

July 20, 2017

Licensee(s): Bruce Richardson and Michael White
The Sobo Taco Spot, T/a Banditos
1118 S. Charles Street 21230

Class: "BD7" Beer, Wine & Liquor License

Violation of Rule 3.12 General Welfare – May 13, 2017 – At approximately 1:40 AM Baltimore City Police Officer Goodwin responded to the establishment for a call for service related to a "cutting." Upon arrival Officer Goodwin observed 3 males on location (Dimitri Gaither, Rodney Johnson, and Cameron Price) who were all suffering from multiple stab wounds. All of the victims were discovered near the exits or just outside of the establishment. Investigation revealed that an altercation had occurred within the establishment minutes before Officer Goodwin responded which involved an individual, later identified at Shawn Guzman, and the 3 male stabbing victims. Further investigation revealed that Mr. Guzman took an unknown sharp object and stabbed Gaither, Johnson, Cameron, and himself in the midst of a physical altercation within the establishment. Mr. Guzman was not on-scene at the time of Officer Goodwin's arrival, but was apprehended later by police when he sought medical assistance at the University of Maryland Shock Trauma for his self-inflicted stab wounds.

Violation of Rule 4.16 Illegal Conduct – May 13, 2017 – At approximately 1:40 AM Baltimore City Police Officer Goodwin responded to the establishment for a call for service related to a "cutting." Upon arrival Officer Goodwin observed 3 males on location (Dimitri Gaither, Rodney Johnson, and Cameron Price) who were all suffering from multiple stab wounds. Investigation revealed that an altercation had occurred within the establishment minutes before Officer Goodwin responded that involved an individual, later identified at Shawn Guzman, and the 3 male stabbing victims. Further investigation revealed that Mr. Guzman took an unknown sharp object and stabbed Gaither, Johnson, Cameron, and himself in the midst of a physical altercation within the establishment. Mr. Guzman was not on-scene at the time of Officer Goodwin's arrival, but was apprehended later by police when he sought medical assistance at the University of Maryland Shock Trauma for his self-inflicted stab wounds. The State's Attorney's Office for Baltimore City subsequently indicted Mr. Shawn Guzman on criminal charges ranging from Attempted First Degree Murder to Concealed Deadly Weapon all of which are alleged to have occurred within or just outside of the establishment.

Violation of Rule 3.02 Cooperation – May 13, 2017 – At approximately 2:20 AM the Baltimore City Vice Unit, which included Det. Gatto, Det. LC Greenhill, and Sgt. Leisher, and Agent John Chrissomallis of the BLLC ("officials") responded to the establishment for a call for service related to a "cutting." Upon questioning officers at the scene and employees, officials discovered that a stabbing incident had occurred within the location involving four males. During a follow-up investigation on May 14, 2017 officials discovered that the night manager, James Dipino, had started to clean the bar area of the blood evidence prior to the police and crime lab techs arrival, which in turn destroyed blood evidence and thus hindered the investigation. Officials recalled the strong odor of bleach within the primary crime scene inside the bar when they responded to scene on May 13, 2017. Officials informed the staff of the establishment that any potential crime scene inside the bar must be preserved until police units advise the management that a cleaning process can be conducted.

Board's Information:

(a) **Service on Licensee(s):** Summons issued to the licensee(s) on 6/26/2017.

(b) **Witness Summoned:** Summons issued to Inspector John Chrissomallis on 6/26/2017. Summons issued to Baltimore City Police Dept.: Det. Gatto, Det. Greenhill, Sgt. Leisher, and Officer Goodwin on 6/26/2017.

(c) **Violation History of Current Licensee(s):** Licensee(s) appeared before the Board 4/23/2015 in reference to:

- Protest of Renewal
- Board vote (3-0 vote) to renew the license.

Licensee(s) appeared before the Board 8/7/2014 in reference to:

- Violation of Rule 4.05(a) – Prohibited Hours
- Guilty – \$500 fine
- \$500 fine + \$125 admin fee
- \$625 Total fine paid

(d) **License Transfer Date:** The license transferred to the above named licensee(s) on 7/3/2012.

Board's Decision:

State of Maryland

Board of Liquor License Commissioners

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

NOTICE

To: The Sobo Taco Spot
T/A Banditos
1118 South Charles Street

Date: June 26, 2017

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

You are hereby notified to appear before the Board of Liquor License Commissioners for Baltimore City at 11 o'clock AM on the 20th day of July 2017, 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 the Alcoholic Beverages Article, as amended, should not be suspended or revoked as required by this Board by Section 4-604 of said Article, following your conviction and/or violation of said law, to wit:

Location of Incident: T/A Banditos, 1118 South Charles Street., Baltimore, MD ("the establishment").

