPANSION OF PREMISES  SUBSTITUTE  AMENDMENT(S)

Describe Part of Premises to be Used: 1st Floor Will you offer delivery of food and/or alcohol?  Yes  No

Will Live Entertainment be provided?  Yes  No What Kind? \_\_\_\_\_

Will Outdoor Table Service Be Provided?  Yes  No Off Premise Catering of Food and Alcohol?  Yes  No

Please note that as per Art. 28 §10-202(a)(iv)(i) that an application for the issuance or transfer is not complete unless the applicant has obtained zoning approval from the City of Baltimore Do you have a Zoning Approval OHCO?  Yes  No If yes, please attach. If no, please give timeframe for obtaining letter of approval: \_\_\_\_\_

WORKER'S COMPENSATION INFORMATION - INSURANCE CARRIER \_\_\_\_\_ POLICY OR BINDER # \_\_\_\_\_

1. Applicant A  
Tiebe Berhane Ghebry  
 (full name) (telephone no) \_\_\_\_\_ E-mail (Required) \_\_\_\_\_  
3861 McDowell Lane, Balto, MD 21227  
 (residence) Street City State Zip Code (period of residency in Baltimore City) \_\_\_\_\_  
02/12/71 Female Eritrae  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

2. Applicant B  
Habtom Woldemariam  
 (full name) (telephone no) \_\_\_\_\_ E-mail (Required) \_\_\_\_\_  
3861 McDowell Lane, Balto, MD 21227  
 (residence) Street City State Zip Code (period of residency in Baltimore City) \_\_\_\_\_  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth) \_\_\_\_\_

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

3. Applicant  
MAURICE CHARLES STREET 443-416-6597  
 (full name) (telephone no) \_\_\_\_\_ E-mail (Required) \_\_\_\_\_  
3700 Green spring Ave, Apt. 600, Balto, MD 21211  
 (residence) Street City State Zip Code (period of residency in Baltimore City) \_\_\_\_\_  
06-07-59 M Baltimore  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

1. Has the applicant(s) been convicted of a felony, or has been adjudged guilty of violating the laws governing the sale of any alcoholic beverage or for gambling in any State, including Maryland?  Yes  No If yes, mark applicant and provide explanation in adjacent space provided.

Applicant A  B  C

2. State whether the applicant(s) has ever been adjudged guilty of any offense against the laws of the State of Maryland or the United States.  Yes  No If yes, mark applicant and explain.

Applicant A  B  C

3. Has the applicant(s) ever held a license for the sale of alcoholic beverages in the State of Maryland?  Yes  No If yes, explain.

Applicant A  B  C

4. Has the applicant(s) ever had a liquor license suspended or revoked?  Yes  No If yes, explain in adjacent space.

Applicant A  B  C

5. Does the applicant(s) have a pecuniary interest in any other alcoholic beverage business or business for which a license has been applied for, granted, and issued?  Yes  No If yes, explain in adjacent space.

Applicant A  B  C

6. Is your spouse or child a licensee, in this jurisdiction or any other, and does he or she have any financial interest in any other alcoholic beverage business?  Yes  No If yes, explain.

Applicant A  B  C

7. Is there now, or will there be, during the continuance of the license applied for, any other person financial interested in said license or business to be conducted thereunder?  Yes  No If yes, explain in the adjacent space provided.

8. Is the licensed premises presently open and operating?  Yes  No If no, please provide information requested in adjacent space provided.

Closure Date:

Explanation:

9. Do any of the applicant(s) have any indebtedness or other financial obligations to any manufacturer, brewer, distiller, or wholesaler at the time of making this application?  Yes  No If Yes, please provide information as to the applicant(s) indebted, the amount of indebtedness, and the name of the manufacturer, brewer, distiller, or wholesaler in the adjacent space provided.

10. Please list the following, if applicable, in the spaces provided below:

Purchase Price of Business	Owner of the Real Property	Cost of the Real Property	Cost of the Business	Cost of the Personal Property	Down Payment provided to seller	Terms for the Balance due
120,000 <sup>00</sup>	Myung Ja Nam	purchase price 80,000 <sup>00</sup>			10,000.00	at settlement.

11. Please list the following information for the Manager of the establishment to be licensed:

Name	Address	Phone	Email

Applicants Applying as Business Entities - (Give name(s) and addresses - in Corporation list all officers (attach list if necessary) or in Limited Liability Company/Partnerships list all authorized persons)

- 1) NAME Tiebe B. Ghebru ADDRESS 3861 McDowell Lane TITLE Pres %OF STOCK HELD RESIDENCE \_\_\_\_\_
- 2) NAME Habtom Woldemariam ADDRESS 3861 McDowell Lane TITLE Sec %OF STOCK HELD RESIDENCE \_\_\_\_\_
- 3) NAME Maurice Charles ADDRESS 3700 Greenspring Ave TITLE V.P. %OF STOCK HELD RESIDENCE \_\_\_\_\_
- 4) NAME \_\_\_\_\_ ADDRESS Balto; 2121 TITLE \_\_\_\_\_ %OF STOCK HELD RESIDENCE \_\_\_\_\_

100% tenants by the entirety

\*\*\*\*\*Attached is a list of the names and addresses of all outstanding stockholders who on the day of this application own more than 5% of the outstanding stock of the corporation and the articles of incorporation, partnership agreement or articles of organization.\*\*\*\*\*

\*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.

CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has been a resident and taxpayer of Baltimore City, Maryland for at least two years preceding the filing of this application. 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 Baltimore City, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, The Board of License Commissioners for Baltimore City, its duly authorized agents and employees, and any peace officer of Baltimore City or the State of Maryland to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said business is to be conducted.

[Signature]  
Signature of Applicant A

[Signature]  
Signature of Applicant B

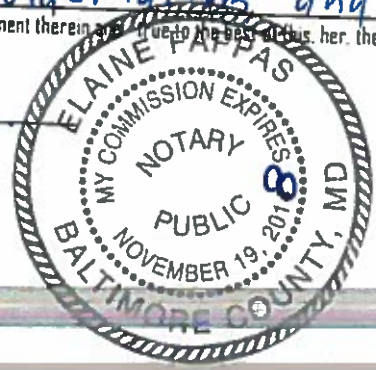
[Signature]  
Signature of Applicant C

State of Maryland Baltimore Co. ss

THIS CERTIFIES, THAT ON THE September, 2015 OF \_\_\_\_\_

before the subscriber a notary public of the State of Maryland, personally appeared Tiebe Berhane Ghebru, Habtom Woldemariam, and Maurice Charles  
The applicant (s) names in the foregoing application, and made oath in due form of law that the statement therein and Charles Street  
knowledge and belief Elaine Pappas  
Notary Public

(Witness my hand and seal)



Name and Address of the owners of the premise/landlord: MYUNG JA NAM Phone Number: 443.812.9230

STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH ALCOHOLIC BEVERAGES LAW OF MARYLAND

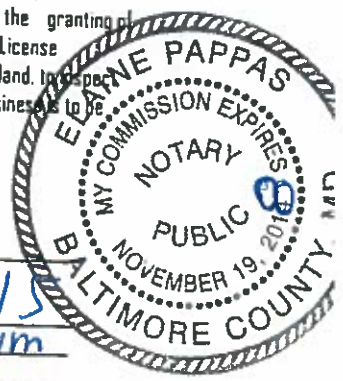
(I WE) MYUNG JA NAM 5139 - 5141 PARK HEIGHTS Baltimore, City with a Zip Code of 21215 HEREBY CERTIFY, That (I am, we are) the owner(s) of the property located at application made to Board of Liquor License Commissioners of Baltimore City under the Alcoholic Beverage Laws of Maryland and assent to the granting of the license applied for, and hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners of Baltimore City, its duly authorized agents and employees, and any peace officer of the City of Baltimore and State of Maryland, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

(Witness (my, our) hand(s) and seal(s) this 2nd day of Oct in the year of 2015

WITNESS my ja nam  
STATE OF MARYLAND  
THIS CERTIFIES, THAT ON 2nd day of October 2015

Before the subscriber a notary public of the State of Maryland, personally appeared Myung Ja Nam

and acknowledge the execution of the foregoing statement to be his act  
(Witness my hand and seal)  
Notary Public Elaine Pappas  
11/19/18



The following certificates must be signed by at least 3 persons.  
We, the undersigned citizens, real estate owners and registered voters in the City of Baltimore in which the business covered by the present application is to be conducted, certify that the qualifying applicant(s) is/are personally known to us and has been a resident or a taxpayer of Baltimore City and a resident of the State of Maryland for 2 years preceding this application.

Names	Address	Signature	DOB (Month/Year)	Length of time Acquainted with the Applicant(s)
<u>Charles Arnold</u>	<u>1503 N. Fulton Ave</u>	<u>Charles Arnold</u>	<u>9-3-53</u>	<u>2 years</u>
<u>Alice Marshall</u>	<u>1405 Washington St</u>	<u>Alice Marshall</u>	<u>11/08/57</u>	<u>2 yrs</u>
<u>Arnold Leroy</u>	<u>1221 Spruce Street</u>	<u>Arnold Leroy</u>	<u>8/28/71</u>	<u>4 years</u>
<u>Charles Marshall</u>	<u>1218 Bay St</u>	<u>Charles Marshall</u>	<u>1-26-55</u>	<u>5 years</u>
<u>Arthur R Williams</u>	<u>2105 F OLIVER</u>	<u>Arthur R Williams</u>	<u>10-6-59</u>	<u>45 yrs.</u>

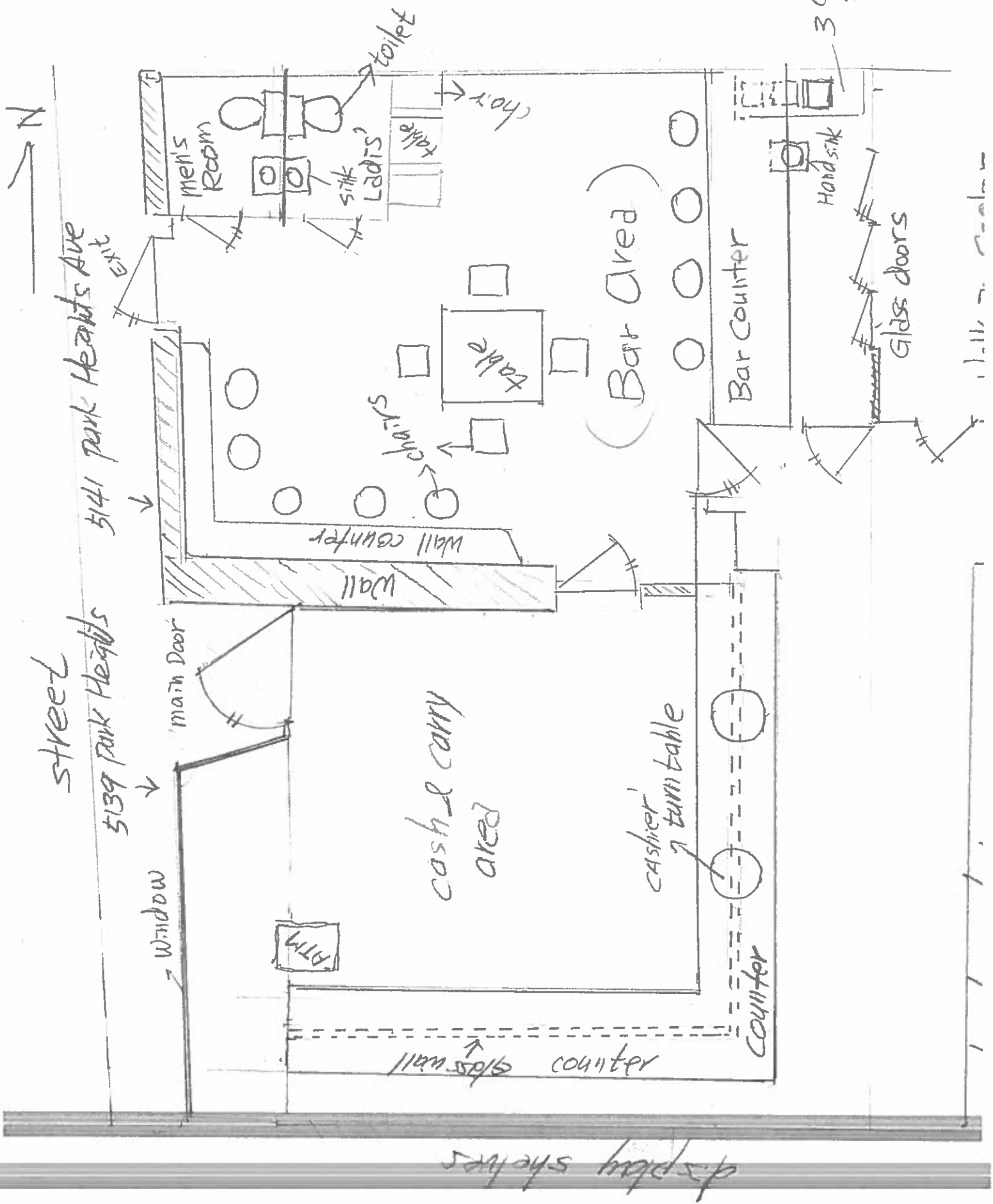
FOR OFFICE USE ONLY

DATE FILED \_\_\_\_\_ NEW/TRANSFER/EXPANSION - \$500 DGB PAID  POSTING DATE \_\_\_\_\_  
SUSTITUTE APPLICATION FEE - \$250.00 PAID  PRINT NAME OF BLLC STAFF \_\_\_\_\_ INITIALS \_\_\_\_\_

Board of Liquor License Commissioners for the City of Baltimore, 231 East Baltimore Street, 6<sup>th</sup> Floor, Baltimore, Maryland 21202  
Phone 410-396-4377 Fax 410-396-4382

Status of Application  
Approved: Yes  No   
Date: \_\_\_\_\_  
BLLC Initials: \_\_\_\_\_  
Withdrawn: Yes  No   
Date: \_\_\_\_\_  
BLLC Initials: \_\_\_\_\_

(Floor map)





# Liquor Board System

Version 1.0

Annual-Renewal | License-Transfer | One-Day | Add New License | Query | Help

## License Detail

[ Close the License ] [ Print License ] [ Print Renewal Letter ] [ << Go Back ]

### License Info

License Num: LBD7 365      Cert Num: 1015      Fee: \$1,320.00      Status: Renewed  
License Date: 5/1/2015      License Year: 2015  
CR Number: 11343608  
Payment Date: 04-30-15

2014 - 2015 TPP Paid   
2015 Trader's License  [ Update Info ]

[ Click to Start License Renewal ]

## Add Adult Entertainment License

[ Add New Adult Entertainment License ]

### Location

Corp Name: SSM OH, INC.  
Trade Name: KNIGHT'S LIQUORS  
Zone Code: 49  
Phone: 410-367-8046

Block Num: 5139-41      Street: PARK HEIGHTS AVENUE  
City: BALTIMORE      State: MD      Zip: 21215

CR Number: 11343608

Portion of Business Used:  
GROUND FLOOR FOR BUSINESS & BASEMENT FOR STORAGE

Restriction:  
UNDER THE PROVISIONS OF ARTICLE 2B §8-203(D)(3)(II), THE HOURS OF SALE BEGIN AT 9 AM EACH DAY FOR CLASS BD7 LICENSES WITHIN THE PARK HEIGHTS REDEVELOPMENT AREA AS SPECIFIED IN THE PARK HEIGHTS MASTER PLAN ADOPTED IN 2006.

[ Edit the License Location Info ] [ Alternate Mailing Address ]

### License Owners

First Name	Last Name	Street	City	State	Zip	Action	Change Owner
MYUNG JA	NAM	9757 TREYBURN COURT	ELLCOTT CITY	MD	21042	[ Edit ]	[ Remove Owner ]
SAE YONG	OH	3523 UPPER MILL COURT	ELLCOTT CITY	MD	21043	[ Edit ]	[ Remove Owner ]
SUE MEE	OH	3523 UPPER MILL COURT	ELLCOTT CITY	MD	21043	[ Edit ]	[ Remove Owner ]

## Comments

Date	Comment	Action
09/09/2015	Merchant PAID \$100.00 from Hearing dated on July 16, 2015, Invoice #99509..... /sb	Delete
07/02/2015	State of MD release transfer Sales & Use Tax ( July 1,2015)	Delete
04/29/2015	RELEASED STATE OF MD TAX HOLD.... /sb	Delete
03/09/2015	12/09/14 PAID \$625.00 FOR FINE: FINE \$500 + \$125.00 ADMIN FEE = \$625.00. INVOICE #95439.	Delete
02/02/2015	State of MD Tax Hold. letter sent to merchant on January 23, 2015.	Delete
11/28/2014	9/25/14 Public Hearing re: Violation of Rule 4.01(a) GUILTY \$1000 Fine + \$125 admin fee \$1125 Total 60 days to pay	Delete
11/10/2014	11/06/2014 Public Hearing re: Violation of Rule 5.03(a) & Violation of Rule 3.06. \$1000 Fine + \$125 admin fee \$1125 Total OWE + 1 day SUSPENSION	Delete
07/30/2014	07/24/2014 Public Hearing Violation of Rule 4.01(a) (re Feb 7,2014 alcoholic beverage sold to an underage police cadet) GUILTY Fine violation \$500 Admin Fee \$125 Total \$625 60 days to pay	Delete
11/17/2010	11/17/10 \$125 PAID IN LIEU OF 11/18/10 HEARING #75324	Delete
11/30/2009	11/24/09 \$100 COMPLIANCE CONF.PAID IN FULL #70433	Delete
10/15/2008	10/14/08 \$100 COMPLIANCE CONF.FEE PAID IN FULL #65156	Delete
04/14/2008	04/10/08 Public Hearing re: Protest of Renewal DECISION: LICENSE RENEWED.NO FEE IMPOSED.	Delete

[Print History \(Print Card\)](#)

License num: LBD7 365

Address: 5139-41 PARK HEIGHTS AVENUE

Trade Name: KNIGHT'S LIQUORS

Comment:

[Add Comment](#)

Hold Info

Powered by:



**Transfer of Ownership**

**Applicant(s): Avinash Patel & Charles Zannino**

**Sai Beverage, LLC T/a Mini Market Deli & Grocery Beer & Wine**

**300 S. Highland Avenue –**

**Class “A” Beer & Wine – Application to transfer ownership**

**Board’s Information:**

Attached is a copy of the application, posting report, letter from licensee rescinding request and map.

**Community Letter(s)/ Memorandum of Understanding: None**

**Posting Date(s): 9/24/15 – Reposted 10/22/15**

**SDAT: In Good Standing**

**BOARD’S DECISION:**



Entity Name: SAI BEVERAGES, LLC

Department ID: W16738643

General Information

Amendments

Personal Property

Certificate of Status

**Principal Office (Current):**

10894 HARMEL DR  
COLUMBIA, MD 21044

**Resident Agent (Current):**

AVINASH SHAH  
10894 HARMEL DR  
COLUMBIA, MD 21044

**Status:**

**ACTIVE**

Good Standing:

Yes

**What does it mean when a business is not in good standing or forfeited?**

Business Code:

Other

**Date of Formation or Registration:**

08/31/2015

**State of Formation:**

MD

**Stock/Nonstock:**

N/A

**Close/Not Close:**


Unknown

300 South Highland Ave  
Baltimore MD 21224.  
Ph. No. 443 691 4827.

License No. WA 009  
To Liquor Board

I wish to rescind my previous  
request to withdraw the transfer  
application for 300 S. Highland  
Ave. 21224. Please move forward  
the the transfer

Thank you  
sincerely

  
Charulate Park

LICENSING BOARD

2015 OCT - 8 PM

RECEIVED

Back

## Board of Liquor License Commissioners

For Baltimore City  
231 E. Baltimore Street, 6<sup>th</sup> Floor  
Baltimore, Maryland, 21202-3258

### POSTING SIGNS REPORT

<i>Applicant(s) Name:</i>	<input type="text" value="Avinash Patel"/>
<i>Address of Premises:</i>	<input type="text" value="300 S. Highland St. 21204"/>
<i>Inspector:</i>	<input type="text" value="i:0#.w baltimore\joann.martin"/>
<i>Date Posted:</i>	<input type="text"/>
<i>Time Posted:</i>	<input type="text"/>
<i>Date Rechecked:</i>	<input type="text"/>
<i>Time Rechecked:</i>	<input type="text"/>
<i>Manager or Owner when sign posted:</i>	<input type="text"/>

*Summary on location of sign posted:*

Licensee stated that the deal fell through...did not post sign....Instructed licensee to submit a letter to

*Summary on location of sign rechecked:*

*Insert Photo of Sign and location:*



Attach Additional Photos

Approve



9.24.15

Mini Market Deli & G  
300 South Highland Ave  
Baltimore MD 21224  
443 691 4827

To Whom

Liquor Board.

My name is Charulata Parkh  
I am the owner of Mini Market  
Deli & Grocery I no longer interested  
to transfer of my beer & wine license.

