

**BOARD OF LICENSE COMMISSIONERS
FOR ANNE ARUNDEL COUNTY, MARYLAND**

APPLICATION FOR ALCOHOLIC BEVERAGES LICENSE CLASS A - Late Hours

Outdoor Dining

If transfer, formerly trading as: _____

For the use of: (Check one)

Individual Partnership LLC Corporation Unincorporated Association

To the Board of License Commissioners
Anne Arundel County, _____ Date _____

Application is made by the undersigned under the provisions of Alcoholic Beverages I, Titles 1-12, Annotated Code of Maryland, for the above license, and the applicant (s) submit (s) and certify (ies) to the following information required by the Article:

1. Applicant (s)
- | | | | |
|------------------|------------------------|---------------------|--|
| (1) Name | <u>Debra Kay Edick</u> | Residence | <u>102 4th Street, Lothian, MD 20711</u> |
| Date of Birth | <u>10/22/1962</u> | Period of Residence | <u>12 years</u> Period of Residence in A. A. Co. <u>12 yrs</u> |
| Place of Birth | <u>South Carolina</u> | Naturalized at | <u>N/A</u> Year <u>N/A</u> |
| Telephone Number | <u>443-714-0481</u> | Sex | <u>Female</u> |
| (2) Name | <u>Harmeet Rana</u> | Residence | <u>3554 Promenade Place, Waldorf MD 20603</u> |
| Date of Birth | <u>01/14/1957</u> | Period of Residence | <u>7 years</u> Period of Residence in A. A. Co. _____ |
| Place of Birth | <u>India</u> | Naturalized at | <u>New York</u> Year <u>1980s</u> |
| Telephone Number | <u>516-983-1000</u> | Sex | <u>Male</u> |
| (3) Name | _____ | Residence | _____ |
| Date of Birth | _____ | Period of Residence | _____ Period of Residence in A. A. Co. _____ |
| Place of Birth | _____ | Naturalized at | _____ Year _____ |
| Telephone Number | _____ | Sex | _____ |

2. The applicant(s) (is, are) citizen(s) of the United States, and (if the application is for an individual or partnership), (has, have) been for two years next preceding the filing of this application a resident of Anne Arundel County. The applicant (s) applicant(s) (if applying as a qualifying individual for a corporation, unincorporated association, or LLC) is and has been a registered voter and taxpayer in Anne Arundel County for two years next preceding the filing of this application. The applicant (s) thus qualified (is, are): 1 2 3 (Insert number to correspond with name (s) listed above)
3. Corporate name if applicable: 134 Inc.
4. The trade name of the applicant (s) is: Dash-In
and the location and address where license is desired is: 1378 Mt. Zion Marlboro Road, Lothian MD 20711
5. Describe premises: Lot size: 1.1 acres
Size and type of construction and building or area applied for: Masonry - 4,500 sq ft
6. The name of the owner of the premises described above: RHP Properties t/a Wayson Woods
7. The applicant (s) (has, have) never been convicted of a felony. True False
8. The applicant (s) (has, have) never been adjudged guilty of violating the laws governing the sale of alcoholic beverages or for the prevention of gambling in the State of Maryland as follows. True False
If false, give names, dates and offenses: _____
9. (Has, have) the applicant (s) ever held a license for the sale of alcoholic beverages. Yes No
(If yes, in what state, and at what location) This License
10. The applicant (s) (has, have) not had a license for the sale of alcoholic beverages revoked. True False
11. The applicant (s) (has, have) a pecuniary interest in the business to be conducted under said license. True False
12. The applicant (s) (is, are) not pecuniarily interested in any other place of business in the county, counties or Baltimore City where, or for which, a license has been applied for, granted or issued under Alcoholic Beverages I, Titles 1-12, Annotated Code of Maryland. True False
13. No person except the applicant (s) is in any way pecuniarily interested in the license applied for or in the business to be conducted there under during the continuance of the license, if issued. True False

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14. The applicant (s) (has, have) not been adjudged guilty of any offense against the laws of the State or of the United States.
 True False
15. No manufacturer, brewer, distiller, or wholesaler, directly or indirectly, has any financial interest in the premises or business of the applicant. True False
16. The applicant (s) will not convey or grant to any manufacturer, brewer, distiller, or wholesaler any financial interest, except as otherwise permitted in Alcoholic Beverages I, Titles 1-12, Annotated Code of Maryland.
 True False
17. The applicant (s) (has, have) at the time of filing this application no indebtedness or other financial obligation and will not incur any such indebtedness or other financial obligation, directly or indirectly, to any manufacturer, brewer, distiller or wholesaler other than for the purchase of alcoholic beverages. True False
18. The applicant (s) will, if granted a license, conform to all laws and regulations relating to the business in which the applicant (s) propose (s) to engage. True False
19. The applicant (s) submit (s) herewith a statement duly executed and acknowledged by the owner of the premises in which the business is to be conducted, assenting to the granting of the license applied for, authorized the Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners of the county in which the place of business is located, its duly authorized agents and employees, and any peace officer of such county, 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. True False

EXTRACT FROM LAW: If any affidavit or oath required under the provisions of the Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon indictment and conviction thereof, shall be subject to the penalties provided by law for that crime.