Your Sincerely

C. Parkh

Charulata Parkh

15 SEP 24 11

1011R

1011R

PA



# Liquor Board System

Version 1.0

Annual-Renewal | License-Transfer | One-Day | Add New License | Query | Help

## License Detail

<< Go Back

### License Info

License Num: **WA 009**

Cert Num: **0230**

Fee: **\$110.00**

Status: **Renewed**

License Date: **5/1/2015**

License Year: **2015**

CR Number: **03478749**

Payment Date: **04-13-15**

2014 - 2015 TPP Paid

2015 Trader's License

*Withdraw application*

### Add Adult Entertainment License

#### Location

Corp Name: **N/A**

Trade Name: **MINI MARKET DELI & GROCERY**

Zone Code: **12**

Phone: **410-675-2808**

Block Num: **300**

City: **BALTIMORE**

Street: **HIGHLAND AVENUE SOUTH**

State: **MD**

Zip: **21224**

CR Number: **03478749**

Portion of Business Used:

**FIRST FLOOR BACK SIDE OF STORE**

Restriction:

### License Owners

First Name	Last Name	Street	City	State	Zip
CHARULATA	PAREKH	5 HILLSYDE COURT	COCKEYSVILLE	MD	21030

### Sunday License

License Num:

Cert Num:

Fee:

License

Dates:

### Comments

Date	Comment
11/14/2011	11/3/2011 Public Hearing re: Violation of Rule 4.18 Illegal conduct. Violation of Article 2Bsection 1-201 (a)(2) Selling alcohol not allowed by their license. Rule 4.18 GUILTY \$500 suspended. Article 2Bsection 1-201 (a)(2) GUILTY \$200 TOTAL FINE \$200

**Hold Info**



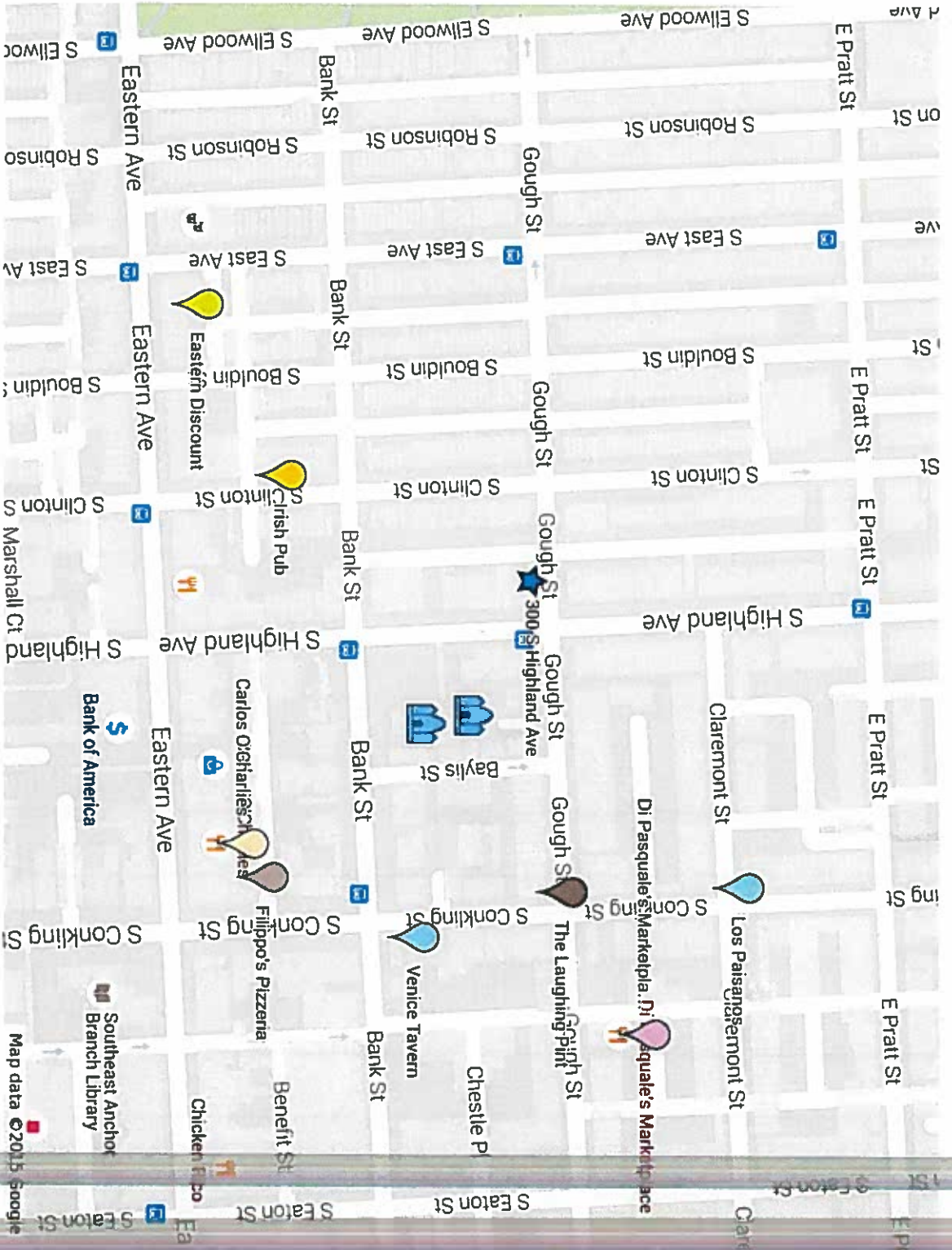
# 300 S. Highland Ave., Balto., 21224 t/a Mini Market

## Licensed Establishments

- ★ 300 S Highland Ave
- 📍 Carlos O'Charles
- 📍 Di Pasquale's Marketplace
- 📍 Eastern Discount
- 📍 Filippo's Pizzeria
- 📍 Irish Pub
- 📍 Los Paisanos
- 📍 The Laughing Pint
- 📍 Venice Tavern

## Churches (no change on location license)

- 📍 Abbott Memorial Presbyterian Church
- 📍 Salem United Methodist Church





# Board of Liquor License Commissioners for Baltimore City

CLASS TYPE: W/A LICENSE AT THE LOCATION: 300 S. HIGHLAND AVE IF TRANSFER, LOCATION: \_\_\_\_\_  
 CORPORATE/LLC/LLP/PARTNERSHIP NAME: SAI BEVERAGE LLC TRADE NAME: MINI MARKET DELI & GROCERY BEER & WINE  
 ATTORNEY FOR THE APPLICANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

INDICATE TYPE OF LICENSE APPLICATION: TRANSFER  NEW  EXPANSION OF PREMISES  SUBSTITUTE  AMENDMENT(S)   
 Describe Part of Premises to be Used: BEER, WINE & GROCERY Will you offer delivery of food and/or alcohol?  Yes  No  
 Will Live Entertainment be provided?  Yes  No What Kind? \_\_\_\_\_  
 Will Outdoor Table Service Be Provided?  Yes  No Off Premise Catering of Food and Alcohol?  Yes  No  
 Please note that as per Art. 28 §10-202(a)(iv)(1) that an application for the issuance or transfer is not complete unless the applicant has obtained zoning approval from the City of Baltimore Do you have a Zoning Approval DHCO?  Yes  No If yes, please attach. If no, please give timeframe for obtaining letter of approval: \_\_\_\_\_

WORKER'S COMPENSATION INFORMATION - INSURANCE CARRIER \_\_\_\_\_ POLICY OR BINDER #: \_\_\_\_\_

**1. Applicant A**

AVINASH PATEL 443-722-6892 avinm Patel @ gmail . c  
 (full name) (telephone no.) E-mail (Required)  
10894 HARMEL DR COLUMBIA MD 21044  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
02/1958 MALE ARUA UGANDA  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

**2. Applicant B**

CHARLES S. ZANNINO 410 241-4920 CHARUPARC 12 at GMA  
 (full name) (telephone no.) E-mail (Required)  
263 S. CONKLING ST BALTO MD 21224 55 yrs  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
7-4-1960 M MARYLAND (BALTO.)  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

**3. Applicant C**

\_\_\_\_\_  
 (full name) (telephone no.) E-mail (Required)  
 \_\_\_\_\_  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
 \_\_\_\_\_  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

Maryland?  Yes  No If yes, mark applicant and provide explanation in adjacent space provided.

Applicant A  B  C

2. State whether the applicant(s) has ever been adjudged guilty of any offense against the laws of the State of Maryland or the United States.  Yes  No If yes, mark applicant and explain.

Applicant A  B  C

3. Has the applicant(s) ever held a license for the sale of alcoholic beverages in the State of Maryland?  Yes  No If yes, explain.

KENT VILLAGE LIQUOR  
LANDOVER ROAD  
PRINCE GEORGES COUNTY MD

Applicant A  B  C

4. Has the applicant(s) ever had a liquor license suspended or revoked?  Yes  No If yes, explain in adjacent space.

Applicant A  B  C

5. Does the applicant(s) have a pecuniary interest in any other alcoholic beverage business or business for which a license has been applied for, granted, and issued?  Yes  No If yes, explain in adjacent space.

Applicant A  B  C

6. Is your spouse or child a licensee, in this jurisdiction or any other, and does he or she have any financial interest in any other alcoholic beverage business?  Yes  No If yes, explain.

7. Is there now, or will there be, during the continuance of the license applied for, any other person financial interested in said license or business to be conducted thereunder?  Yes  No If yes, explain in the adjacent space provided.

8. Is the licensed premises presently open and operating?  Yes  No If no, please provide information requested in adjacent space provided.

Closure Date:

Explanation:

9. Do any of the applicant(s) have any indebtedness or other financial obligations to any manufacturer, brewer, distiller, or wholesaler at the time of making this application?  Yes  No If Yes, please provide information as to the applicant(s) indebted, the amount of indebtedness, and the name of the manufacturer, brewer, distiller, or wholesaler in the adjacent space provided.

55,000	CHARULATA N PARIKH	95,000	25,000	10,000	5,000	50,000 INSTALLME
--------	--------------------------	--------	--------	--------	-------	---------------------

II. Please list the following information for the Manager of the establishment to be licensed:

Name	Address	Phone	Email
AVINASH PATEL	300 S. HIGHLAND AVE BALTIMORE MD 21224		avinm Patel@gmu

Applicants Applying as Business Entities - (Give name(s) and addresses - in Corporation list all officers (attach list if necessary) or in Limited Liability Company/Partnerships list all authorized persons.)

- 1) NAME: AVINASH PATEL ADDRESS: 10894, HARMEL DR  
COLUMBIA, MD  
21044 TITLE: 95  
Part  
Part %OF STOCK HELD RESIDENCE:
- 2) NAME: [Signature] ADDRESS: 263 S. Conkley St  
Baltimore 21224 TITLE: 5 %OF STOCK HELD RESIDENCE:
- 3) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD RESIDENCE:
- 4) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD RESIDENCE:

\*\*\*\*\*Attached is a list of the names and addresses of all outstanding stockholders who on the day of this application own more than 5% of the outstanding stock of the corporation and the articles of incorporation, partnership agreement or articles of organization.\*\*\*\*\*

*\*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.*

CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has been a resident and taxpayer of Baltimore City Maryland for at least two years preceding the filing of this application. 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 regulation of the Board of License Commissioners for Baltimore City, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, The Board of License Commissioners for Baltimore City, its duly authorized agents and employees, and any peace officer of Baltimore City or State of Maryland to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said business to be conducted.

Signature of Applicant A: [Signature]  
Signature of Applicant B: [Signature]  
Signature of Applicant C: \_\_\_\_\_

State of Maryland: City of Baltimore ss  
THIS CERTIFIES, THAT ON THE 3 OF September 2015  
before the subscriber a notary public of the State of Maryland, personally appeared  
Charles Zannino & Avinash Patel  
The applicant (s) names in the foregoing application, and made oath in due form of law that the statement therein are true to the best of (his, her, their) knowledge and belief

[Signature]  
Notary Public com 049 007 9, 2015

(Witness my hand and seal)

(I, WE) CHARULATA N. PAREKH HEREBY CERTIFY, That (I am, we are) the owner(s) of the property located at 300 S. HIGHLAND AVE., Baltimore, City with a Zip Code of 21224, which is named in the present application made to Board of Liquor License Commissioners of Baltimore City under the Alcoholic Beverage Laws of Maryland and assent to the granting of the license applied for, and hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners of Baltimore City, its duly authorized agents and employees, and any peace officer of the City of Baltimore and State of Maryland, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

(Witness (my, our) hand(s) and seal(s) this 15<sup>th</sup> day of September in the year of 2015 .

WITNESS: [Signature]

STATE OF MARYLAND  
THIS CERTIFIES, THAT ON 15<sup>th</sup> day of September, 2015

Before the subscriber a notary public of the State of Maryland, personally appeared Charulata N. Parekh

and acknowledge the execution of the foregoing statement to be \_\_\_\_\_ act.

(Witness my hand and seal) [Signature] [Signature]  
Notary Public

The following certificates must be signed by at least 3 persons.  
We, the undersigned citizens, real estate owners and registered voters in the City of Baltimore in which the business covered by the present application is to be conducted, certify that the qualifying applicant(s) is/are personally known to us and has been a resident or a taxpayer of Baltimore City and a resident of the State of Maryland for 2 years preceding this application.

Names	Address	Signature	DOB (Month/Year)	Length of time Acquainted with the Applicant(s)
Deborah Warren	206 S Clinton St	[Signature]	3/1956	23 yrs
MIKE RIGGAN	3511 Chatham	[Signature]	6/30/41	67 yrs
Kimberly Ortiz	245 S. EAST AVE	[Signature]	2-21-69	17 yr
George Mvripiti	300 S Highland Ave	[Signature]	4-30-81	10 yrs
Marie Trotta	3414 Gough St	[Signature]	7/9/28	57 yrs

FOR OFFICE USE ONLY

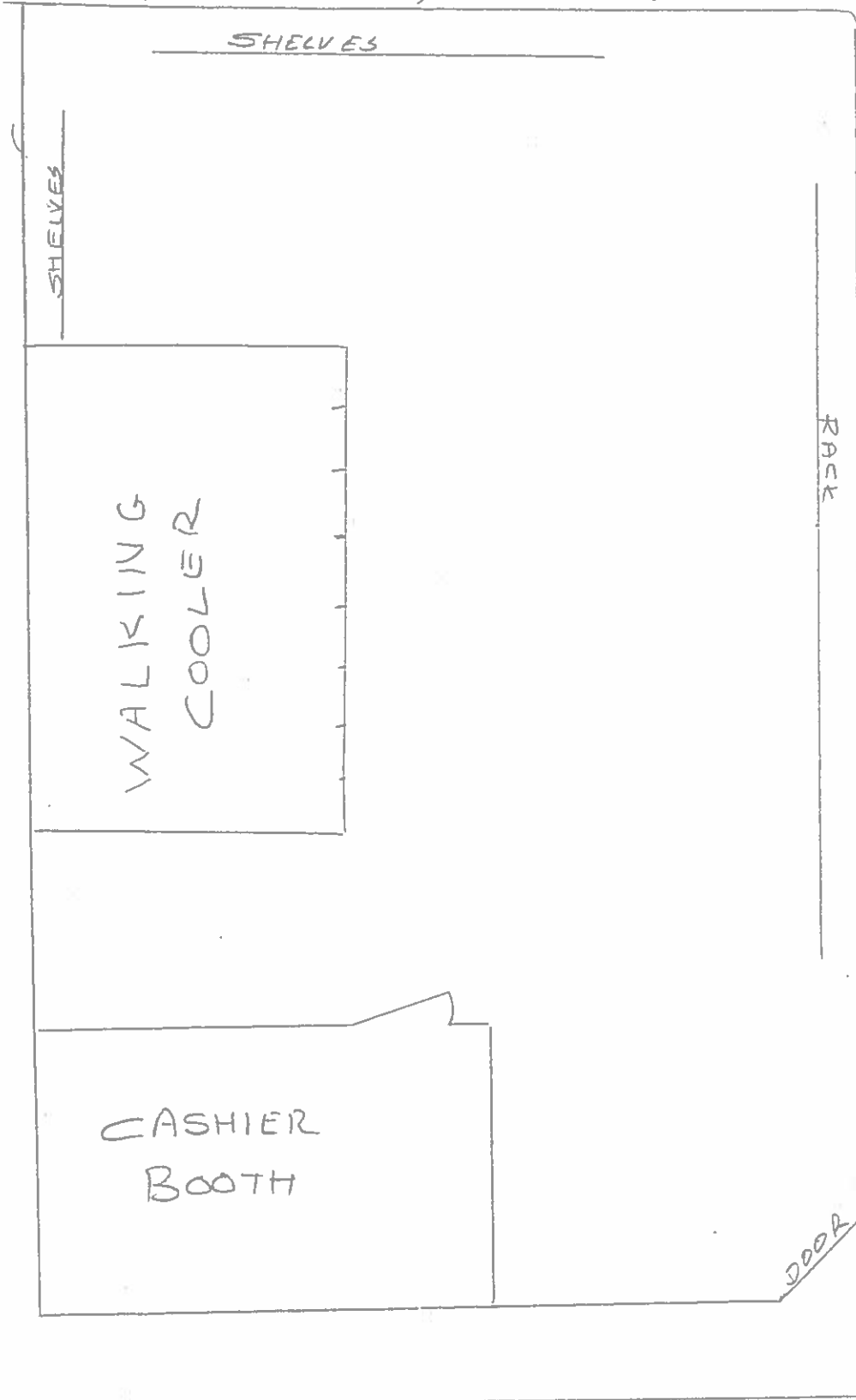
DATE FILED: \_\_\_\_\_ NEW/TRANSFER/EXPANSION - \$500.00 PAID:  POSTING DATE: \_\_\_\_\_  
SUBSTITUTE APPLICATION FEE - \$250.00 PAID  PRINT NAME OF BLLC STAFF \_\_\_\_\_ INITIALS \_\_\_\_\_

Board of Liquor License Commissioners For the City of Baltimore, 231 East Baltimore Street, 6<sup>th</sup> Floor, Baltimore, Maryland 21202  
Phone: 410-396-4377 Fax: 410-396-4382

Status of Application	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____
BLLC Initials: _____	
Withdrawn: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date: _____	
BLLC Initials: _____	

BRETT WEHBERG  
 NOTARY PUBLIC  
 HARFORD COUNTY  
 MARYLAND  
 My Commission Expires 10/16/2016

300, S. HIGHLAND AVE, BALTIMORE, MD



GOUCH

S. HIGHLAND

5

**Transfer of Ownership****Applicant(s):** Tsgakrstos Dafla,**2<sup>nd</sup> Avenue Liquor, Inc. T/a 2<sup>nd</sup> Avenue Liquor****1376 W. North Avenue**

Class "A" Beer, Wine & Liquor License – Application to transfer ownership & location of a Class "A" BWL license presently located at 2300 Orem Avenue to 1376 W. North Avenue

**Board's Information:**

Previously scheduled item that had to be moved to due proximity to Church with the proposed park Avenue location.

There were issues with neighborhood regarding the 2300 Orem location and this item was held due to community input. The applicant has worked to find a new location.

Attached is a copy of the application, interview sheet and map.

**Community Letter(s)/ Memorandum of Understanding:** None**Posting Date(s):** 10/21/15**SDAT: In Good Standing****BOARD'S DECISION:**

Entity Name: 2ND AVENUE LIQUOR INC.

Department ID: D16714891

General Information

Amendments

Personal Property

Certificate of Status

**Principal Office (Current):**

230 PARK AVENUE  
BALTIMORE, MD 21201

**Resident Agent (Current):**

GARY R. MASLAN, ESQ.  
7508 EASTERN AVENUE  
BALTIMORE, MD 21224

**Status:**

**INCORPORATED**

Good Standing:

Yes

**What does it mean when a business is not in good standing or forfeited?**

Business Code:

Ordinary Business - Stock

**Date of Formation or Registration:**

08/19/2015

**State of Formation:**

MD

**Stock/Nonstock:**

Stock

**Close/Not Close:**

Close

Entity Name: 2ND AVENUE CORP

Department ID: D16709669

General Information

Amendments

Personal Property

Certificate of Status

**Principal Office (Current):**

230 PARK AVE  
BALTIMORE, MD 21201

**Resident Agent (Current):**

TSGAKRSTOS DAFLA  
1703 W. LOMBARD ST.  
BALTIMORE, MD 21223

**Status:**

**INCORPORATED**

Good Standing:

Yes

**What does it mean when a business is not in good standing or forfeited?**

Business Code:

Ordinary Business - Stock

**Date of Formation or Registration:**

08/18/2015

**State of Formation:**

MD

**Stock/Nonstock:**

Stock

**Close/Not Close:**

Close



**Application for Alcoholic Beverages License**  
**Board of Liquor License Commissioners for Baltimore City**

CLASS TYPE: A LICENSE AT THE LOCATION: 2300 WYOM AVE <sup>Baltimore MD</sup> IF TRANSFER, LOCATION: 1376 NORTH AVE  
 CORPORATE/LLC/LLP/PARTNERSHIP NAME: 2nd Avenue Liquor Inc TRADE NAME: 2nd Avenue Liquor  
 ATTORNEY FOR THE APPLICANT: Fony maria ADDRESS: 7508 2nd Ave PHONE: 410-288-2700 EMAIL: 8madhlan@kmmmdna.com

INDICATE TYPE OF LICENSE APPLICATION: TRANSFER  NEW  EXPANSION OF PREMISES  SUBSTITUTE  AMENDMENT(S)

Describe Part of Premises to be Used: 1st floor Will you offer delivery of food and/or alcohol?  Yes  No

Will Live Entertainment be provided?  Yes  No What Kind? \_\_\_\_\_

Will Outdoor Table Service Be Provided?  Yes  No Off Premise Catering of Food and Alcohol?  Yes  No

Please note that as per Art. 28 §10-202(a)(iv)(i) that an application for the issuance or transfer is not complete unless the applicant has obtained zoning approval from the City of Baltimore Do you have a Zoning Approval DHCD?  Yes  No If yes, please attach. If no, please give timeframe for obtaining letter of approval: \_\_\_\_\_

WORKER'S COMPENSATION INFORMATION - INSURANCE CARRIER \_\_\_\_\_ POLICY OR BINDER #: \_\_\_\_\_

**1. Applicant A**

TSGAKRSTAS DAFIA 443-710-1111 Tsgadafia@gmail.com  
(full name) (telephone no.) E-mail (Required)  
1703 W-Lombard ST Baltimore MD 21223 6 years  
(residence) Street City State Zip Code (period of residency in Baltimore City)  
May 1988 Male Ghana  
(Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: 1703 West Lombard St Baltimore MD 21223  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

**2. Applicant B**

\_\_\_\_\_  
(full name) (telephone no.) E-mail (Required)  
 \_\_\_\_\_  
(residence) Street City State Zip Code (period of residency in Baltimore City)  
 \_\_\_\_\_  
(Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

**3. Applicant C**

\_\_\_\_\_  
(full name) (telephone no.) E-mail (Required)  
 \_\_\_\_\_  
(residence) Street City State Zip Code (period of residency in Baltimore City)  
 \_\_\_\_\_  
(Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

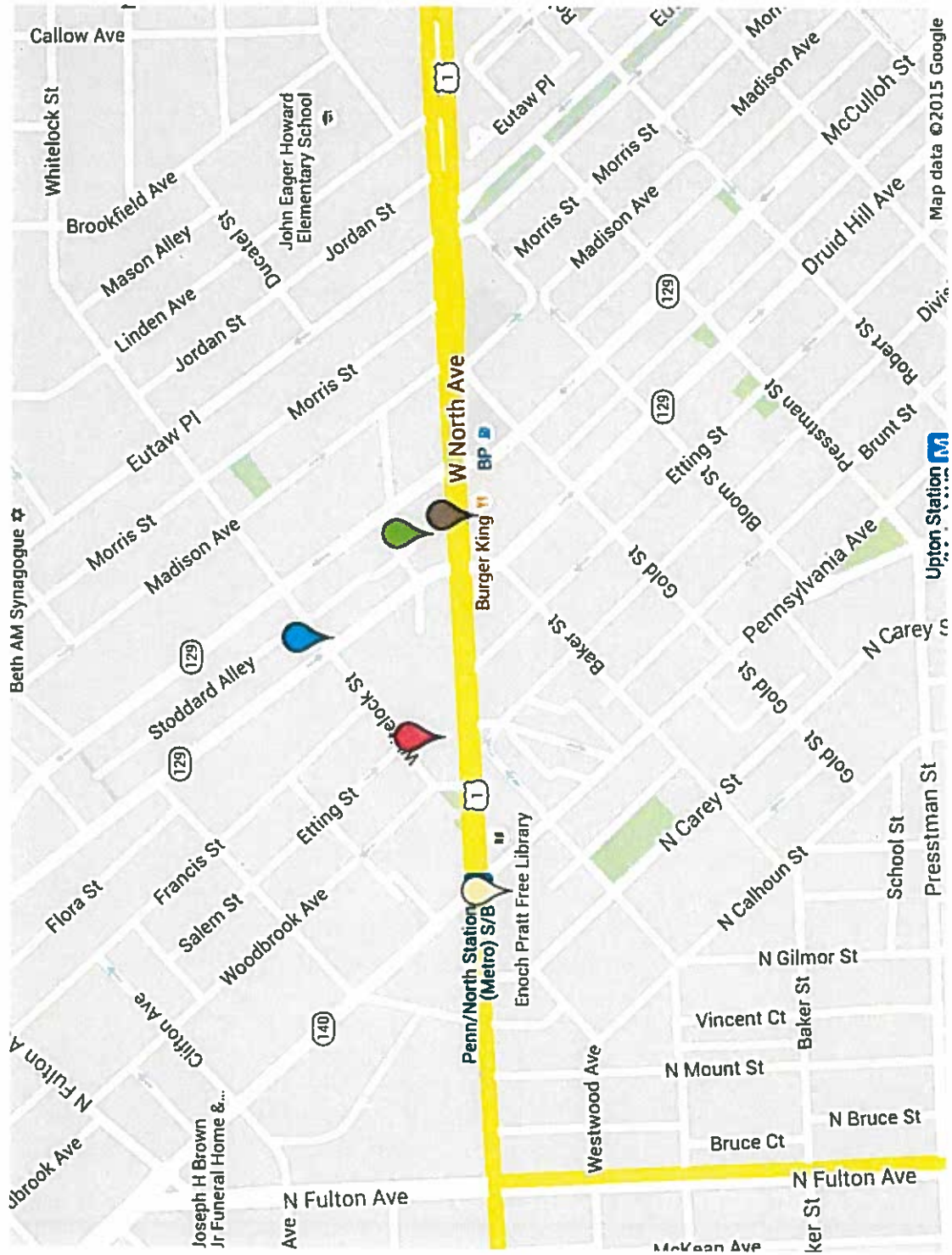
If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

# 1376 W. North Avenue

## Licensed Establishments

- 1376 W North Ave
- Sugar Hill Tavern
- The Arch Social Club
- 1220 W North Ave
- 1209 W North Ave

## Liquor License Map



10. Please list the following, if applicable, in the spaces provided below:

Purchase Price of Business	Owner of the Real Property	Cost of the Real Property	Cost of the Business	Cost of the Personal Property	Down Payment provided to seller	Terms for the Balance due

11. Please list the following information for the Manager of the establishment to be licensed:

Name	Address	Phone	Email
TSGARZSTOS DAFH	1703 W Lombard Bolt MD 21223	443-710-1111	Tsgardextia@gmail.com

Applicants Applying as Business Entities - (Give name(s) and addresses - in Corporation list all officers (attach list if necessary) or in Limited Liability Company/Partnerships list all authorized persons.)

1) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD RESIDENCE: \_\_\_\_\_

2) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD RESIDENCE: \_\_\_\_\_

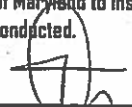
3) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD RESIDENCE: \_\_\_\_\_

4) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD RESIDENCE: \_\_\_\_\_

\*\*\*\*\*Attached is a list of the names and addresses of all outstanding stockholders who on the day of this application own more than 5% of the outstanding stock of the corporation and the articles of incorporation, partnership agreement or articles of organization.\*\*\*\*\*

*\*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.*

**CERTIFICATE OF APPLICANTS:** At least one applicant whose signature appears below certifies that he/she has been a resident and taxpayer of Baltimore City, Maryland for at least two years preceding the filing of this application. 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 Baltimore City, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, The Board of License Commissioners for Baltimore City, its duly authorized agents and employees, and any peace officer of Baltimore City or the State of Maryland to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said business is to be conducted.

  
\_\_\_\_\_  
Signature of Applicant A

\_\_\_\_\_  
Signature of Applicant B

\_\_\_\_\_  
Signature of Applicant C

State of Maryland: \_\_\_\_\_ ss

THIS CERTIFIES, THAT ON THE \_\_\_\_\_ OF \_\_\_\_\_  
before the subscriber a notary public of the State of Maryland, personally appeared

The applicant (s) names in the foregoing application, and made oath in due form of law that the statement therein are true to the best of (his, her, their) knowledge and belief.

\_\_\_\_\_  
Notary Public

(Witness my hand and seal)

Name and Address of the owners of the premise/landlord: Win-tana Corp Phone Number: 202 251-26

STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH ALCOHOLIC BEVERAGES LAW OF MARYLAND

(I, WE) WOLDENSIE-ASFANA 230-PARK AVE BALTIMORE, MD 21201 HEREBY CERTIFY, That (I am, we are) the owner(s) of the property located at 230-PARK AVE, Baltimore, City with a Zip Code of 21201, which is named in the present application made to Board of Liquor License Commissioners of Baltimore City under the Alcoholic Beverage Laws of Maryland and assent to the granting of the license applied for, and hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners of Baltimore City, its duly authorized agents and employees, and any peace officer of the City of Baltimore and State of Maryland, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

(Witness (my, our) hand(s) and seal(s) this 08 day of 18 in the year of 2015

WITNESS: Woldensie-Asfana

STATE OF MARYLAND

THIS CERTIFIES, THAT ON \_\_\_\_\_ day of \_\_\_\_\_ Before the subscriber a notary public of the State of Maryland, personally appeared \_\_\_\_\_

and acknowledge the execution of the foregoing statement to be \_\_\_\_\_ act.

(Witness my hand and seal)  
Notary Public

The following certificates must be signed by at least 3 persons.

We, the undersigned citizens, real estate owners and registered voters in the City of Baltimore in which the business covered by the present application is to be conducted, certify that the qualifying applicant(s) is/are personally known to us and has been a resident or a taxpayer of Baltimore City and a resident of the State of Maryland for 2 years preceding this application.

Names	Address	Signature	DOB (Month/Year)	Length of time Acquainted with the Applicant(s)
<u>Yonas Nagesh</u>	<u>1703 W. Lombard St.</u>	<u>Yonas Nagesh</u>		<u>12 years</u>
<u>SALLY KHAN</u>	<u>919 ARMSFIELD WAY</u>	<u>Sally Khan</u>		<u>5 years</u>
<u>Ermias Abba</u>	<u>1134 Scott St.</u>	<u>Ermias Abba</u>		<u>21+5</u>
<u>DERESSE HR</u>	<u>3311 ABELL AVE BALTIMORE, MD 21218</u>	<u>Deressse</u>		<u>20 years</u>

FOR OFFICE USE ONLY

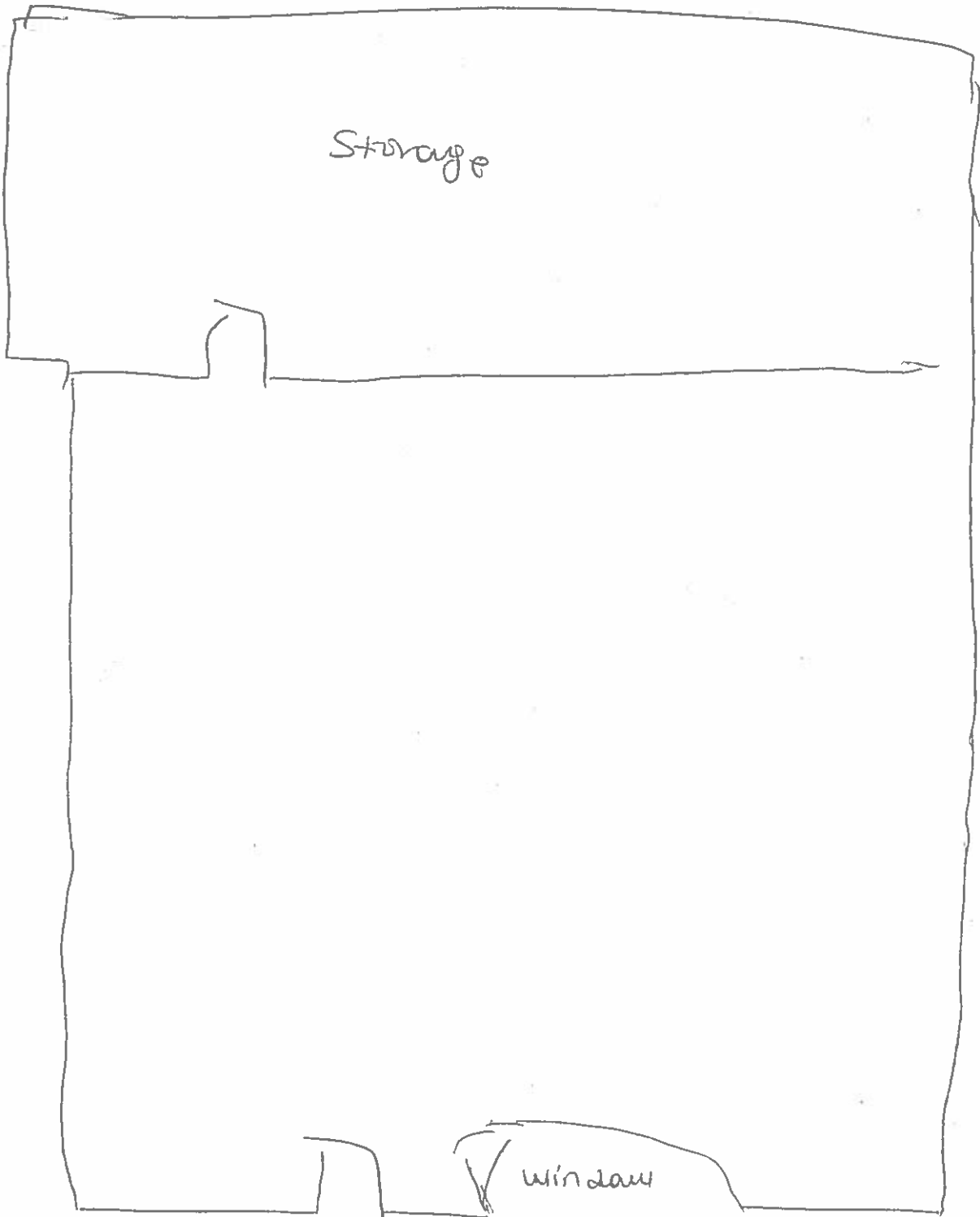
DATE FILED: \_\_\_\_\_ NEW/TRANSFER/EXPANSION - \$500.00 PAID:  POSTING DATE: \_\_\_\_\_

SUBSTITUTE APPLICATION FEE - \$250.00 PAID  PRINT NAME OF B.L.L.C. STAFF: \_\_\_\_\_

Board of Liquor License Commissioners For the City of Baltimore, 231 East Baltimore Street, 8<sup>th</sup> Floor, Baltimore, Maryland 21202  
Phone: 410-396-4377 Fax: 410-396-4382

Status of Application	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date: _____	
B.L.L.C. Initials: _____	
Withdrawn: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date: _____	
B.L.L.C. Initials: _____	

**\*Please present/draw a Floor Plan/Rendering of the Licensed Premises here. If you have a professionally drafted rendering, please attach it to the application.\***





# Liquor Board System

Version 1.0

Annual-Renewal | License-Transfer | One-Day | Add New License | Query | Help

## License Detail

Close the License | Print License | Print Renewal Letter | << Go Back

### License Info

License Num: LA 219      Cert Num: T1176      Fee: \$200.00      Status: Transferred

License Date: 8/27/2014 1:08:52 PM      License Year: 2014

CR Number: 13713074

Payment Date: 04-30-14

2013 - 2014 TPP Paid  Y

2014 Trader's License  N      Update Info

Click to Start License Renewal

## Add Adult Entertainment License

Add New Adult Entertainment License

### Location

Corp Name: GREAT INVESTMENTS, LLC

Trade Name: SECURED CREDITOR

Zone Code: 37

Phone: 202-550-0171

Block Num: 2300

City: BALTIMORE

Street: OREM AVENUE

State: MD

Zip: 21217

CR Number: 13713074

Portion of Business Used:

LICENSED PREMISES INCLUDES 2300 OREM AVENUE & 2929 PARKWOOD AVENUE - RES.  
APPR. FIRST FLOOR ONE STORY BUILDING FOR BUSINESS

Restriction:

Edit the License Location, Info      Alternate Mailing Address

### License Owners

First Name	Last Name	Street	City	State	Zip	Action	Change Owner
KODWO	MILLS	9118 REDWOOD AVENUE	BETHESDA	MD	20817	Edit	Remove Owner

### Sunday License

License Num:

Cert Num:

Fee:

License

Dates:

## Comments

Date	Comment	Action
03/09/2015	SENT 2ND APPLICATION LETTER FOR 2015-2016 LICENSE RENEWAL TO OWNER'S ADDRESS.	<a href="#">Delete</a>
02/25/2015	2/25/14 BINI, INC -APPLICATION WAS WITHDRAWN	<a href="#">Delete</a>
02/09/2015	12/23/2014( RE: 13713074) Maryland sales & use tax hold	<a href="#">Delete</a>
01/29/2015	6/26/13 Public Hearing re:Application to transfer ownership.Transfer request DENIED. (Applicant did not show up on time)	<a href="#">Delete</a>
11/05/2012	10/25/2012 Public Hearing re: VIOLATION of Article 2B section 11-303(a)(1) Violation of license hours. VIOLATION of Rule 3.03(c) Records. VIOLATION of Article 2B section 10-301(j)(1) proof of payment of personal property tax not submitted. Article 2B section 11-303(a)(1) GUILTY \$1500 & 30 day suspension from 1/1/13 to 1/27/13 (Board granted 3 days time served from prior ordered closing) Rule 3.03(c) GUILTY \$100. Article 2B section 10-301(j)(1) DISMISSED. TOTAL FINE \$1600.	<a href="#">Delete</a>
10/31/2012	10/18/2012 Public Hearing re: VIOLATION of Article 2B section 11-303(a)(1) license hours VIOLATION to Rule 3.03(c) Records. VIOLATION of Article 2B section 10-301(j)(1) proof of payment of personal property tax not submitted. FAILED TO APPEAR. License suspended.	<a href="#">Delete</a>
10/22/2012	9/13/2012 Public Hearing re: VIOLATION of Rule Article 2B section 10-301(j)(1) Personal property tax not paid. Submitted documentation, paid fine in lieu of hearing. FINE \$125	<a href="#">Delete</a>
07/03/2012	6/28/2012 Public Hearing re: VIOLATION of Article 2B section 201(a)(2) license fee not paid. VIOLATION of Rule 3.02 failure to cooperate. Article 2B GUILTY \$500. Rule 302 GUILTY \$500. TOTAL FINE \$1000. Board imposed 3-day mandatory suspension beginning 7/4/12.	<a href="#">Delete</a>
06/14/2012	6/7/2012 Public Hearing re: VIOLATION of Rule 4.05(a) Serving after hours. VIOLATION of Rule 3.02 Failure to cooperate. POSTPONED.	<a href="#">Delete</a>
06/14/2012	6/7/2012 Public Hearing re: VIOLATION of Article 2B section 201(a)(2) License fee not paid. VIOLATION of Rule 3.02 Failure to cooperate. POSTPONED.	<a href="#">Delete</a>
07/25/2011	7/21/2011 Public Hearing re: VIOLATION OF ARTICLE 2B section 11-303(a)(1) violation of 6 day license (Sunday 6/6/11). VIOLATION OF RULE 3.01 Unauthorized licensee (3/6/11). VIOLATION OF RULE 4.15 Gambling. Article 2B section (a)(1) GUILTY \$500. Rule 3.01 NOT GUILTY. Rule 4.15 GUILTY \$500 Total fine \$1000. hearing fee waived.	<a href="#">Delete</a>
05/14/2009	5/09 Application filed to transfer ownership Carlos Mason, Tanya Mason & Roosevelt Tyler, Harrison & Mason, LLC	<a href="#">Delete</a>

[Print History \(Print Card\)](#)

License num: LA 219

Address: 2300 OREM AVENUE

Trade Name: SECURED CREDITOR

Comment:

[Add Comment](#)

Hold Info

Powered by:



**New Application**

**Applicant(s): Barry Lowenthal & Pauline Lowenthal,**

**Bellerock, LLC T/a The Brass Tap**

**1205 W. Mt. Royal Avenue**

**Class "B" Beer & Wine License**

Application for a new Class "B" Beer, Wine & Liquor restaurant license under the provisions of Rule 2.08 requiring \$200,000 in capital investment in restaurant fixtures and facilities and seating capacity for a minimum of 75 people

**Board's Information:**

Attached is a copy of the application, posting report, and map.