Give Name (s), title (s), and address (es) of applicants:

Debra Kay Edick	Secretary	102 4th St., Lothian, MD 20711
(name)	(title)	(home address)
Rana Harmeeet	President	3554 Promenade Pl, Waldorf MD 20603
(name)	(title)	(home address)
(name)	(title)	(home address)

*Note: If President or Vice-President is one of the applicants, he/she must also sign as an applicant.

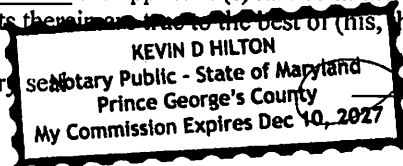
(Corporate Seal)

- *1. Debra Kay Edick
(signature of President or Vice President)
1. Debra Kay Edick
(signature of applicant)
2. _____
(signature of applicant)
3. _____
(signature of applicant)

STATE OF MARYLAND Charles County as:
THIS CERTIFIES, That on the 20th day of November 2024 before the subscriber, a
Notary of the State of Maryland, personally appeared Debra Kay Edick
the applicant (s) named in the foregoing application, and made oath in due
form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and notary seal

(SEAL)



Kevin D Hilton
(NOTARY PUBLIC)

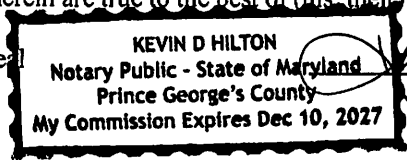
My Commission Expires Dec 10, 2023
Notary Public - State of Maryland
Prince George's County
KEVIN D HILTON

**BOARD OF LICENSE COMMISSIONERS
FOR ANNE ARUNDEL COUNTY, MARYLAND**

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STATE OF MARYLAND Charles County as:
THIS CERTIFIES, That on the 20th day of November, 2024, before the subscriber, a
Notary of the State of Maryland, personally appeared Harriet R
Singh the applicant (s) named in the foregoing application, and made oath in due
form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and notary seal
(SEAL)



[Signature]
(NOTARY PUBLIC)

STATE OF MARYLAND _____ as:
THIS CERTIFIES, That on the _____ day of _____, _____, before the subscriber, a
_____ of the State of Maryland, personally appeared _____
_____ the applicant (s) named in the foregoing application, and made oath in due
form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and notary seal
(SEAL)

(NOTARY PUBLIC)

STATE OF MARYLAND _____ as:
THIS CERTIFIES, That on the _____ day of _____, _____, before the subscriber, a
_____ of the State of Maryland, personally appeared _____
_____ the applicant (s) named in the foregoing application, and made oath in due
form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and notary seal
(SEAL)

(NOTARY PUBLIC)

KEVIN D HILTON
Notary Public - State of Maryland
Prince George's County
My Commission Expires Dec 10, 2023

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

(I, WE) HEREBY CERTIFY, That (I am, we are) the owner (s) of the property known as 1378 Mt. Zion
Marlboro Road, Lothian, MD 20711

Named in the foregoing application made to the State Comptroller under the Alcoholic Beverages Law of Maryland; that (I, we) hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Anne Arundel County, its duly authorized agents and employees, and any peace officer of such county 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 (our, my) hand (s) and seal (s) this _____ day of _____, _____.

_____ (seal)

_____ (seal)

_____ (seal)

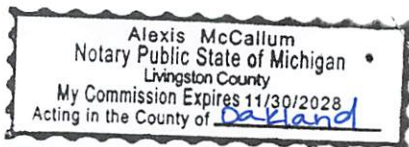
STATE OF MARYLAND _____ as:
THIS CERTIFIES, That on the 14th day of January, 2025, before the
subscriber, a Notary of the State of Maryland, personally appeared Joel Brown
Michigan

and made oath in due form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and notary seal

Alexis McCallum
NOTARY PUBLIC

(Seal)



IN WITNESS WHEREOF, I have hereunto set my hand and the seal of my office, this _____ day of _____, 20__.

Notary Public for the State of Michigan

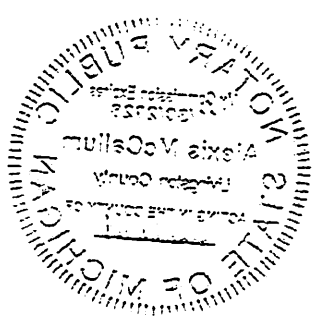
Alexis McCullum
Notary Public for the State of Michigan

My Commission Expires _____

[Handwritten signature]
Notary Public for the State of Michigan

[Handwritten signature]
Notary Public for the State of Michigan

Alexis McCullum
Notary Public State of Michigan
Livingston County
My Commission Expires _____
Acting in the County of _____



LICENSEE(S)

1. Debra Kay Edick (Signature)

DATE: 11/20/2024

Debra Kay Edick (Print name)

2. ~~_____~~ (Signature)

DATE: 11/20/2024

HARMEET RANA (Print name)

3. _____ (Signature)

DATE: _____

_____ (Print name)