**Community Letter(s)/ Memorandum of Understanding: None**

**Posting Date: 10/6/15**

**Last Inspection Date(s): Not Applicable**

**SDAT: In Good Standing**

**BOARD'S DECISION:**



Entity Name: BELLEROCK, LLC

Department ID: W15639248

General Information

Amendments

Personal Property

Certificate of Status

**Principal Office (Current):**

4003 DORCHESTER ROAD  
BALTIMORE, MD 21207

**Resident Agent (Current):**

BARRY WILLIAM LOWENTHAL  
4003 DORCHESTER ROAD  
BALTIMORE, MD 21207

**Status:**

**ACTIVE**

Good Standing:

Yes

**What does it mean when a business is not in good standing or forfeited?**

Business Code:

Other

**Date of Formation or Registration:**

01/13/2014

**State of Formation:**

MD

**Stock/Nonstock:**

N/A

**Close/Not Close:**

Unknown

Back

# Board of Liquor License Commissioners

For Baltimore City

231 E. Baltimore Street, 6<sup>th</sup> Floor  
Baltimore, Maryland, 21202-3258

## POSTING SIGNS REPORT

<i>Applicant(s) Name:</i>	Barry Lowenthal
<i>Address of Premises:</i>	1205W Mt Royal Ave
<i>Inspector:</i>	i:0#.w/baltimore\john.howard
<i>Date Posted:</i>	10/6/2015
<i>Time Posted:</i>	3:30 PM
<i>Date Rechecked:</i>	
<i>Time Rechecked:</i>	
<i>Manager or Owner when sign posted:</i>	Ryan Stevenson

*Summary on location of sign posted:*

Front window on Mt Royal Ter

*Summary on location of sign rechecked:*

*Insert Photo of Sign and location:*




Attach Additional Photos

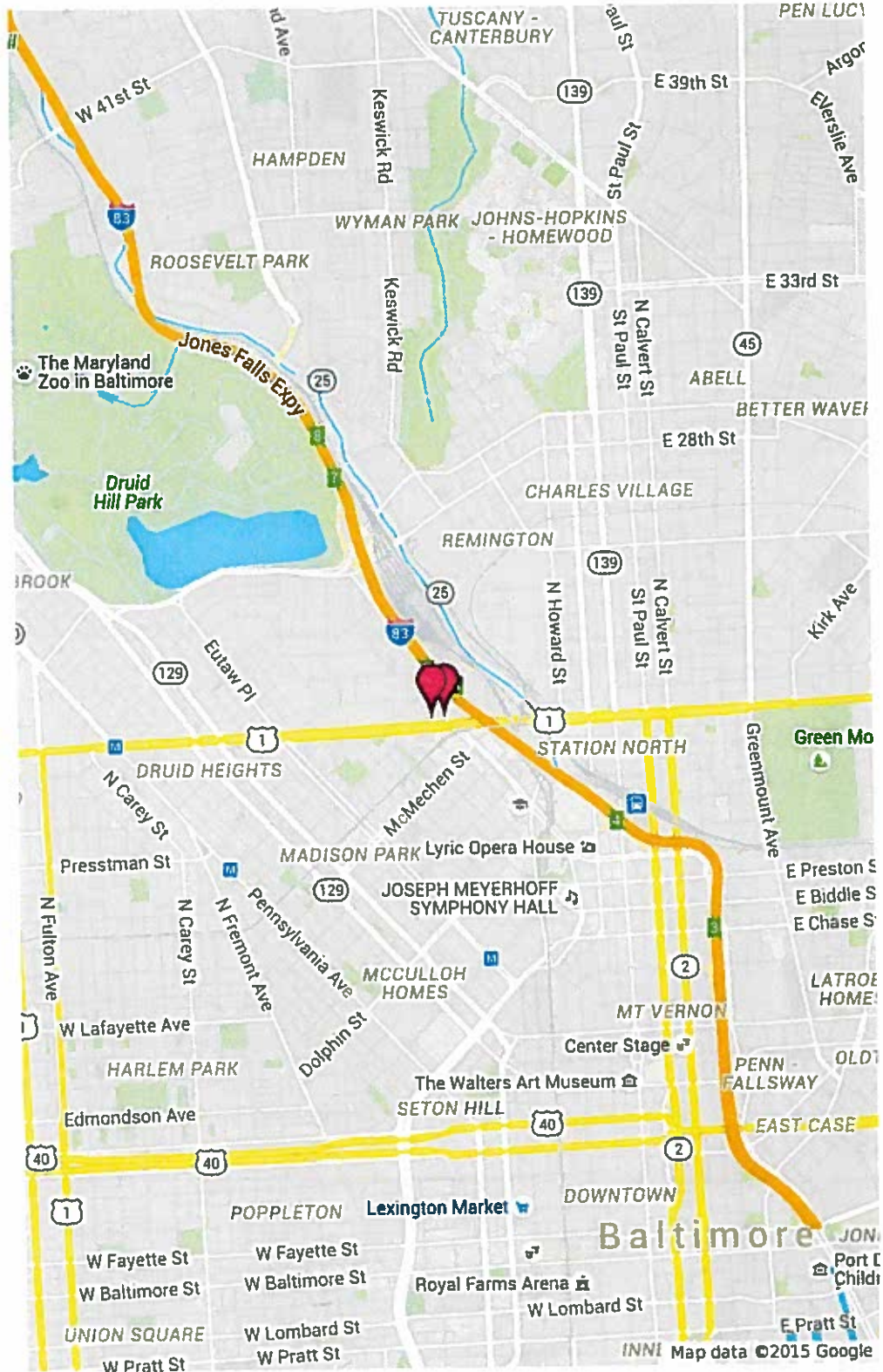
Approve

# The Brass Tap

Untitled layer

-  1205 Mt Royal Terrace
-  Mt Royal Tavern

1205 Mt Royal Terrace



**BOARD OF LIQUOR LICENSE COMMISSIONERS**  
**FOR BALTIMORE CITY**  
**POSTING SIGNS REPORT**

Applicant(s) Name: Barry Lowenthal + Pauline Lowenthal

Address of Premises: 1205 W. Mt Royal Ave

Inspector(s) \_\_\_\_\_

Date Posted: 10/6/15 Time Posted: 3:25pm

Date Rechecked: \_\_\_\_\_ Time Rechecked: \_\_\_\_\_

 Ryan Stevenson  
Signature of Manager or Owner when sign posted

Summary on location of sign posted:

Front window left of front door  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary on location of sign rechecked:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Manager or Owner when sign posted

# Application for Alcoholic Beverages License

## Board of Liquor License Commissioners for Baltimore City

CLASS TYPE: B LICENSE AT THE LOCATION: 1205 W. Mt. Royal Ave. IF TRANSFER LOCATION: \_\_\_\_\_  
 CORPORATE/LLC/LLP/PARTNERSHIP NAME Bellerock, LLC TRADE NAME: The Brass Tap  
 ATTORNEY FOR THE APPLICANT: Abraham Hurdle ADDRESS: 19 E Fayette St Ste 400 PHONE: (410) 685-5100 EMAIL: alh@alhurdlelaw.com

INDICATE TYPE OF LICENSE APPLICATION: TRANSFER  NEW  EXPANSION OF PREMISES  SUBSTITUTE  AMENDMENT(S)

Describe Part of Premises to be Used: Interior of building with patio Will you offer delivery of food and/or alcohol?  Yes  No

Will Live Entertainment be provided?  Yes  No What Kind? \_\_\_\_\_

Will Outdoor Table Service Be Provided?  Yes  No Off Premise Catering of Food and Alcohol?  Yes  No

Please note that as per Art. 28 §10-202(a)(v)(i) that an application for the issuance or transfer is not complete unless the applicant has obtained zoning approval from the City of Baltimore Do you have a Zoning Approval OHCD?  Yes  No If yes, please attach. If no, please give timeframe for obtaining letter of approval: \_\_\_\_\_

WORKER'S COMPENSATION INFORMATION - INSURANCE CARRIER \_\_\_\_\_ POLICY OR BINDER #: \_\_\_\_\_

**1. Applicant A**

Barry William Lowenthal 202-498-1355 brasstapbaltimore@yahoo.com  
 (full name) (tele phone no.) E-mail (Required)  
4003 Dorchester Rd. Baltimore MD 21207 Since November 2012  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
04/04/1963 M San Diego, CA  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

**2. Applicant B**

Pauline Williamson Lowenthal 940-453-0737 pcw1910@gmail.com  
 (full name) (tele phone no.) E-mail (Required)  
4003 Dorchester Rd. Baltimore MD 21207 Since November 2012  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
10/28/1966 F Jamaica  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

**3. Applicant C**

\_\_\_\_\_  
 (full name) (tele phone no.) E-mail (Required)  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

1. Has the applicant(s) been convicted of a felony, or has been adjudged guilty of violating the laws governing the sale of any alcoholic beverage or for gambling in any State, including Maryland?  Yes  No If yes, mark applicant and provide explanation in adjacent space provided.

Applicant A  B  C

[Redacted]

2. State whether the applicant(s) has ever been adjudged guilty of any offense against the laws of the State of Maryland or the United States.  Yes  No If yes, mark applicant and explain.

Applicant A  B  C

[Redacted]

3. Has the applicant(s) ever held a license for the sale of alcoholic beverages in the State of Maryland?  Yes  No If yes, explain.

Applicant A  B  C

[Redacted]

4. Has the applicant(s) ever had a liquor license suspended or revoked?  Yes  No If yes, explain in adjacent space.

Applicant A  B  C

[Redacted]

5. Does the applicant(s) have a pecuniary interest in any other alcoholic beverage business or business for which a license has been applied for, granted, and issued?  Yes  No If yes, explain in adjacent space.

Applicant A  B  C

[Redacted]

6. Is your spouse or child a licensee, in this jurisdiction or any other, and does he or she have any financial interest in any other alcoholic beverage business?  Yes  No If yes, explain.

Applicant A  B  C

[Redacted]

7. Is there now, or will there be, during the continuance of the license applied for, any other person financial interested in said license or business to be conducted thereunder?  Yes  No If yes, explain in the adjacent space provided.

Michael Lowenthal is a 50% investor in the business.

8. Is the licensed premises presently open and operating?  Yes  No If no, please provide information requested in adjacent space provided.

*New license*

Closure Date:

[Redacted]

Explanation:

[Redacted]

9. Do any of the applicant(s) have any indebtedness or other financial obligations to any manufacturer, brewer, distiller, or wholesaler at the time of making this application?  Yes  No If Yes, please provide information as to the applicant(s) indebted, the amount of indebtedness, and the name of the manufacturer, brewer, distiller, or wholesaler in the adjacent space provided.

[Redacted]

Purchase Price of Business	Owner of the Real Property	Cost of the Real Property	Cost of the Business	Cost of the Personal Property	Down Payment provided to seller	Terms for the Balance due

11. Please list the following information for the Manager of the establishment to be licensed:

Name	Address	Phone	Email
Barry Lowenthal	4003 Dorchester Rd.	202-498-1355	brasstapbaltimore@yahoo.com

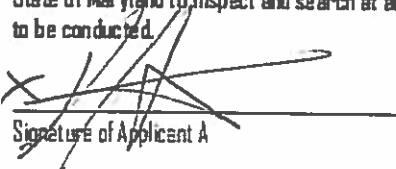
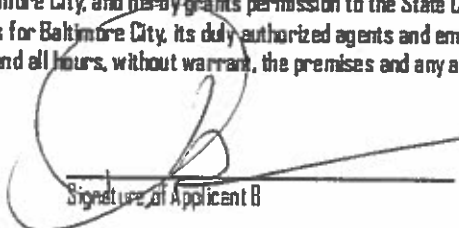

Applicants Applying as Business Entities - (Give name(s) and addresses - in Corporation list all officers (attach list if necessary) or in Limited Liability Company/Partnerships list all authorized persons.)

- 1) NAME: Barry Lowenthal ADDRESS: 4003 Dorchester Rd. TITLE: Managing Member %OF STOCK HELD RESIDENCE: 25% / Baltimore
- 2) NAME: Pauline Lowenthal ADDRESS: 4003 Dorchester Rd. TITLE: Member %OF STOCK HELD RESIDENCE: 25% / Baltimore
- 3) NAME: Michael Lowenthal ADDRESS: 4142 Browning Chase Dr. TITLE: Member %OF STOCK HELD RESIDENCE: 50% / Georgia
- 4) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD RESIDENCE: \_\_\_\_\_

\*\*\*\*\* Attached is a list of the names and addresses of all outstanding stockholders who on the day of this application own more than 5% of the outstanding stock of the corporation and the articles of incorporation, partnership agreement or articles of organization.\*\*\*\*\*

*\*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.*

CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has been a resident and taxpayer of Baltimore City, Maryland for at least two years preceding the filing of this application. 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 Baltimore City, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, The Board of License Commissioners for Baltimore City, its duly authorized agents and employees, and any peace officer of Baltimore City or the State of Maryland to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said business is to be conducted.

 Signature of Applicant A
  Signature of Applicant B
  Signature of Applicant C

State of Maryland: Baltimore Co <sup>55</sup>  
 THIS CERTIFIES THAT ON THE 21st OF September, 2015  
 before the subscriber a notary public of the State of Maryland, personally appeared  
Barry William Lowenthal and Pauline Williams Lowenthal  
 The applicant(s) names in the foregoing application, and made oath in due form of law that the statement therein are true to the best of their knowledge and belief.

Elaine Pappas  
 Notary Public



(Witness my hand and seal)



STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH ALCOHOLIC BEVERAGES LAW OF MARYLAND

(I, WE) Richard L. Mostyn HEREBY CERTIFY, That (I am, we are) the owner(s) of the property located at 1265 W. Mt. Royal Ave. Baltimore, City with a Zip Code of 21217, which is named in the present application made to Board of Liquor License Commissioners of Baltimore City under the Alcoholic Beverage Laws of Maryland and assent to the granting of the license applied for, and hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners of Baltimore City, its duly authorized agents and employees, and any peace officer of the City of Baltimore and State of Maryland, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

(Witness (my, our) hand(s) and seal(s) this 28th day of September in the year of 2015.)

WITNESS: Richard L. Mostyn, Vice Chairman of Bozzuto Holdings, LLC, the Managing Member of BA Fitzgerald, LLC, & Managing Member of Batten Yards Investments, LLC, the Manager of Btr Bolton Yards, LLC.  
 STATE OF MARYLAND  
 THIS CERTIFIES, THAT ON 28th day of September 2015  
 Before the subscriber a notary public of the State of Maryland, personally appeared Richard L. Mostyn

and acknowledge the execution of the foregoing statement to be Vice Chairman act.

(Witness my hand and seal)  
 Notary Public Shirley A. Grant

The following certificates must be signed by at least 3 persons.  
 We, the undersigned citizens, real estate owners and registered voters in the City of Baltimore in which the business covered by the present application is to be conducted, certify that the qualifying applicant(s) is/are personally known to us and has been a resident or a taxpayer of Baltimore City and a resident of the State of Maryland for 2 years preceding this application.

Names	Address	Signature	DOB (Month/Year)	Length of time Acquainted with the Applicant(s)
<u>Cynthia Purdie</u>	<u>3505 Carsdale Ave</u>	<u>[Signature]</u>	<u>09/72</u>	<u>3</u>
<u>Michael Tizdale</u>	<u>3500 Carsdale Ave</u>	<u>[Signature]</u>	<u>01/50</u>	<u>9</u>
<u>Robert [unclear]</u>	<u>4015 Dorchestra Rd. #2120</u>	<u>ROBERT CHRISTIAN</u>	<u>12-70</u>	<u>3</u>
<u>Clerencia Butler</u>	<u>4305 Chatham Rd 21217</u>	<u>[Signature]</u>	<u>12/57</u>	<u>3</u>
<u>Mary Scott</u>	<u>4012 Dorchestra Rd #121</u>	<u>[Signature]</u>	<u>5/38</u>	<u>3</u>

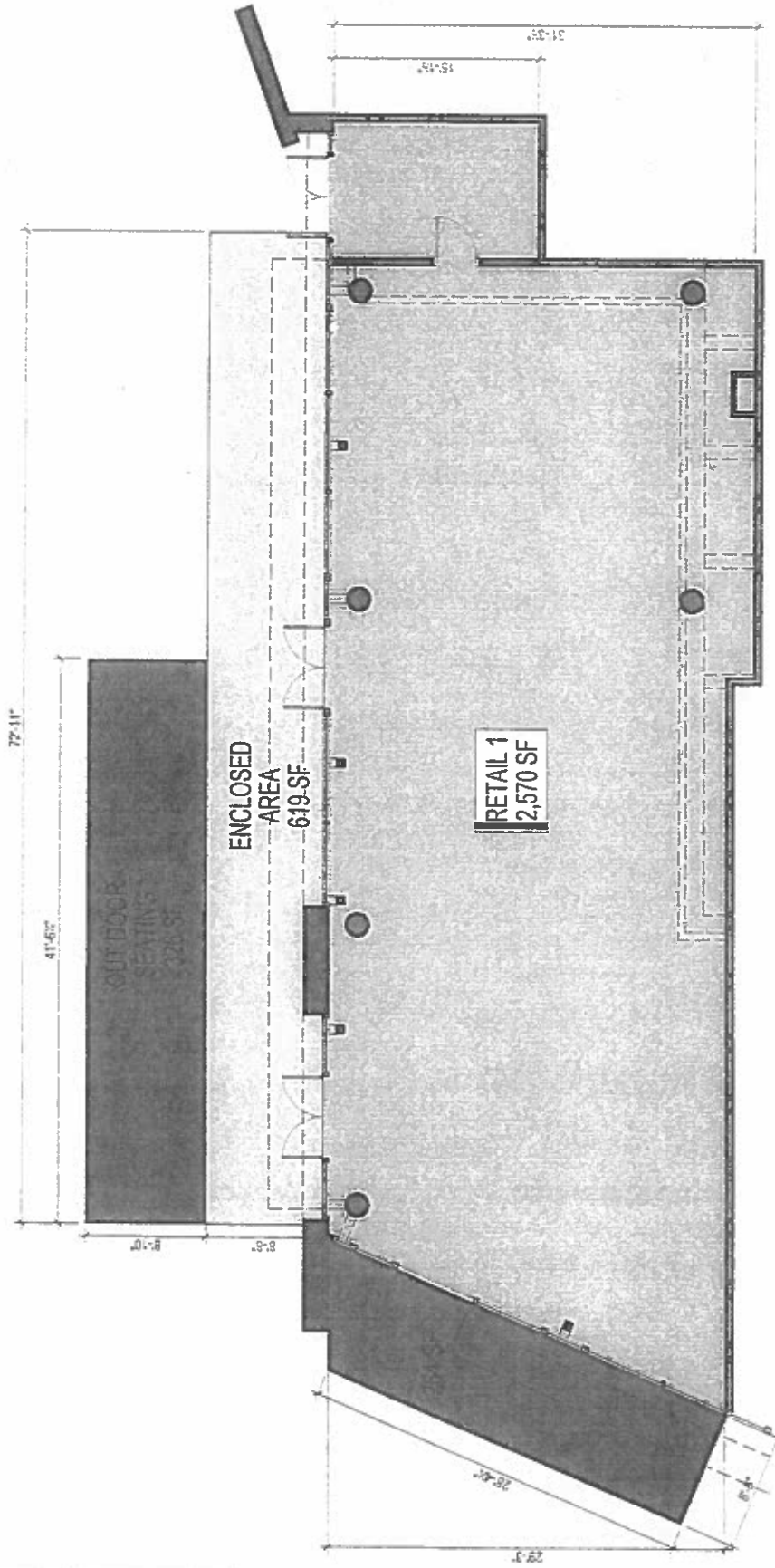
[Signature]  
[Signature]

FOR OFFICE USE ONLY

DATE FILED \_\_\_\_\_ NEW/TRANSFER/EXPANSION - \$500.00 PAID  POSTING DATE \_\_\_\_\_  
 SUBSTITUTE APPLICATION FEE - \$250.00 PAID  PRINT NAME OF BLLC STAFF \_\_\_\_\_ INITIALS \_\_\_\_\_

Board of Liquor License Commissioners For the City of Baltimore, 231 East Baltimore Street, 6<sup>th</sup> Floor, Baltimore, Maryland 21202  
 Phone: 410-396-4377 Fax 410-396-4382

Status of Application	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date: _____	
BLLC Initials: _____	
Withdrawn: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date: _____	
BLLC Initials: _____	



THE BOZZUTO GROUP  
 THE FITZGERALD - RETAIL 1

ALLIANCE ARCHITECTURE

LOD  
 SCALE: 1/8" = 1'-0"  
 JULY 24, 2015

**Transfer of Location****Applicant(s): Raj Bommakanti & William Ely****Radharaj, Inc. T/a Trade name pending****507 S. Central Avenue**

Class "BD7" Beer, Wine &amp; Liquor License

Application to transfer location of a Class "BD7" BWL presently located at 1709 Fleet Street to 507 S. Central Avenue

**Board's Information:**

This item was postponed from 10/8/15 as per the request of the Little Italy Assn. Also attached are a series of letters.

Attached is a copy of the application, interview form, posting report and map.

This item has been moved a few times and the heart of this issue is that there is not an agreement with the neighborhood on the previously selected locations. Attached is copy of a letter from the Community Law Center that memorializes an agreement to move the business outside of the immediate neighborhood. This is a new location has been proposed for the license.

Community Letter(s)/ Memorandum of Understanding: Emails attached

Posting Date: 9/11/15

Last Inspection Date(s): This location was damaged by fire and has not been in operations

SDAT: In Good Standing

**BOARD'S DECISION:**

# Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT RADHARAJ INC., INCORPORATED APRIL 23, 2004, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 11, 2015.



Paul B. Anderson  
Charter Administrator



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097

0009765591

CRTGST

Back

# Board of Liquor License Commissioners

For Baltimore City  
231 E. Baltimore Street, 6<sup>th</sup> Floor  
Baltimore, Maryland, 21202-3258

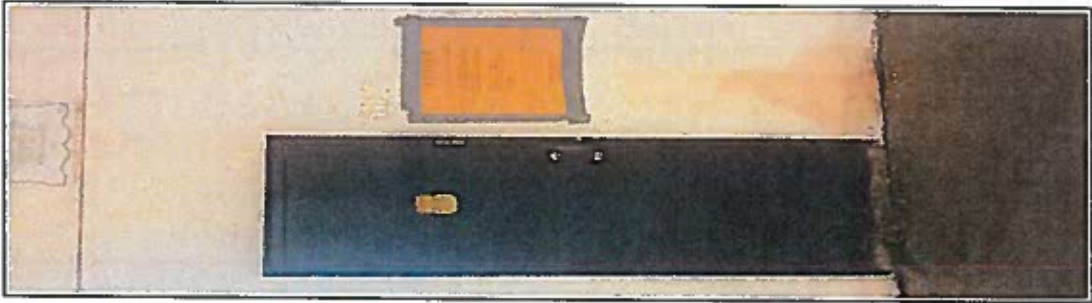
## POSTING SIGNS REPORT

<i>Applicant(s) Name:</i>	<input type="text" value="Raj Bommakanti &amp; William Ely"/>
<i>Address of Premises:</i>	<input type="text" value="507 Central Ave"/>
<i>Inspector:</i>	<input type="text" value="i:0#w baltimore\shelton.jonesjr"/>
<i>Date Posted:</i>	<input type="text" value="9/11/2015"/>
<i>Time Posted:</i>	<input type="text" value="8:00 PM"/>
<i>Date Rechecked:</i>	<input type="text"/>
<i>Time Rechecked:</i>	<input type="text"/>
<i>Manager or Owner when sign posted:</i>	<input type="text"/>

*Summary on location of sign posted:*

*Summary on location of sign rechecked:*

*Insert Photo of Sign and location:*





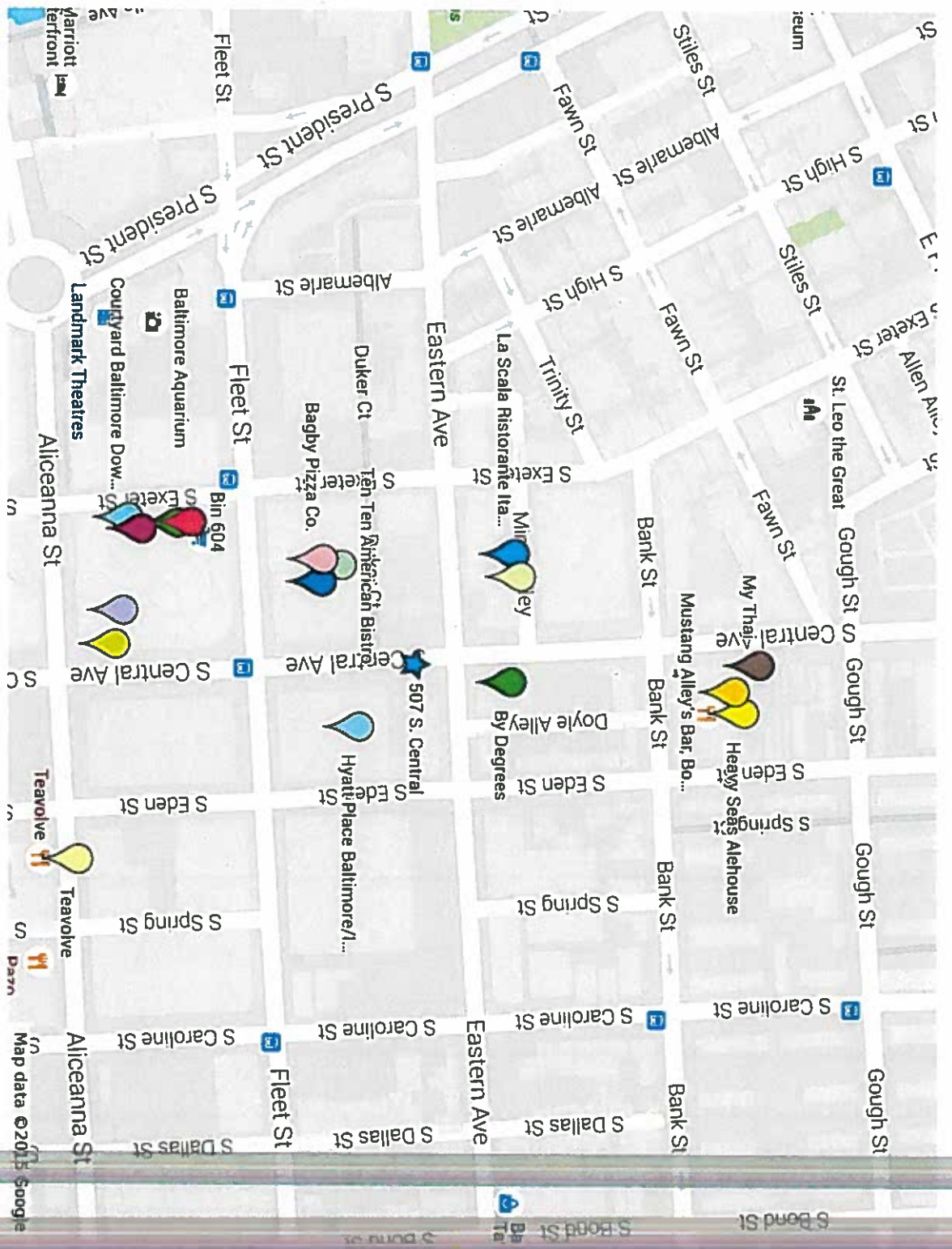
Attach Additional Photos

Approve

# 17 S. Central Ave.

## nearby Liquor Licenses

- ★ 507 S. Central
- 🍷 Bagby Pizza Co.
- 🍷 Bin 604
- 🍷 By Degrees
- 🍷 Chiu's Sushi
- 🍷 Courtyard Baltimore
- 🍷 Downtown/Inner Harbor
- 🍷 Fleet Street Kitchen
- 🍷 Harbor East Delicatessen & Pizzeria
- 🍷 Heavy Seas Alehouse
- 🍷 Hyatt Place Baltimore/Inner Harbor
- 🍷 La Scala Ristorante Italiano
- 🍷 Manchurian rice co Asian grill
- 🍷 Mustang Alley's Bar, Bowling and Bistro
- 🍷 My Thai
- 🍷 Palmere's
- 🍷 Taco Fiesta
- 🍷 Teavolve
- 🍷 Ten Ten American Bistro



Application for Alcoholic Beverages License

Board of Liquor License Commissioners for Baltimore City

CLASS TYPE: LBD7 LICENSE AT THE LOCATION: 1709 Fleet St IF TRANSFER LOCATION: 507 S. Central Ave  
 CORPORATE/LLC/LLP/PARTNERSHIP NAME: RADHARAJ INC. TRADE NAME: TBD  
 ATTORNEY FOR THE APPLICANT: MELVIN S. KODENSKI ADDRESS: 19 E. FAYETTE ST. # 400 PHONE: 410-685-5100 EMAIL: MELVIN@KODENSKI.HOTMAIL.COM  
21202

INDICATE TYPE OF LICENSE APPLICATION: TRANSFER  NEW  EXPANSION OF PREMISES  SUBSTITUTE  AMENDMENT(S)

Describe Part of Premises to be Used: FIRST FLOOR Will you offer delivery of food and/or alcohol?  Yes  No

Will Live Entertainment be provided?  Yes  No What Kind? \_\_\_\_\_

Will Outdoor Table Service Be Provided?  Yes  No Off Premise Catering of Food and Alcohol?  Yes  No

Please note that as per Art. 28 §10-202(a)(iv)(i) that an application for the issuance or transfer is not complete unless the applicant has obtained zoning approval from the City of Baltimore Do you have a Zoning Approval DHCD?  Yes  No If yes, please attach. If no, please give timeframe for obtaining letter of approval: \_\_\_\_\_

WORKER'S COMPENSATION INFORMATION - INSURANCE CARRIER \_\_\_\_\_ POLICY OR BINDER #: \_\_\_\_\_

1. Applicant A  
RAJ BOMMAKANTI 301-520-8080 KAJUBARFI@GMAIL.COM  
 (full name) (telephone no.) E-mail (Required)  
16402 SIGNATURE CT. ROCKVILLE MD 20853 N/A  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
02/03/1963 MALE INDIA  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

2. Applicant B  
William Ely 443-622-4455 starbilling@icloud.com  
 (full name) (telephone no.) E-mail (Required)  
1722 Aliceanna St, Balto, MD 21231 10 yrs.  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
11/24/56 M Baltimore  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

3. Applicant C  
 \_\_\_\_\_  
 (full name) (telephone no.) E-mail (Required)  
 \_\_\_\_\_  
 (residence) Street City State Zip Code (period of residency in Baltimore City)  
 \_\_\_\_\_  
 (Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
 Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?  
 Yes  No Are you a registered voter in the City of Baltimore?

*[Handwritten signature and date]*



1. Has the applicant(s) been convicted of a felony, or has been adjudged guilty of violating the laws governing the sale of any alcoholic beverage or for gambling in any State, including Maryland?  Yes  No If yes, mark applicant and provide explanation in adjacent space provided.

Applicant A  B  C

2. State whether the applicant(s) has ever been adjudged guilty of any offense against the laws of the State of Maryland or the United States.  Yes  No If yes, mark applicant and explain.

Applicant A  B  C

3. Has the applicant(s) ever held a license for the sale of alcoholic beverages in the State of Maryland?  Yes  No If yes, explain.

Applicant A  B  C

1709 Fleet St.

a) CURRENT LICENSE OWNED BY APPLICANT A

b) on lice at 1709 Fleet St.

4. Has the applicant(s) ever had a liquor license suspended or revoked?  Yes  No If yes, explain in adjacent space.

Applicant A  B  C

5. Does the applicant(s) have a pecuniary interest in any other alcoholic beverage business or business for which a license has been applied for, granted, and issued?  Yes  No If yes, explain in adjacent space.

Applicant A  B  C

6. Is your spouse or child a licensee, in this jurisdiction or any other, and does he or she have any financial interest in any other alcoholic beverage business?  Yes  No If yes, explain.

Applicant A  B  C

7. Is there now, or will there be, during the continuance of the license applied for, any other person financial interested in said license or business to be conducted thereunder?  Yes  No If yes, explain in the adjacent space provided.

8. Is the licensed premises presently open and operating?  Yes  No If no, please provide information requested in adjacent space provided.

Closure Date: OCT 4, 2012

Explanation: FIRE

9. Do any of the applicant(s) have any indebtedness or other financial obligations to any manufacturer, brewer, distiller, or wholesaler at the time of making this application?  Yes  No If Yes, please provide information as to the applicant(s) indebted, the amount of indebtedness, and the name of the manufacturer, brewer, distiller, or wholesaler in the adjacent space provided.

10. Please list the following, if applicable, in the spaces provided below:

Purchase Price of Business	Owner of the Real Property	Cost of the Real Property	Cost of the Business	Cost of the Personal Property	Down Payment provided to seller	Terms for the Balance due
Transfer of location From 1709 Fleet St						

11. Please list the following information for the Manager of the establishment to be licensed:

Name	Address	Phone	Email
N/A			

Applicants Applying as Business Entities - (Give name(s) and addresses - in Corporation list all officers (attach list if necessary) or in Limited Liability Company/Partnerships list all authorized persons.)

- 1) NAME: RAJ BOMMAKANTI ADDRESS: 16402 SIGNATURE COURT ROLKVILLE, MD 20853 TITLE: OWNER/PRESIDENT %OF STOCK HELD RESIDENCE: 100%
- 2) NAME: William Ely ADDRESS: 1722 Aliceanna St Balto, MD 21231 TITLE: Sec. %OF STOCK HELD RESIDENCE: 0%
- 3) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD RESIDENCE: \_\_\_\_\_
- 4) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD RESIDENCE: \_\_\_\_\_

\*\*\*\*\*Attached is a list of the names and addresses of all outstanding stockholders who on the day of this application own more than 5% of the outstanding stock of the corporation and the articles of incorporation, partnership agreement or articles of organization.\*\*\*\*\*

*\*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.*

CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has been a resident and taxpayer of Baltimore City, Maryland for at least two years preceding the filing of this application. 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 Baltimore City, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks. The Board of License Commissioners for Baltimore City, its duly authorized agents and employees, and any peace officer of Baltimore City or the State of Maryland to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said business is to be conducted.

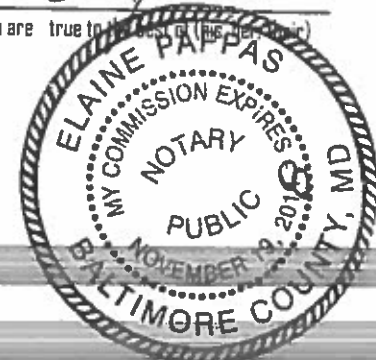
Signature of Applicant A: Raj Bommakanti Signature of Applicant B: William Ely Signature of Applicant C: \_\_\_\_\_

State of Maryland: Baltimore Co ss August 2015  
 THIS CERTIFIES, THAT ON THE 3rd OF August 2015  
 before the subscriber a notary public of the State of Maryland, personally appeared Raj Bommakanti and William Ely

The applicant (s) names in the foregoing application, and made oath in due form of law that the statement therein are true to the best of (his/her) knowledge and belief.

Elaine Pappas  
 Notary Public

(Witness my hand and seal)



Name and Address of the owners of the premise/landlord: 11120th CORNING FIN... 21010  
3773 Old Gamber Rd, Phone Number: 410984-7199

STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH ALCOHOLIC BEVERAGES LAW OF MARYLAND

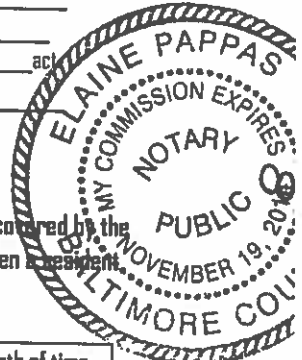
(I, WE) Mark Cornias HEREBY CERTIFY That (I am, we are) the owner(s) of the property located at 507 S. Central Ave., Baltimore, City with a Zip Code of 21202, which is named in the present application made to Board of Liquor License Commissioners of Baltimore City under the Alcoholic Beverage Laws of Maryland and assent to the granting of the license applied for, and hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners of Baltimore City, its duly authorized agents and employees, and any peace officer of the City of Baltimore and State of Maryland, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

(Witness (my, our) hand(s) and seal(s) this 3rd day of Aug. in the year of 2015.

WITNESS: Elaine Pappas  
 STATE OF MARYLAND  
 THIS CERTIFIES, THAT ON 3rd day of August, 2015

Before the subscriber a notary public of the State of Maryland, personally appeared Mark Cornias and acknowledge the execution of the foregoing statement to be Elaine Pappas his Notary Public

(Witness my hand and seal)  
 Notary Public



The following certificates must be signed by at least 3 persons.

We, the undersigned citizens, real estate owners and registered voters in the City of Baltimore in which the business covered by the present application is to be conducted, certify that the qualifying applicant(s) is/are personally known to us and has been a resident or a taxpayer of Baltimore City and a resident of the State of Maryland for 2 years preceding this application.

Names	Address	Signature	DOB (Month/Year)	Length of time Acquainted with the Applicant(s)
① Ross Wilken	1304 Race St. Baltimore, MD 21230	[Signature]	7/68	3 years
Hansburt Cornias	1101 W. Cross Street MD 21230	[Signature]	11/3/60	5 years
Leon Albin	900 Light St. Baltimore 21230	[Signature]	12/24/24	8 years
HARRY JAZZ	524 S. Bethel St	[Signature]	6/47	7 years

FOR OFFICE USE ONLY

DATE FILED: \_\_\_\_\_ NEW/TRANSFER/EXPANSION - \$500.00 PAID:  POSTING DATE: \_\_\_\_\_

SUBSTITUTE APPLICATION FEE - \$250.00 PAID  PRINT NAME OF BLLC STAFF \_\_\_\_\_ INITIALS \_\_\_\_\_

Board of Liquor License Commissioners For the City of Baltimore, 231 East Baltimore Street, 6<sup>th</sup> Floor, Baltimore, Maryland 21202  
 Phone: 410-396-4377 Fax: 410-396-4382

Status of Application  
 Approved: Yes  No   
 Date: \_\_\_\_\_  
 BLLC Initials: \_\_\_\_\_  
 Withdrawn: Yes  No   
 Date: \_\_\_\_\_  
 BLLC Initials: \_\_\_\_\_

Name and Address of the owners of the premise/landlord: 1112 R ... Phone Number: 410-274-2199

**STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH ALCOHOLIC BEVERAGES LAW OF MARYLAND**

(I, WE) 1112 R ... HEREBY CERTIFY, That (I am, we are) the owner(s) of the property located at 3145 Woodring Ave, Baltimore, MD 21231, Baltimore, City with a Zip Code of 21231, which is named in the present application made to Board of Liquor License Commissioners of Baltimore City under the Alcoholic Beverage Laws of Maryland and assent to the granting of the license applied for, and hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners of Baltimore City, its duly authorized agents and employees, and any peace officer of the City of Baltimore and State of Maryland, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

(Witness (my, our) hand(s) and seal(s) this July day of 2015 in the year of 2015)

*Mark Corniat  
MARK CORNIAT  
(LANDLORD)*

WITNESS: \_\_\_\_\_

STATE OF MARYLAND

THIS CERTIFIES, THAT ON \_\_\_\_\_ day of August, 2015  
Before the subscriber a notary public of the State of Maryland, personally appeared \_\_\_\_\_

and acknowledge the execution of the foregoing statement to be \_\_\_\_\_ act.

(Witness my hand and seal)

Notary Public \_\_\_\_\_

The following certificates must be signed by at least 3 persons.

We, the undersigned citizens, real estate owners and registered voters in the City of Baltimore in which the business covered by the present application is to be conducted, certify that the qualifying applicant(s) is/are personally known to us and has been a resident or a taxpayer of Baltimore City and a resident of the State of Maryland for 2 years preceding this application.

Names	Address	Signature	DOB (Month/Year)	Length of time Acquainted with the Applicant(s)
② Ingrid Humphrey	3145 Woodring Ave, 21231	<i>Ingrid Humphrey</i>	11/12/77	14y
③ Bryan ...	3127 Wilkes Ave	<i>Bryan ...</i>	11-19-48	24y
④ Paula ...	3186 Wilkes Ave	<i>Paula ...</i>	3-8-51	24y
⑤ Susan ...	3177 Wilkes Ave	<i>Susan ...</i>	6-12-51	24y
⑥ Cheryl ...	3186 Wilkes Ave	<i>Cheryl ...</i>	11-11-59	4y

**FOR OFFICE USE ONLY**

DATE FILED: \_\_\_\_\_ NEW/TRANSFER/EXPANSION - \$580.00 PAID:  POSTING DATE: \_\_\_\_\_

SUBSTITUTE APPLICATION FEE - \$250.00 PAID  PRINT NAME OF BLLC STAFF \_\_\_\_\_ INITIALS \_\_\_\_\_

Board of Liquor License Commissioners for the City of Baltimore, 231 East Baltimore Street, 6<sup>th</sup> Floor, Baltimore, Maryland 21202  
Phone: 410-396-4377 Fax: 410-396-4382

Status of Application	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____
BLLC Initials: _____	
Withdrawn: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date: _____	
BLLC Initials: _____	

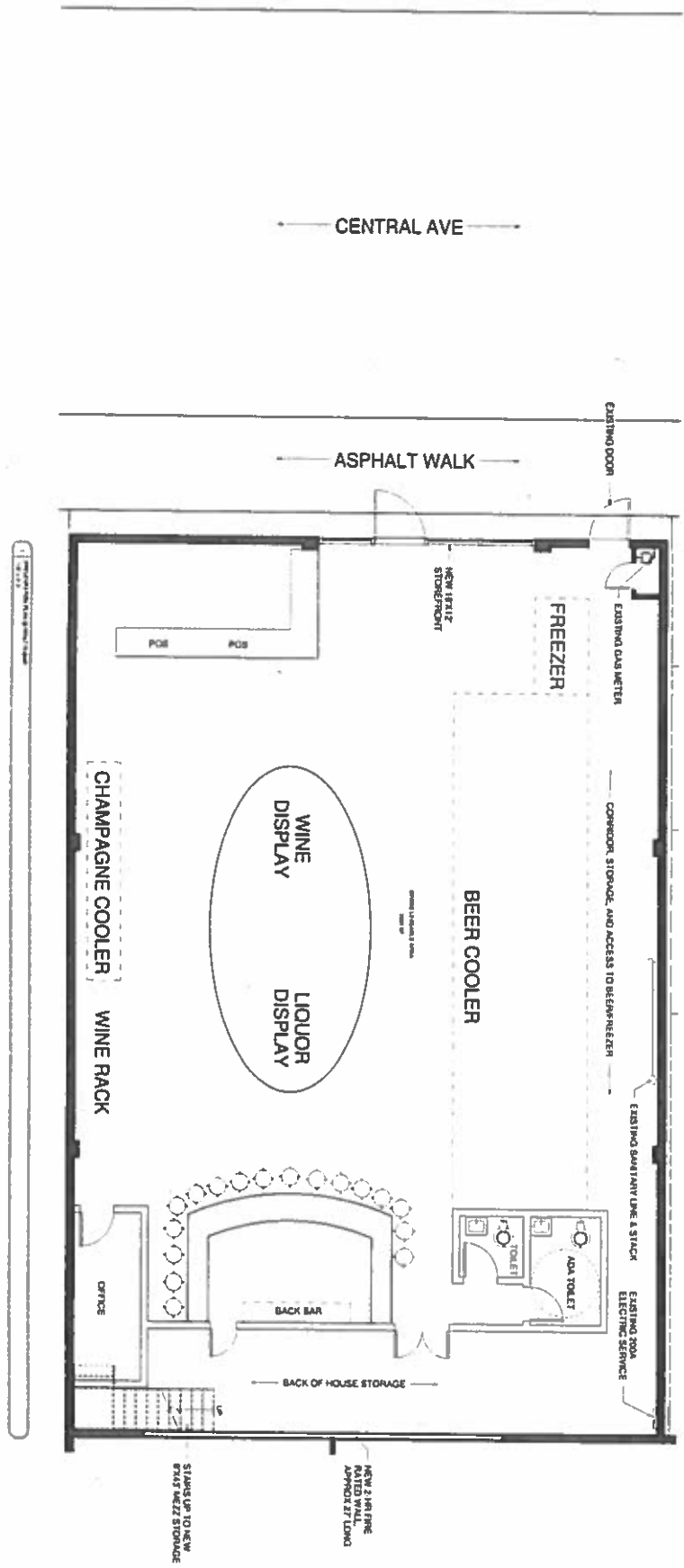
49 PERSON MAX OCCUPANCY

DETAIL NOTES

KEY NOTES

LEGEND

1	EXISTING	2	NEW
3	REMOVE	4	EXISTING
5	REMOVE	6	NEW
7	REMOVE	8	NEW
9	REMOVE	10	NEW
11	REMOVE	12	NEW
13	REMOVE	14	NEW
15	REMOVE	16	NEW
17	REMOVE	18	NEW
19	REMOVE	20	NEW
21	REMOVE	22	NEW
23	REMOVE	24	NEW
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89	REMOVE	90	NEW
91	REMOVE	92	NEW
93	REMOVE	94	NEW
95	REMOVE	96	NEW
97	REMOVE	98	NEW
99	REMOVE	100	NEW



A200

PRESENTATION PLAN

LIQUOR BOARD REVIEW DWG

NOT FOR CONSTRUCTION



**j.heal design**  
 Baltimore, MD  
 410.239.2776  
 3140 17th St NE, Suite 200  
 Atlanta, GA 30329  
 www.jhealdesign.com

ISSUE DATE: 08/28/15

NO. OF SHEETS: 10  
 SHEET NO. 10 OF 10

TAVERN

347 SOUTH GARDEN AVE  
 BALTIMORE, MD 21202



# Liquor Board System

Version 1.0

Annual-Renewal | License-Transfer | One-Day | Add New License | Query | Help

## License Detail

Close the License | Print License | Print Renewal Letter | << Go Back

### License Info

License Num: LBD7 449      Cert Num: 1315      Fee: \$1,320.00      Status: Renewed  
License Date: 5/1/2015      License Year: 2015  
CR Number: 12508453  
Payment Date: \*\*\*\*

Click to Start License Renewal

### Add Adult Entertainment License

Add New Adult Entertainment License

### Location

Corp Name: RADHARAJ, INC.  
Trade Name: FELS POINT LIQUOR & BAR  
Zone Code: 23  
Phone: 410-522-7275

Block Num: 1709      Street: FLEET STREET  
City: BALTIMORE      State: MD      Zip: 21231

CR Number: 12508453

Portion of Business Used:  
USE FIRST FLOOR OF PREMISES FOR PACKAGE GOODS AND A TAVERN WITHOUT LIVE ENTERTAINMENT  
Restriction:

Edit the License Location Info | Alternate Mailing Address

### License Owners

First Name	Last Name	Street	City	State	Zip	Action	Change Owner
RAJ K.	BOMMAKANTI	16402 SIGNATURE COURT.	ROCKVILLE	MD	20853	[Edit]	[Remove Owner]

### Comments

Date	Comment	Action
09/11/2015	Email Melvin Kodenski and informed him that the corporation was not in good standing ( K. Robinson ) on 9/11/2015	[Delete]
08/05/2015	UPDATE: State of MD Tax Hold... /sb	[Delete]
04/02/2015	PAID \$1,320.00 FOR 2014 ANNUAL LICENSE FEE INVOICE #96865; PAID \$2,125.00 FOR HEARING	

	FINE ON 07/10/14, INVOICE #96868..... /sb	Delete
03/25/2015	PAST DUE LETTER SENT TO MERCHANT AT HOME ADDRESS...../sb	Delete
03/11/2015	MERCANTS OWES LIQUOR BOARD: \$2125.00 FINE FOR HEARING ON 07/10/14. HOLD FOR STATE OF MD TAX HOLD.	Delete
02/24/2015	07/17/2014 Public Hearing re: Application to transfer location of a Class BD7 BWL license presently located at 1709 Fleet St to 1615 Eastern Ave. POSTPONED	Delete
02/19/2015	Sent 2nd sales tax hold letter to Licensee home address.	Delete
12/23/2014	12/18/14 Public Hearing re Application to transfer location of a Class "BD&" license presently located at 1709 Fleet St to 1615 Eastern Ave. POSTPONED	Delete
11/21/2014	11/20/14 Public Hearing to transfer ownership from present location 1709 Fleet Street to 1615 Ave. POSTPONED	Delete
08/21/2014	7/10/14 Pblc Hearing re: Violation of Rule 4.15. Rule 4.15-Guly-\$2,125. Borad gave licensee 30-days to pay from hearing date.	Delete
07/31/2013	07/25/2013 Public Hearing re: Request for a hardship extension under the provisions of Article 28 Section 10-504(d). Board approved 180-day hardship extension from hearing date	Delete
04/09/2013	3/21/2013 Public Hearing re: Request Hardship extension. Postponed.	Delete
02/13/2013	Establishment closed because of fire on 10/4/2012	Delete
10/09/2012	10/4/2012 Public Hearing re: VIOLATON of Rule 4.15 Gambling. POSTPONED.	Delete
01/21/2009	01/15/09 Public Hearing re: Violation of rule 4.01(a)-(2 CTS),4.18 DECISION: RULE 4.01 (a) (10/2/08) GUILTY \$500,RULE 4.01 (a)-(11/8/08 GUILTY \$3000/SUSPENDED \$750 RULE 4.18 NOT GUILTY.FINE \$2750 + WAIVED 125 ADM.FEE = \$2750	Delete
01/07/2009	1/7/09 \$500 FINE DUE BY LICENSEE AS A RESULT OF 1/31/08 APPEAL	Delete
11/20/2008	2/27/08 \$100 FILED AN APPEAL #62074 FOR 1/31/08 HEARING	Delete
05/20/2008	02/14/08 PUBLIC HEARING RE: VIOLATION OF RULE 4.02 DECISION: NOT GUILTY-NO FEE IMPOSED	Delete
02/04/2008	01/31/08 Public Hearing re: Violation of rule 4.01(a)DECISION: GUILTY\$3000-WAIVED \$125.FINE \$3000 OR 30 DAYS SUSPENSION=\$3000	Delete

Print History (Print Card)

License num: LBD7 449                      Address: 1709 FLEET STREET  
Trade Name: FELS POINT LIQUOR & BAR

Comment:

Add Comment

**Comment is Added**

**Hold Info**

Powered by:



## Meeting

From: **Raj Bommakanti** (kajubarfi@gmail.com)  
Sent: Fri 10/16/15 3:53 PM  
To: Giovanna Blattermann LICO (gaquia@aol.com)  
Cc: Melvin Kodenski (melvinjkodenski@hotmail.com)

Dear Ms. Blattermann:

As I wrote to you previously, I would like to meet you and/or your Board to share my plans for an upscale tavern at 507 S. Central Ave. I am available to meet you at a date and time convenient for you. Please let me know what day and time is suitable for you over the weekend or next week.

Please email me or call me if you have any questions or input.

May I request from you an expedited reply?

Thank you,

Raj Bommakanti, PhD, MBA  
301-520-8080



## Notice at 507 S. Central

From: **Raj Bommakanti** (kajubarfi@gmail.com)  
Sent: Tue 10/13/15 11:33 AM  
To: Melvin Kodenski (melvinjkodenski@hotmail.com)

Mel:

This morning we noticed that the license transfer notice on 507 S. Central Ave is missing. This the third instance that the notice is missing or removed. On the previous two occasions the Board generously replaced the notice. Can you please bring this to the attention of the Board and/or inform me if the notice requirement had been met and that the Board may have removed the notice.

Thank you,

Raj Bommakanti, PhD, MBA  
301-520-8080

**Bailey-Hedgepeth, Michelle**

---

**From:** gaquia@aol.com  
**Sent:** Thursday, October 01, 2015 11:07 AM  
**To:** gaquia@aol.com; Bailey-Hedgepeth, Michelle  
**Subject:** Re: 507 S. Central Ave - Request for Postponement - 10/8/15

L I C O

LITTLE ITALY COMMUNITY ORGANIZATION, INC.

Mrs. Bailey-Hedgepeth

After reviewing the information from your office in regards to 507 S Central Ave. It is clear to us that we have an issue with the validity of the license. Article 2 B clearly states under Section 10-504(d)(2) that after 180 days after the holder of any license, issued under provision of this article, has closed the business or ceased to engage in the active alcoholic beverages business operation.....the license shall expire.

LICO hereby request a hearing to decide the validity of the license. We are requesting that the hearing which you have scheduled for November, be postponed until the Board has a public hearing to determine the legal status of this License. We are requesting that each hearing be on separate days.

Per your conversation, it was implied that the issue of time was of the utmost importance in regards to the postponement. This matter according to your own records has been pending since October 2012, the licensee has not only has been granted the "legal" 180 days extension however your office has granted the licensee an additional 900 plus days... It is our position that time is not of the essence.

Please advise us of the hearing date for addressing the violation of Article 2B section 10-504(d)(2).

Thank You,

Giovanna Blattermann, Pres., L I C O

-----Original Message-----

**From:** gaquia <gaquia@aol.com>  
**To:** Michelle.Bailey-Hedgepeth <Michelle.Bailey-Hedgepeth@baltimorecity.gov>  
**Sent:** Tue, Sep 29, 2015 1:15 pm  
**Subject:** Re: 507 S. Central Ave - Request for Postponement - 10/8/15

SEPTEMBER 29, 2015

L I C O

LITTLE ITALY COMMUNITY ORGANIZATION, INC.  
RE: 507 S. CENTRAL AVE.  
HONORABLE LIQUOR BOARD, BALTIMORE CITY

Dear Ms. Bailey-Hedgepeth

Please postpone the Liquor License Transfer request for the above address. It has not been properly posted as it is impossible to read 20 feet above the ground level. Also our community has many issues with another transfer into our area..The applicant has not met with anyone and we need to have our organizations meet publicly and have a vote.

Thank you,  
Giovanna Blattermann.

-----Original Message-----

From: Bailey-Hedgepeth, Michelle <Michelle.Bailey-Hedgepeth@baltimorecity.gov>

To: Gia Blatterman <Gaquia@aol.com>

Cc: 'Melvin Kodenski' <melvinjkodenski@hotmail.com>; Davis, Nadine <Nadine.Davis@baltimorecity.gov>

Sent: Tue, Sep 29, 2015 1:07 pm

Subject: 507 S. Central Ave - Request for Postponement - 10/8/15

Dear Ms. Blatterman,

This email is follow up to your phone call yesterday requesting the postponement of 507 S. Central Ave. I am copying the attorney for the applicant. Your request was that you wanted to have this postponed so that you could meet with the applicant/licensee who has been trying to transfer this license for the last year.

I will need a response email so that I can confirm your request.

Thanks!

Michelle Bailey-Hedgepeth

Executive Secretary

Board of Liquor License Commissioners for Baltimore City

231 East Baltimore Avenue, 6th Floor

Baltimore, MD 21202

Phone (410) 396-4380

Fax (410) 396-4382

Michelle.Bailey-Hedgepeth@baltimorecity.gov

## Bailey-Hedgepeth, Michelle

---

**From:** gaquia@aol.com  
**Sent:** Tuesday, September 29, 2015 1:15 PM  
**To:** Bailey-Hedgepeth, Michelle  
**Subject:** Re: 507 S. Central Ave - Request for Postponement - 10/8/15

SEPTEMBER 29, 2015  
L I C O  
LITTLE ITALY COMMUNITY ORGANIZATION, INC.  
RE: 507 S. CENTRAL AVE.  
HONORABLE LIQUOR BOARD, BALTIMORE CITY

Dear Ms. Bailey-Hedgepeth

Please postpone the Liquor License Transfer request for the above address. It has not been properly posted as it is impossible to read 20 feet above the ground level. Also our community has many issues with another transfer into our area..The applicant has not met with anyone and we need to have our organizations meet publicly and have a vote.

Thank you,  
Giovanna Blattermann.  
President, L I C O

-----Original Message-----

From: Bailey-Hedgepeth, Michelle <Michelle.Bailey-Hedgepeth@baltimorecity.gov>  
To: Gia Blatterman <Gaquia@aol.com>  
Cc: 'Melvin Kodenski' <melvinkodenski@hotmail.com>; Davis, Nadine <Nadine.Davis@baltimorecity.gov>  
Sent: Tue, Sep 29, 2015 1:07 pm  
Subject: 507 S. Central Ave - Request for Postponement - 10/8/15

Dear Ms. Blatterman,

This email is follow up to your phone call yesterday requesting the postponement of 507 S. Central Ave. I am copying the attorney for the applicant. Your request was that you wanted to have this postponed so that you could meet with the applicant/licensee who has been trying to transfer this license for the last year.

I will need a response email so that I can confirm your request.

Thanks!

Michelle Bailey-Hedgepeth  
Executive Secretary  
Board of Liquor License Commissioners for Baltimore City  
231 East Baltimore Avenue, 6th Floor  
Baltimore, MD 21202  
Phone (410) 396-4380  
Fax (410) 396-4382  
Michelle.Bailey-Hedgepeth@baltimorecity.gov

**Bailey-Hedgepeth, Michelle**

---

**From:** Melvin Kodenski <melvinjkodenski@hotmail.com>  
**Sent:** Wednesday, October 21, 2015 9:48 AM  
**To:** Bailey-Hedgepeth, Michelle  
**Subject:** 507 S. Central Avenue

As a follow-up to our conversation, my client would request a hearing date and he prefers November 5, 2015 because he wants to go out of the country some time after that. As you know, he's been trying to meet with members of the Little Italy community, however, upon his discussions with "Lipoa" and the President, P. J. O'Neill, with whom he met on September 15th, he stated that the business he is buying is outside the boundaries of Little Italy, however he did meet and chat with him and offered any communication that was necessary.

It seems if this is outside the boundaries of Little Italy area and as this matter has been pending for awhile, we should at least get it on the docket.

Thank you.

*Melvin J. Kodenski, Esquire*  
19 E. Fayette Street, Suite 400  
Baltimore, Maryland 21202  
410-685-5100  
410-685-5825 (fax)

**Violations****Licensee:** Frawling Galan

Euphoria Restaurant and Nightclub, LLC T/a Euphoria Restaurant and Nightclub

1301 S. Ponca Street

Class "BD7" Beer, Wine &amp; Liquor License

**Violation of Rule 4.18 Illegal Conduct** – September 7, 2015 – At approximately 7:00 pm, every available Baltimore City Police Officer assigned to the Southeastern and Eastern District responded to calls for an aggravated assault and disorderly conduct at the establishment. Upon arriving at the scene Baltimore City Police Officers Mirra, Vlard, Eilerman, and Williams, observed the following separate incidents: a victim that needed to be transported to the hospital for lacerations to the face, a physical altercation by two patrons that seemed to be intoxicated, a man wielding what appeared to be a handgun and then running from police, and an overall disorderly crowd of approximately 800 patrons that were exiting the establishment and into the surrounding neighborhoods at the time that Police arrived.

**Violation of Rule 3.12 Public Welfare** – September 7, 2015 – At approximately 7:00 pm, every available Baltimore City Police Officer assigned to the Southeastern and Eastern District responded to calls for an aggravated assault and disorderly conduct at the establishment. Upon arriving at the scene Baltimore City Police Officers Mirra, Vlard, Eilerman, and Williams, observed the following separate incidents: a victim that needed to be transported to the hospital for lacerations to the face, a physical altercation by two patrons that seemed to be intoxicated, a man wielding what appeared to be a handgun and then running from police, and an overall disorderly crowd of approximately 800 patrons that were exiting the establishment and into the surrounding neighborhoods at the time that Police arrived.

**Violation of Rule 4.02 Inebriates and Drug Addicts** – September 7, 2015 – At approximately 7:00 pm, every available Baltimore City Police Officer assigned to the Southeastern and Eastern District responded to calls for an aggravated assault and disorderly conduct at the establishment. Upon arriving at the scene Baltimore City Police Officers Mirra, Vlard, Eilerman, and Williams, observed the following separate incidents: a victim, who appeared highly intoxicated, that needed to be transported to the hospital for lacerations to the face and a physical altercation by two patrons that seemed to be intoxicated.

**Violation History:**

- **9/4/2014 - Public Hearing re: Violation of Rule 3.12, Violation of Rule 4.02  
GUILTY \$1000 Fine + \$125 admin fee \$1125 Total - Suspension Sept 12-14 2014.**

**Board Decision:**

# Board of Liquor License Commissioners

for Baltimore City  
231 E. Baltimore Street, 6<sup>th</sup> Floor  
Baltimore, Maryland, 21202-3258  
Phone: (410) 396-4377

## NOTICE

To: Euphoria Restaurant and Nightclub LLC  
T/A Euphoria Restaurant and Nightclub  
1301 South Ponca Street

Date: October 7, 2015

**Licensee may be represented by  
Counsel before board**

You are hereby notified to appear before the Board of Liquor License Commissioners (BLLC) for Baltimore City at 1 o'clock PM on the 5th day of November, 2015, in Room 215, City Hall, Baltimore Maryland to show cause why your Alcoholic Beverages License and other permits issued by this Board to you under the provisions of Article 2B of the Annotated Code of Maryland Title of "Alcoholic Beverages", as amended, should not be suspended or revoked as required by this Board by Section 10-401 of said Article, following your conviction and/or violation of said law, to wit:

**Location of Incident:** Euphoria Restaurant and Nightclub, 1301 South Ponca Street, Baltimore, Maryland ("establishment")

**Violation of Rule 4.18 Illegal Conduct – September 7, 2015** – At approximately 7:00 pm, every available Baltimore City Police Officer assigned to the Southeastern and Eastern District responded to calls for an aggravated assault and disorderly conduct at the establishment. Upon arriving at the scene Baltimore City Police Officers Mirra, Vlard, Eilerman, and Williams, observed the following separate incidents: a victim that needed to be transported to the hospital for lacerations to the face, a physical altercation by two patrons that seemed to be intoxicated, a man wielding what appeared to be a handgun and then running from police, and an overall disorderly crowd of approximately 800 patrons that were exiting the establishment and into the surrounding neighborhoods at the time that Police arrived.

**Violation of Rule 3.12 Public Welfare – September 7, 2015** – At approximately 7:00 pm, every available Baltimore City Police Officer assigned to the Southeastern and Eastern District responded to calls for an aggravated assault and disorderly conduct at the establishment. Upon arriving at the scene Baltimore City Police Officers Mirra, Vlard, Eilerman, and Williams, observed the following separate incidents: a victim that needed to be transported to the hospital for lacerations to the face, a physical altercation by two patrons that seemed to be intoxicated, a man wielding what appeared to be a handgun and then running from police, and an overall disorderly crowd of approximately 800 patrons that were exiting the establishment and into the surrounding neighborhoods at the time that Police arrived.

**Violation of Rule 4.02 Inebriates and Drug Addicts – September 7, 2015** – At approximately 7:00 pm, every available Baltimore City Police Officer assigned to the Southeastern and Eastern District responded to calls for an aggravated assault and disorderly conduct at the establishment. Upon arriving at the scene Baltimore City Police Officers Mirra, Vlard, Eilerman, and Williams, observed the following separate incidents: a victim, who appeared highly intoxicated, that needed to be transported to the hospital for lacerations to the face and a physical altercation by two patrons that seemed to be intoxicated.

**City Hall security provisions require all persons entering the City Hall to present a photo ID.**

If you fail to appear at the time and place designated above, the board will proceed with the hearing and will take such action regarding the suspension or revocation of your license and permits as warranted by evidence. If you have any questions concerning the specific rules or code cited, please refer to Rules and Regulations for the Board of Liquor License Commissioners for Baltimore City or Article 2B of the Annotated Code of Maryland for reference purposes.

**BY ORDER OF THE BOARD OF LIQUOR LICENSE  
COMMISSIONERS FOR BALTIMORE CITY**

**Benjamin Neil, Esq., Chairman**

**BOARD OF LIQUOR LICENSE  
COMMISSIONERS**

FOR BALTIMORE CITY

NOTICE

TO

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Service of copy admitted at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_

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Served by: \_\_\_\_\_

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1 Crime / Incident <b>COMMON ASSAULT</b>	Attempt <input type="checkbox"/>	2 Complain Number 2-150903169
3 Location of Offense / Incident (Exact Street Address) 1300 PONCA ST		Page 1 of 2
4 Date / Time Occurred 9/7/15 @ 1941 HRS	5 Date / Time Reported 9/7/15 @ 1941 HRS	
6 Unit 2A12	7 Post of Occurrence SE3	8 Reporting Area
9 Street Code 2580	11 Location Given by Dispatcher ON VIEW	
10 CAD Number	12 Companion Report No	
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	14 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	15 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premise CITY STREET
19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business ROBINSON, CIERRA	Residence / Address (Include City, County, State, Zip) 2424 BILBURY LN, BALTIMORE MD 21244		Sex F	Race B	Age 26	DOB 7/1/89
Where Employed or School Attending (Include City Located)	Occupation	Hours of Employment	Residence Phone	Other Phone		
21 Injures and Location on Body	Victim's Condition	Victim Hospitalized / Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22 Victim / Assailant Relationship NONE	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

24 Reporting Person Name (Last, First, MI) SAME AS 20	Sex	Race	Age	DOB	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
--	-----	------	-----	-----	--	-----------------	-------------

25 Witness Parent/Guardian <input type="checkbox"/>	Name (Last, First, MI) N/A	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
---	-------------------------------	--	-----------------	-------------

26 Suspect Name (Last, First, MI) TILLMAN, REGIS	Address (Include City, County, State, Zip) 2219 LAWNWOOD CIR, BALT, MD 21207		Sex F	Race B	Age 25	DOB 8/4/90	Height 5'2	Weight 170
Complexion MED	Hair Color/Length/Style LONG BRAIDS	Hat	Eyes BRN	Facial Hair	Teeth	Shirt/Coat		
Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)				Arrest Number		

27 Trademarks of Suspect(s) (Action / Conversation) KICK AND PUNCH VICTIM	28 Point of Entry N/A	29 Location Last Seen N/A	30 Manner of Escape N/A	31 Direction of Escape N/A
32 Weapon / Means of Attack HANDS/FEET	33 Method Used to Commit Crime KICK AND PUNCH VICTIM	34 Type of Property Taken N/A	35 Total Loss Value N/A	

38 Vehicle Information	Suspect <input type="checkbox"/>	Victim <input type="checkbox"/>	Stolen <input type="checkbox"/>	Towed <input type="checkbox"/>	Other <input type="checkbox"/>	Tag Number	State	Expiration	Vehicle Year/Make	Model	Body Style / Color	Mileage		
Vehicle Identification Number (VIN)							Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Spare Tire in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No

37 Registered Owner Name (Last, First, MI)	Sex	Race	Age	DOB	Address (Include City, County, State, Zip)
--	-----	------	-----	-----	--

38 Recovered by	39 Method of Theft	40 Evidence of Stripping / Tampering	41 Repo Check <input type="checkbox"/> Yes <input type="checkbox"/> No	42 Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No	43 Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
44 Tow Information	Location Towed From	Location Towed To	Towed by	Tow Truck Operator Signature	

45 Detective Notified	Sequence No	Assignment	Unit Number	Date	Time	46 Medical Examiner Notified	Date	Time
-----------------------	-------------	------------	-------------	------	------	------------------------------	------	------

47 Crime Lab Technician Name	Unit Number	Time	48 Hot Desk Person Notified	Time
------------------------------	-------------	------	-----------------------------	------

49 Communications Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50 Citywide Broadcast <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time	51 Victim Assistance/Incident Information Form(s) Provided <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	------	---

52 Copies Forwarded To

Cont'd Sections Narrative (1) Continuation of any preceding items (2) Property Listing, to include property taken and seized/submitted evidence/property lost property inventory number(s) when applicable (3) Describe details of incident, include all steps taken in preliminary investigation (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time (5) List all arrests, including Arrest Numbers and charges

On 7 September 2015 at approximately 1915 hrs I responded to the 1300 block of Ponca St. in reference to a club, Euphoria, letting out its patrons of approximately 800 people. Myself and several other officers responded to clear the crowd of people from the area along with security officers from the club. I observed several females arguing with police and security officers as they were telling the women to leave the area several times. The women eventually began walking northbound on 1300 Ponca St. Minutes later while conducting traffic control on 1300 S. Ponca St. I observed several citizens and police begin to run to a disturbance at the corner of Ponca St. and Odonnell St. When I arrived I observed two females later identified as Regis Tillman and Cierra Robinson on the ground kicking and punching one another. It took several police and security officers to separate the two women. The above women were identified by police and security officers as persons who were told earlier several times to leave the block and the area.

Continued  
2

53 Reporting Officer Name (PRINT CLEARLY) P/O TIFFANY VLARD	Sequence No 1904	Assignment SED	Signature <i>[Signature]</i>
--	---------------------	-------------------	---------------------------------

54 Approving Supervisor Rank and Name <i>[Signature]</i>	Sequence No 19436	Assignment SCD	Signature <i>[Signature]</i>
---	----------------------	-------------------	---------------------------------

55 RMS Data Entered By	Sequence No	Date	Time	56 Reviewer	57 Referred To
------------------------	-------------	------	------	-------------	----------------

1 Crime / Incident <b>COMMON ASSAULT</b>		Attempt <input type="checkbox"/>	2 Complaint Number <b>2-150903169</b>
3 Location of Offense / Incident (Street Address, Zip) <b>1300 PONCA ST 21224</b>			Page <b>2</b> of <b>2</b>
4 Date / Time of This Report <b>9/7/15 @ 1941 HRS</b>		5 Arrest / Custody Number	
6 Unit <b>2A12</b>	7 Post of Occurrence <b>SE3</b>	8 Reporting Area	9 Street Code
10 CAD Number <b>2580</b>		11 Original Report Date / Time <b>9/7/15 @ 1941 HRS</b>	
12 Offense / Incident Changed From		13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	
14 Multiple Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No		15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	
16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17 Crme Code	18 Crme Classification

19 Complainant/ Victim	Name (Last, First, MI), or Firm Name if Business <b>TILLMAN, REGIS</b>	Residence / Address (include City, County, State, Zip) <b>2219 LAWNWOOD CIR BALTO MD 21207</b>	Sex <b>F</b>	Race <b>B</b>	Age <b>25</b>	DOB <b>8/4/90</b>
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20 Copies Forwarded To

Conf'd Section Narrative (1) Continuation of any preceding items. (2) Property Listing to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Recommend case status when applicable. (6) If Multiple Clearance, include all affected complainant/case numbers.

The women involved in the fight did not sustain any injuries and after talking to both parties I was unable to determine who the aggressor was of the incident. Ms. Robinson was very intoxicated and constantly yelled obscenities at police, and became uncooperative at times, not providing identification or her information on demand.

Once the women were handcuffed the crowd of onlookers were told by police officers to leave the area at which the time the crowd began to disperse. Sgt. Lufadeju who assisted in breaking up the fight between the above woman continued to tell a woman later identified as Jene Pickford to leave the area however she continued to argue and stay in the area. Ms. Pickford then attempted to follow the officers to the prisoner transport wagon and yell after officers told her to leave the area again several times. Ms. Pickford continued to stay on scene agitating the arrestees. Sgt Lufadeju arrested and placed handcuffs on Ms. Pickford and same was transported to the Southeast District with the two above arrestees. Once all information needed to process the above persons was gathered all were transported to Central Booking without further incident.

Continued

21 I affirm and declare that the statements above are true to the best of my knowledge: Reporting Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

22 Reporting Officer Name (PRINT CLEARLY) **P/O TIFFANY VLARD** Sequence No. Assignment **1904 SED** Signature *[Signature]*

23 Approving Supervisor Rank and Name **OR EILERMAN, M** Sequence No. Assignment **1436 SGD** Signature *[Signature]*

24 RMS Data Entered By \_\_\_\_\_ Sequence No. Date Time 25 Reviewer \_\_\_\_\_ 26 Referred To \_\_\_\_\_



POLICE DEPARTMENT  
TIMORE, MARYLAND

Person  Property  Vehicle  Miscellaneous  
 Domestic Related  Gang Related  Juvenile Related  Hate Crime

1 Crime / Incident <b>Aggravated Assault</b>	Attempt <input type="checkbox"/>	2 Complaint Number <b>2150903151</b>
3 Location of Offense / Incident (Exact Street Address) <b>1301 S. Ponca Street</b>		Page <b>1</b> of
4 Date / Time Occurred <b>9/7/15 1903hrs</b>	5 Date / Time Reported <b>9/7/15 1903hrs</b>	
11 Location Given by Dispatcher <b>1301 S. Ponca</b>		12 Companion Report No.
6 Unit <b>2C32</b>	7 Post of Occurrence <b>SE3</b>	8 Reporting Area <b>221</b>
9 Street Code	10 CAD Number <b>2144</b>	13 Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
14 Case Disposition <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	15 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	16 Crime Code
17 Crime Classification	18 Describe Location of Offense or Type of Premise <b>Bar</b>	
19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business <b>Carter, James Jason</b>	Residence / Address (Include City, County, State, Zip) <b>1930 Wilkens Ave Baltimore MD 21223</b>	Sex <b>M</b>	Race <b>B</b>	Age <b>25</b>	DOB <b>2/4/90</b>
Where Employed or School Attending (Include City Located)		Occupation <b>UNK</b>	Hours of Employment	Residence Phone	Other Phone

21 Injuries and Location on Body <b>Head</b>	Victim's Condition <b>Fair</b>	Victim Hospitalized: Facility <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>JH Bayview</b>	22 Victim / Assailant Relationship <b>UNK</b>	23 Current / Former Concomitant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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24 Reporting Person Name (Last, First, MI) <b>P/O Mirra, J</b>	Sex <b>M</b>	Race <b>B</b>	Age	DOB	Address (include City, County, State, Zip) <b>242 W. 29th Street</b>	Residence Phone <b>4103962422</b>	Other Phone
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25 Witness Parent/Guardian <input type="checkbox"/>	Name (Last, First, MI)	Address (include City, County, State, Zip)	Residence Phone	Other Phone
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28 Suspect Name (Last, First, MI) <b>UNK</b>	Address (include City, County, State, Zip)	Sex <b>M</b>	Race <b>B</b>	Age <b>20-30 YO</b>	DOB	Height	Weight
Complexion	Hair Color/Length/Style <b>Black Dread Locks</b>	Hat	Eyes	Facial Hair	Teeth	Shirt/Coat <b>Red T Shirt</b>	
Pants <b>Tan Pants</b>	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc)			Arrest Number		

27 Trademarks of Suspect(s) (Action / Conversation) <b>Did assault victim</b>	28 Point of Entry <b>UNK</b>	29 Location Last Seen <b>Ponca St</b>	30 Manner of Escape <b>Foot</b>	31 Direction of Escape <b>North</b>
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32 Weapon / Means of Attack <b>UNK</b>	33 Method Used to Commit Crms <b>UNK</b>	34 Type of Property Taken <b>N/A</b>	35 Total Loss Value <b>N/A</b>
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36 Vehicle Information Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Stolen <input type="checkbox"/> Towed <input type="checkbox"/> Other <input type="checkbox"/>	Tag Number <b>N/A</b>	State	Expiration	Vehicle Year/Make	Model	Body Style/Color	Mileage
Vehicle Identification Number (VIN)							
Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No		Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Spare Tire in Car <input type="checkbox"/> Yes <input type="checkbox"/> No
Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No							

37 Registered Owner Name (Last, First, MI)	Sex	Race	Age	DOB	Address (include City, County, State, Zip)
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38 Recovered by	39 Method of Theft	40 Evidence of Stripping / Tampering	41 Repo Check <input type="checkbox"/> Yes <input type="checkbox"/> No	42 Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No	43 Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
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44 Tow Information Location Towed From	Location Towed To	Towed by	Tow Truck Operator Signature
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45 Detective Notified <b>Det Dorsey</b>	Sequence No <b>F216</b>	Assignment <b>SED DDU</b>	Unit Number <b>3792</b>	Date <b>9/7/15</b>	Time	46 Medical Examiner Notified	Date	Time
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47 Crime Lab Technician Name <b>Tech Baykin</b>	Unit Number <b>5833</b>	Time <b>2230</b>	48 Hot Desk Person Notified	Time
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49 Communications Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50 Citywide Broadcast Time <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	51 Victim Assistance/Incident Information: Explain Form(s) Provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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52 Copies Forwarded To

Conf'd Sections Narrative (1) Continuation of any preceding items (2) Property Listing, to include property taken and seized/submitted evidence/property list property inventory number(s) when applicable. (3) Describe details of incident include all steps taken in preliminary investigation (4) List all additional notations, including name, agency or assignment, unit number, telephone number, date, time (5) List all arrests, including Arrest Numbers and charges.

On 07 September 2015 I responded to 1301 S. Ponca Street at approximately 1903hrs in reference to an aggravated assault. Upon arrival I encountered large crowds of a few hundred people leaving Euphoria Night Club. I located a black male who would later be identified as Mr. James Jason Carter (02/04/1990) with lacerations to his head. The lacerations were on the front left of his head and back left of his head in addition to multiple abrasions to his head. I asked the victim what happened and he was non cooperative. Unknown people in the crowd stated that a black male with dread locks wearing a red shirt and tan pants was in an altercation with the victim and ran. Canvass for suspect yielded negative results. All witnesses in the crowd were extremely uncooperative and intoxicated and left location. Officers were unable to locate scene of crime. Engine 50 and Medic 20 responded to scene. Mr. Carter was transported to Bayview hospital via Medic 20. I rode in Medic 20 with victim and it was at this point that the victim stopped talking. Upon arrival at the hospital Dr. Panile was the doctor in charge of case. Mr. Carter received stitches to

Continued

53 Reporting Officer Name (PRINT CLEARLY) <b>P/O Mirra, J</b>	Sequence No <b>J509</b>	Assignment <b>SED Patrol</b>	Signature
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54 Approving Supervisor Rank and Name <b>P/O Mirra, J</b>	Sequence No <b>J509</b>	Assignment <b>SED Patrol</b>	Signature
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56 RMS Date Entered By	Sequence No Date	Time	57 Referred To
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REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

1 Crime / Incident <b>Aggravated Assault</b>		Attempt <input type="checkbox"/>	2 Complaint Number <b>2150903151</b>
3 Location of Offense / Incident (Street Address, Zip) <b>1301 S. Ponca Street</b>			Page <b>2</b> of <b>2</b>
4 Date / Time of This Report <b>9/7/15 1903hrs</b>		5 Arrest / Custody Number	
6 Unit <b>2C32</b>	7 Post of Occurrence <b>SE3</b>	8 Reporting Area	9 Street Code
10 CAD Number <b>2144</b>		11 Original Report Date / Time <b>9/7/15 1903hrs</b>	
12 Offense / Incident Changed From			

Continuation       Follow Up

Person     Property     Miscellaneous     Vehicle     Missing Person     Custody

13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	Explain <b>UNK Suspect</b>	16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17 Crime Code	18 Crime Classification
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19 Complainant/Victim Name (Last, First, M), or Firm Name if Business <b>Carter, James Jason</b>	Residence / Address (Include City, County, State, Zip) <b>1930 Wilkens Ave Baltimore MD 21223</b>	Sex <b>M</b>	Race <b>B</b>	Age <b>25</b>	DOB <b>2/4/90</b>
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Conf Section Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property. List property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Recommend case status when applicable. (6) If Multiple Clearance, include all affected complaint/case numbers.

both lacerations. Crime lab 5833 technician Baykin responded to take pictures. I submitted clothing of victim to ECU under AC#15029433. DDU notified Detective Dorsey advised of situation. Form 309.

Continued

21 I affirm and declare that the statements above are true to the best of my knowledge: Reporting Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

22 Reporting Officer Name (PRINT CLEARLY) **P/O Mifra, J** Sequence No./Assignment **J509 SED Patrol** Signature \_\_\_\_\_

23 Approving Supervisor Rank and Name \_\_\_\_\_ Sequence No./Assignment **J509 SED** Signature \_\_\_\_\_

24 RMS Date Entered By \_\_\_\_\_ Sequence No. Date \_\_\_\_\_ Time \_\_\_\_\_ 25 Reviewer \_\_\_\_\_ 26 Referred To \_\_\_\_\_

1 Crime / Incident <b>Reckless Endangerment</b>	Attempt <input type="checkbox"/>	2 Complaint Number <b>2150903277</b>
3 Location of Offense / Incident (Exact Street Address) <b>1301 S. Ponca Street</b>		Page <b>1</b> of <b>2</b>
4 Date / Time Occurred <b>9/7/15 1930hrs</b>		5 Date / Time Reported <b>9/7/15 1930hrs</b>
11 Location Given by Dispatcher <b>1301 S. Ponca</b>		12 Companion Report No
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		15 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16 Crime Code		17 Crime Classification
18 Describe Location of Offense or Type of Premise <b>Bar</b>		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Person  Vehicle  Miscellaneous

Domestic Related  Gang Related  Juvenile Related  Hate Crime

6 Unit <b>2C32</b>	7 Post of Occurrence <b>SE3</b>	8 Reporting Area	9 Street Code	10 CAD Number <b>10080</b>
13 Case Status		15 Follow-up		16 Crime Code
13 Case Status		15 Follow-up		16 Crime Code
13 Case Status		15 Follow-up		16 Crime Code

20 Complainant / Victim <b>P/O Mirra, J</b>	Name (Last, First, MI), or Firm Name if Business <b>P/O Mirra, J</b>	Residence / Address (include City, County, State, Zip) <b>242 W. 29th Street</b>	Sex <b>M</b> Race <b>B</b> Age <b>21</b> DOB <b>06/30/94</b>
Where Employed or School Attending (include City Located)		Occupation	Hours of Employment
Residence Phone <b>4103962422</b>		Other Phone	Sobriety
21 Injuries and Location on Body		Victim's Condition	Victim Hospitalized Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22 Victim / Assailant Relationship <b>UNK</b>		23 Current / Former Cohabitant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

24 Reporting Person <b>P/O Mirra, J</b>	Name (Last, First, MI)	Sex <b>M</b> Race <b>B</b> Age <b>21</b> DOB <b>06/30/94</b>	Address (include City, County, State, Zip) <b>242 W. 29th Street</b>	Residence Phone <b>4103962422</b>	Other Phone
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25 Witness Parent/Guardian <input type="checkbox"/>	Name (Last, First, MI)	Address (include City, County, State, Zip)	Residence Phone	Other Phone
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26 Suspect <b>Cannady, Dajwan Keith</b>	Name (Last, First, MI)	Address (include City, County, State, Zip) <b>1214 N Spring St</b>	Sex <b>M</b> Race <b>B</b> Age <b>21</b> DOB <b>06/30/94</b>	Height <b>5 8</b> Weight <b>150</b>
Complexion	Hair Color/Length/Style	Hat	Eyes	Facial Hair
Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)		Arrest Number <b>15134714</b>

27 Trademarks of Suspect(s) (Action / Conversation) <b>Did possess firearm/resist/fail to obey</b>	28 Point of Entry	29 Location Last Seen <b>Ponca St</b>	30 Manner of Escape <b>Foot</b>	31 Direction of Escape <b>Northeast</b>
32 Weapon / Means of Attack <b>Handgun</b>	33 Method Used to Commit Crime <b>Handgun</b>	34 Type of Property Taken <b>N/A</b>	35 Total Loss Value <b>N/A</b>	

36 Vehicle Information <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Stolen <input type="checkbox"/> Towed <input type="checkbox"/> Other	Tag Number <b>N/A</b>	State	Expiration	Vehicle Year/Make	Model	Body Style/Color	Mileage
Vehicle Identification Number (VIN)		Ignition Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Keys in Ignition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Radio in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Battery in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37 Registered Owner Name (Last, First, MI)		Sex	Race	Age	DOB	Address (include City, County, State, Zip)	

38 Recovered by	39 Method of Theft	40 Evidence of Stripping / Tampering	41 Repo Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	42 Tow List Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	43 Owner Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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44 Tow Information	Location Towed From	Location Towed To	Towed by	Tow Truck Operator Signature
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45 Detective Notified	Sequence No	Assignment	Unit Number	Date	Time	46 Medical Examiner Notified	Date	Time
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47 Crime Lab Technician Name	Unit Number	Time	48 Hot Desk Person Notified	Time
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49 Communications Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50 Citywide Broadcast Time <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	51 Victim Assistance/Incident Information Explain Form(s) Provided <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Confid Sections Narrative (1) Continuation of any preceding items (2) Property Listing (to include property taken and seized/submitted evidence/property list property inventory number(s) when applicable (3) Describe details of incident include all steps taken in preliminary investigation (4) List all additional notifications including name, agency or assignment, unit number, telephone number, date, time (5) List all arrests, including Arrest Numbers and charges

On 07 September 2015 at approximately 1930 hours I was at 1301 S. Ponca Street in reference to multiple calls for service such as aggravated assault and disorderly. Numerous officers and foxtrots were on scene for crowd control due to hundreds of people attending a Labor Day party at Euphoria Night Club that was disorderly. A black male later identified as Mr. Dajwan Keith Cannady (M-B-06/30/1994) was in the parking lot of the night club being loud and disorderly causing crowds to form. Officers on scene began to approach Mr. Cannady to clear up the crowd and diffuse the situation. Once Officer Eilerman F436, Officer Williams G881 and Officer Zambrana H436 came close to Mr. Cannady they observed a black semi-automatic handgun in his possession. Officers instructed Mr. Cannady to drop the gun and put his hands up but he then fled on foot in a northeast direction through the rear parking lot of Euphoria. It was at this time that I observed the foot chase and assisted. Mr. Cannady ran around multiple parked cars evading police on foot and disobeying verbal commands. I then began to close in on Mr. Cannady and when I was

Continued

53 Reporting Officer Name (PRINT CLEARLY) <b>P/O Mirra, J</b>	Sequence No <b>J509</b>	Assignment <b>SED Patrol</b>	Signature
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54 Approving Supervisor Rank and Name <b>Sgt. Schaeffer</b>	Sequence No <b>1250</b>	Assignment <b>SIED</b>	Signature
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55 RMS Data Entered By	Sequence No	Date	Time	56 Reviewer	57 Referred To
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**REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK**

1 Crime / Incident Reckless Endangerment		Attempt <input type="checkbox"/>	2 Complaint Number 2150903277
3 Location of Offense / Incident (Street Address, Zip) 1301 S. Ponca Street			Page 2 of 2
4 Date / Time of This Report 9/7/15 1930hrs		5 Arrest / Custody Number 15134714	
6 Unit 2C32		7 Post of Occurrence SE3	
8 Reporting Area		9 Street Code	
10 CAD Number 2144		11 Original Report Date / Time 9/7/15 1930hrs	
12 Offense / Incident Changed From			
13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed		14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17 Crime Code		18 Crime Classification	
19 Complainant / Victim Name (Last, First, MI), or Firm Name if Business P/O Mirra J		Residence / Address (include City, County, State, Zip) 242 W. 29th street	
Sex		Race Age DOB	

20 Copies Forwarded To

Cont'd Narrative (1) Continuation of any preceding items (2) Property Listing, to include property taken and seized/submitted evidence/property list property inventory number(s) when applicable (3) Record of activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change (4) List all additional notifications, including name, agency of assignment, unit number, telephone number, date, time (5) Recommend case status when applicable (6) If Multiple Clearance, include all affected complaint/case numbers

about 5 yards away he took the black semi-automatic handgun and threw it recklessly with his right hand into a crowd of about 800 people in the rear of Euphoria Night Club. It was at this time that I gained control of Mr. Cannady and placed him under arrest. Mr. Cannady pulled away and attempted to get away from myself and the other officers. He refused to cooperate and put his hands behind his back while continually attempting to break free. Mr. Cannady smelled of alcoholic beverage once in close proximity. Once Mr. Cannady was secured he was placed in a prisoner transport wagon and transported to the Southeast District. Numerous officers on scene attempted to locate the firearm in the area that it was thrown; however, due to the amount of people in the crowd and the large area locating the firearm was unsuccessful. Mr. Cannady was not injured and refused a medic. Mr. Cannady was then transported to CBIF without incident and booked under BIN1570629BC. All events occurred in Baltimore City State of Maryland. This was reviewed by Sgt. Ferguson.

Continued

21 I affirm and declare that the statements above are true to the best of my knowledge: Reporting Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

22 Reporting Officer Name (PRINT CLEARLY) P/O Mirra, J Sequence No Assignment J509 SED Patrol Signature \_\_\_\_\_

23 Approving Supervisor Rank and Name Sgt. S. H. [Signature] Sequence No Assignment #5600 JKH Signature \_\_\_\_\_

24 RMS Data Entered By \_\_\_\_\_ Sequence No \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ 25 Reviewer \_\_\_\_\_ 26 Referred To \_\_\_\_\_

**REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK**



POLICE DEPARTMENT  
TIMORE, MARYLAND

1 Crime / Incident <b>Liquor Board Violation</b>	Attempt <input type="checkbox"/>	2 Complaint Number <b>2150903750</b>
3 Location of Offense / Incident (Exact Street Address) <b>1301 S. Ponca St</b>		Page <b>1</b> of <b>2</b>
4 Date / Time Occurred <b>9/7/15 1900hrs</b>	5 Date / Time Reported <b>9/7/15 1900hrs</b>	
6 Unit <b>2C31</b>	7 Post of Occurrence <b>SE3</b>	8 Reporting Area
9 Street Code	10 CAD Number <b>3724</b>	11 Location Given by Dispatcher <b>On View</b>
12 Companion Report No.	13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	
14 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared		15 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premise <b>Euphoria Restaurant</b>
19 Reported by Crime Watcher <input type="checkbox"/> Yes <input type="checkbox"/> No		

Person  
 Domestic Related  
 Gang Related  
 Juvenile Related  
 Hate Crime

Vehicle  Miscellaneous

20 Complainant / Victim Name (Last, First, MI) or Firm Name if Business <b>P/O Mirra, J</b>	Residence / Address (Include City, County, State, Zip) <b>242 W. 29th Street</b>	Sex	Race	Age	DOB
Where Employed or School Attending (Include City Located)	Occupation	Hours of Employment	Residence Phone <b>410 396 2422</b>	Other Phone	Sobriety
21 Injuries and Location on Body		Victim's Condition	Victim Hospitalized	Facility	22 Victim / Assailant Relationship
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No

24 Reporting Person Name (Last, First, MI) <b>SA#20</b>	Sex	Race	Age	DOB	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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25 Witness Parent/Guardian <input type="checkbox"/>	Name (Last, First, MI)	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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26 Suspect Name (Last, First, MI)	Address (Include City, County, State, Zip)	Sex	Race	Age	DOB	Height	Weight
Complexion	Hair Color/Length/Style	Hat	Eyes	Facial Hair	Teeth	Shirt/Coat	
Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)				Arrest Number	

27 Trademarks of Suspect(s) (Action / Conversation)	28 Point of Entry	29 Location Last Seen	30 Manner of Escape	31 Direction of Escape
32 Weapon / Means of Attack	33 Method Used to Commit Crime	34 Type of Property Taken	35 Total Loss Value	

36 Vehicle Information <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Stolen <input type="checkbox"/> Towed <input type="checkbox"/> Other	Tag Number	State	Expiration	Vehicle Year/Make	Model	Body Style/Color	Mileage
Vehicle Identification Number (VIN)		Ignition Locked	Keys in Ignition	Doors Locked	Windows Closed	Radio in Car	Battery in Car
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

37 Registered Owner Name (Last, First, MI)	Sex	Race	Age	DOB	Address (Include City, County, State, Zip)
--	-----	------	-----	-----	--

38 Recovered by	39 Method of Theft	40 Evidence of Stripping / Tampering	41 Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No	42 Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No	43 Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
44 Tow Information	Location Towed From	Location Towed To	Towed by	Tow Truck Operator Signature	

45 Detective Notified	Sequence No	Assignment	Unit Number	Date	Time	46 Medical Examiner Notified	Date	Time
47 Crime Lab Technician Name	Unit Number	Time	48 Hot Desk Person Notified		Time			

49 Communications Supervisor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	50 Citywide Broadcast <input type="checkbox"/> Yes <input type="checkbox"/> No	Time	51 Victim Assistance/Incident Information: Explain Form(s) Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
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52 Copies Forwarded To  
**Liquor Board**

Cont'd Sections	Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property list (property inventory number(s) when applicable). (3) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notations, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests including Arrest Numbers and charges.
<p>License Number : LB185                  Licensee : Frawning Galan                  Corporation : Euphoria Restaurant                  Trade Name : Euphoria Restaurant                  Address : 1301 South Ponca Street Baltimore Maryland 21224                  License Effective : 05/01/2015 and ending 04/30/2016                  Capacity :</p>	

53 Reporting Officer Name (PRINT CLEARLY) <b>P/O Mirra, J</b>	Sequence No <b>J509</b>	Assignment <b>SED</b>	Signature
54 Approving Supervisor Rank and Name <b>Sgt. Ferguson</b>	Sequence No <b>F630</b>	Assignment <b>SED</b>	Signature

55 RMS Data Entered By	Sequence No	Date	Time	56 Reviewed	57 Reviewed To
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**REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK**

Continuation

Follow Up

Person  Property  Miscellaneous  Vehicle  Missing Person  Custody

1 Crime / Incident Liquor Board Violation		Attempt <input type="checkbox"/>	2 Complain Number 2150903750
3 Location of Offense / Incident (Street Address, Zip) 1301 S. Ponca St			Page 2 of 2
4 Date / Time of This Report 9/7/15 1900hrs		5 Arrest / Custody Number	
6 Unit 2C31		7 Post of Occurrence SE3	
8 Reporting Area		9 Street Code	
10 CAD Number 3724		11 Original Report Date / Time 9/7/15 1900hrs	
12 Offense / Incident Changed From			

13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 Case Disposition <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	16 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	17 Crime Code	18 Crime Classification
--	--	--	--	---------------	-------------------------

19 Complainant/ Victim	Name (Last, First, MI), or Firm Name if Business P/O Mirra, J	Residence / Address (Include City, County, State, Zip) 242 W. 29th St.	Sex	Race	Age	DOB
---------------------------	--	---	-----	------	-----	-----

20 Copies Forwarded To  
Liquor Board

Cont'd Sections Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property. List property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Recommend case status when applicable. (6) If Multiple Clearance, include all affected complaint/case numbers.

On 07 September 2015 beginning at approximately 1900hrs I responded to 1301 S. Ponca Street in reference to large crowds of approximately 800 people leaving the location and being disorderly. There were four 911 calls for this location one of which being for an aggravated assault. Upon my arrival I located the victim Mr. James Carter who was suffering from two lacerations to his head. The victim was extremely intoxicated and was transported to Johns Hopkins Bayview for treatment. No witnesses were cooperative with the investigation. This incident occurred around 1900hrs and was documented under CC#2150903151 CAD#2144. During this incident's investigation there were multiple large groups of people being disorderly. One such group was beginning to fight when numerous officers approached to diffuse the situation. One black male in the group later identified as Mr. Dajwan Keith Cannady (M-B-06/30/1994) was approached by Officer Eileman F436, Officer Williams G881 and Officer Zambrana H436. Once the officers got closer they observed Mr. Cannady in possession of a black semi-automatic handgun. Officers pursued Mr. Cannady and I approached and when I was about 5 yards away Mr. Cannady threw the black semi-automatic handgun into the crowd in the back of Euphoria. The handgun was never recovered. Mr. Cannady was arrested. This incident occurred around 1930hrs and was documented under CC#2150903277 CAD#10080. Immediately following this incident at approximately 1941hrs Officer Vlard I904 observed another incident. Officer Vlard along with other officers observed two females later identified as Regis Tillman and Cierra Robinson fighting. It took multiple officers to break up the fight. Officers were unable to determine the agitator and both were arrested. While officers were placing Ms. Tillman and Ms. Robinson into the prisoner transport wagon a Ms. Jene Pickford was agitating the crowd and yelling at the officers. She was told to leave the area but followed the officers to the wagon beginning to agitate the arrestees. Ms. Pickford was also arrested. This incident was documented under CC#2150903169 CAD#2580. Every available officer in the Southeastern District and Eastern District responded to 1300 S. Ponca due to the large disorderly crowds along with multiple Baltimore City School Police units draining the police resources in this area of the city. Foxtrot was on scene during the entirety of the incident to assist in crowd control, locate fights, and assist in the search for the handgun. Foxtrot captured multiple fights and disorderly crowds caught via their camera. All incidents occurred at 1301 S. Ponca or in the 1300 block of S. Ponca as a direct result of Euphoria Restaurant.

Continued

21 I affirm and declare that the statements above are true to the best of my knowledge: Reporting Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

22 Reporting Officer Name (PRINT CLEARLY) P/O Mirra, J Sequence No. Assignment J509 SED Signature \_\_\_\_\_

23 Approving Supervisor Rank and Name Sgt. Ferguson Sequence No. Assignment F630 SED Signature \_\_\_\_\_

24 RMS Data Entered By \_\_\_\_\_ Sequence No. \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ 25 Reviewer \_\_\_\_\_ 26 Referred To \_\_\_\_\_

**REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK**





# Liquor Board System

Version 1.0

Annual-Renewal | License-Transfer | One-Day | Add New License | Query | Help

## License Detail

<< Go Back

### License Info

License Num: LBD7 185      Cert Num: 0510      Fee: \$1,320.00      Status: Renewed  
 License Date: 5/1/2015      License Year: 2015  
 CR Number: 14801073  
 Payment Date: 04-23-15

2014 - 2015 TPP Paid   
 2015 Trader's License

### Add Adult Entertainment License

#### Location

Corp Name: EUPHORIA RESTAURANT AND NIGHTCLUB, LLC  
 Trade Name: EUPHORIA RESTAURANT AND NIGHTCLUB  
 Zone Code: 10  
 Phone: 443-277-7068

Block Num: 1301      Street: PONCA STREET SOUTH  
 City: BALTIMORE      State: MD      Zip: 21224

CR Number: 14801073

#### Portion of Business Used:

USE PREMISES AS A NIGHT CLUB RESTAURANT WITH LIVE ENTERTAINMENT ALSO  
 OUTDOOR LIVE ENTERTAINMENT AND OUTSIDE SEATING AND TABLE SERVICE PER BMZA  
 RES 13-01810

NO ONE UNDER 21 YEARS OF AGE PERMITTED ON PREMISES 9PM-2AM. STEPHEN REHAK  
 AND JOHN RALLO ARE BARRED FROM PREMISES IN ANY CAPACITY.

### License Owners

First Name	Last Name	Street	City	State	Zip
FRAWING	GALAN	7105 EASTERN AVENUE	Baltimore	MD	21224

### Comments

Date	Comment
04/30/2015	RELEASED STATE OF MD TAX HOLD.... /sb
02/03/2015	State of MD Tax Hold, letter sent to merchant on January 23, 2015.
11/28/2014	9/7/2014 Public Hearing re: Violation of Rule 3.12, Violation of Rule 4.02, GUILTY \$1000. Fine + \$125 admin

	fee \$1125 Total (Owed) Suspension Sept 12-14 2014.
06/13/2012	5/31/12 Public Hearing re: Transfer of ownership with outdoor table service and live entertainment. Board CONDITIONALLY APPROVED license until applicants meet with Councilman Jim Kraft.
05/14/2012	5/12 Transfer of ownership, request for live entertainment and outdoor table service, BD7-BWL, Frawing Galan, Fernando Parada, Euphoria Restaurant and Nightclub, LLC
04/12/2012	3/22/2012 Public Hearing re: Request for hardship extension. GRANTED. 180day extension from hearing date.
06/06/2011	5/26/11 Public Hearing re: Request for a hardship extension under the provisions of Article 2B section 10-504(d). GRANTED - 180 DAYS EXTENSION FROM 5/26/11.
09/28/2010	09/23/10 Public Hearing re: Violation of rule 3.02.DECISION; RULE 3.02 GUILTY \$500 + \$125 ADM.FEE=\$625
08/06/2009	04/03/09 FILED AN APPEAL #67316
02/20/2009	2/12/09 Public Hearing re: Violation of rules 4.01(a),Art.2B,Sec.12-108 3.12, 3.03, 3.06, 4.18, (d),ART.2B,SEC.10-505,Rule4.12 & Violation of restriction on license. DECISION: RULE 4.01(a){12/14/08} NOT GUILTY,(12/14/08) GUILTY ON (4)COUNTS-\$500 EACH= \$2000,ART.2B,SEC.12-108(d)NOT GUILTY, RULE 3.12 NOT GUILTY, RULE 3.03(c){9/11/08} GUILTY \$500 & {12/14/08}GUILTY \$500,{1/9/09}GUILTY \$500,RULE 3.06 NOT GUILTY,RULE 4.18{9/11/08}\$250-{1/9/09}\$500,ART.2B,SEC.10-505 GUILTY \$50,VIOLATION OF RESTRICTION ON LICENSE -GUILTY 80 DAYS MANDATORY SUSPENSION & RULE 4.12 GUILTY \$100.FINE \$4400,\$125 ADM.FEE WAVED=\$4400 AND 80 DAYS MANDATORY SUSPENSION. 80 DAY MANDATORY SUSPENSION EFFECTIVE APRIL 1, 2009 ENDING JUNE 20, 2009.

Hold Info

Powered by:



**Violations:****Licensee: Adam Martinez****Santa Ana Restaurant, LLC T/a Santa Ana Restaurant****246 S. Broadway**

Class "D" Beer &amp; Wine License

**Violation of Rule 4.05 Prohibited Hours** – October 17, 2015 – At approximately 1:08 am, BLLC Inspectors entered the establishment while conducting a special investigation. Inspectors observed 8-10 patrons in the establishment who possessed and were consuming alcoholic beverages. The license assigned to this establishment allows service only until 1:00 am.

**Violation of Rule 3.03 (c) Employee Records** – October 17, 2015 – At approximately 1:08 am, BLLC Inspectors entered the establishment while conducting a special investigation. While conducting their investigation, BLLC Inspectors asked for employee records. Staff could not provide inspectors with the employee records upon request.

**Violation of Rule 4.18 Illegal Conduct** – October 17, 2015 – At approximately 1:08 am, BLLC Inspectors entered the establishment while conducting a special investigation. Inspectors observed 8-10 patrons in the establishment who possessed and were consuming alcoholic beverages. The license assigned to this establishment allows service only until 1:00 am. In addition, while reviewing the business records of the establishment, BLLC inspectors observed that the Alcohol Awareness certification for the establishment had expired.

**Violation History:**

- **10/18/2012 Public Hearing re: VIOLATION of Rule 4.18 Illegal conduct: Charter of Limited Liability not in good standing. VIOLATION of Article 2B section 10-301(j)(1) Non-payment of 2011-2012 personal property taxes and 2012 traders license not submitted. FAILED TO APPEAR. License suspended.**

**Board Decision:**

# Board of Liquor License Commissioners

for Baltimore City  
231 E. Baltimore Street, 6<sup>th</sup> Floor  
Baltimore, Maryland, 21202-3258  
Phone: (410) 396-4377

## **NOTICE**

To: Santa Ana Restaurant, LLC.  
T/A Santa Ana Restaurant  
246 South Broadway

Date: October 21, 2015

**Licensee may be represented by  
Counsel before board**

You are hereby notified to appear before the Board of Liquor License Commissioners (BLLC) for Baltimore City at 1 o'clock PM on the 5th day of November, 2015, in Room 215, City Hall, Baltimore Maryland to show cause why your Alcoholic Beverages License and other permits issued by this Board to you under the provisions of Article 2B of the Annotated Code of Maryland Title of "Alcoholic Beverages", as amended, should not be suspended or revoked as required by this Board by Section 10-401 of said Article, following your conviction and/or violation of said law, to wit:

**Location of Incident:** Santa Ana Restaurant, LLC., T/A Santa Ana Restaurant, Baltimore, Maryland ("establishment")

**Violation of Rule 4.05 Prohibited Hours – October 17, 2015** – At approximately 1:08 am, BLLC Inspectors entered the establishment while conducting a special investigation. Inspectors observed 8-10 patrons in the establishment who possessed and were consuming alcoholic beverages. The license assigned to this establishment allows service only until 1:00 am.

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**City Hall security provisions require all persons entering the City Hall to present a photo ID.**

**If you fail to appear at the time and place designated above, the board will proceed with the hearing and will take such action regarding the suspension or revocation of your license and permits as warranted by evidence. If you have any questions concerning the specific rules or code cited, please refer to Rules and Regulations for the Board of Liquor License Commissioners for Baltimore City or Article 2B of the Annotated Code of Maryland for reference purposes.**

**BY ORDER OF THE BOARD OF LIQUOR LICENSE  
COMMISSIONERS FOR BALTIMORE CITY**

**Benjamin Neil, Esq., Chairman**

**BOARD OF LIQUOR LICENSE  
COMMISSIONERS**

FOR BALTIMORE CITY

NOTICE

TO

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Service of copy admitted at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_

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Served by: \_\_\_\_\_

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BOARD OF LIQUOR LICENSE COMMISSIONERS  
OF BALTIMORE CITY

INSPECTOR'S REPORT

REPORTER NAME / LICENSEE(S) Santa Ana Restaurant LLC

ADDRESS 246 S Broadway

CITY Baltimore ZONE \_\_\_\_\_ CLASS WIN

INSPECTOR Chris DATE 10/17/2015 TIME 1:08 AM

VIOLATIONS NOTED

① Patrons inside with alcohol after hours.



INSTRUCTIONS GIVEN TO LICENSEE

① Must have employee records available for inspection  
 ② Obtain Alcohol Awareness Certificate on for before Oct 27 2015  
 ③ All patrons must leave Establishment on for before 1:00 AM.

NOTE

THE ORIGINAL OF THIS SHEET IS GIVEN TO YOU FOR YOUR INFORMATION AND INSTRUCTION. KEEP IT IN A HANDY PLACE UNTIL THE NEXT INSPECTION. INSTRUCTIONS GIVEN BY INSPECTOR SHOULD BE FOLLOWED AND CONDITIONS NOTED AS UNSATISFACTORY CORRECTED.

INSPECTOR'S REMARKS

Health 08-26-16

④ All alcohol must be removed from patrons access on for before 1:00 AM

M. J. J.

REACH LICENSED PREMISE:	CAPACITY	DINING ROOM
PERMITS	502	
ALCOHOL		
SMOKING		
RESTROOMS		
SEATING		
STOVE		
REFRIGERATOR		
STORAGE OF FOOD		
TRASH CONTAINERS		
RESTROOMS		
GENERAL CONDITION		
LOCATION		
SEPARATED		
PROPERLY MARKED		
VENTILATION		
LIGHTING		
FUNCTIONING TOILET		
PROPER SEATS		
SINK		
HOT / COLD WATER		

PENGAD 900-831-8989  
EXHIBIT #2