Violation of Rule 3.12 General Welfare – May 13, 2017 – At approximately 1:40 AM Baltimore City Police Officer Goodwin responded to the establishment for a call for service related to a "cutting." Upon arrival Officer Goodwin observed 3 males on location (Dimitri Gaither, Rodney Johnson, and Cameron Price) who were all suffering from multiple stab wounds. All of the victims were discovered near the exits or just outside of the establishment. Investigation revealed that an altercation had occurred within the establishment minutes before Officer Goodwin responded which involved an individual, later identified at Shawn Guzman, and the 3 male stabbing victims. Further investigation revealed that Mr. Guzman took an unknown sharp object and stabbed Gaither, Johnson, Cameron, and himself in the midst of a physical altercation within the establishment. Mr. Guzman was not on-scene at the time of Officer Goodwin's arrival, but was apprehended later by police when he sought medical assistance at the University of Maryland Shock Trauma for his self-inflicted stab wounds.

Violation of Rule 4.16 Illegal Conduct – May 13, 2017 – At approximately 1:40 AM Baltimore City Police Officer Goodwin responded to the establishment for a call for service related to a "cutting." Upon arrival Officer Goodwin observed 3 males on location (Dimitri Gaither, Rodney Johnson, and Cameron Price) who were all suffering from multiple stab wounds. Investigation revealed that an altercation had occurred within the establishment minutes before Officer Goodwin responded that involved an individual, later identified at Shawn Guzman, and the 3 male stabbing victims. Further investigation revealed that Mr. Guzman took an unknown sharp object and stabbed Gaither, Johnson, Cameron, and himself in the midst of a physical altercation within the establishment. Mr. Guzman was not on-scene at the time of Officer Goodwin's arrival, but was apprehended later by police when he sought medical assistance at the University of Maryland Shock Trauma for his self-inflicted stab wounds. The State's

Attorney's Office for Baltimore City subsequently indicted Mr. Shawn Guzman on criminal charges ranging from Attempted First Degree Murder to Concealed Deadly Weapon all of which are alleged to have occurred within or just outside of the establishment.

Violation of Rule 3.02 Cooperation - May 13, 2017 - At approximately 2:20 AM the Baltimore City Vice Unit, which included Det. Gatto, Det. LC Greenhill, and Sgt. Leisher, and Agent John Chrissomallis of the BLLC ("officials") responded to the establishment for a call for service related to a "cutting." Upon questioning officers at the scene and employees, officials discovered that a stabbing incident had occurred within the location involving four males. During a follow-up investigation on May 14, 2017 officials discovered that the night manager, James Dipino, had started to clean the bar area of the blood evidence prior to the police and crime lab techs arrival, which in turn destroyed blood evidence and thus hindered the investigation. Officials recalled the strong odor of bleach within the primary crime scene inside the bar when they responded to scene on May 13, 2017. Officials informed the staff of the establishment that any potential crime scene inside the bar must be preserved until police units advise the management that a cleaning process can be conducted.

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 the Alcoholic Beverages Article of the Annotated Code of Maryland for reference purposes. If you have any questions or concerns regarding this matter please contact Deputy Executive Secretary, Thomas R. Akras at 410-396-4377.

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

Albert J. Matricciani, Jr., Chairman
**BOARD OF LIQUOR LICENSE
COMMISSIONERS**

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Liquor Board Violation	Attempt <input type="checkbox"/>	2 Complaint Number 9-1705-5823
3 Location of Offense / Incident (Exact Street Address) 1118 South Charles Street - 21230		Page 1 of 2
4 Date / Time Occurred 13 May 17 - 0220hrs	5 Date / Time Reported 15 May 17 - 0200hrs	

Person Property Vehicle Miscellaneous

Domestic Related Gang Related Juvenile Related Hate Crime

6 Unit 4841	7 Post of Occurrence 942	8 Reporting Area	9 Street Code	10 CAD Number 406	11 Location Given by Dispatcher On-View	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 checked="" type="checkbox"/> No	16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premise Tavern	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 Greenhill, L.C. III	Residence / Address (Include City, County, State, Zip)	Sex M	Race B	Age 47	DOB
Where Employed or School Attending (Include City Located) BPD-OID-Vice	Occupation Detective	Hours of Employment Varied	Residence Phone	Other Phone	Sobriety sbr

21 Injuries and Location on Body	Victim's Condition	Victim Hospitalized / Facility <input type="checkbox"/> Yes <input type="checkbox"/> No	22 Victim / Assailant Relationship	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No
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24 Reporting Person Name (Last, First, MI) SA #20	Sex	Race	Age	DOB	Address (Include City, County, State, Zip) SA #20	Residence Phone	Other Phone SA #20
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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
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32 Weapon / Means of Attack	33 Method Used to Commit Crime	34 Type of Property Taken	35 Total Loss Value
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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 <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	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 type="checkbox"/> No	50 Citywide Broadcast <input type="checkbox"/> Yes <input type="checkbox"/> No	Time	51 Victim Assistance/Incident Information Form(s) Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
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52 Copies Forwarded To Liquor Board
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Cont'd Sections Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; (3) Property inventory number(s) when applicable. (4) Describe details of incident. Include all steps taken in preliminary investigation. (5) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (6) List all arrests, including Arrest Numbers and charges.

Corp: The Sobo Taco Spot
T/A: Banditos
1118 South Charles Street
Baltimore, Md 21230



Liquor License#: LBD7 421

Licensee: Michael White, Bruce Richardson

Continued

53 Reporting Officer Name (PRINT CLEARLY) Det. L.C. Greenhill III	Sequence No. F820	Assignment OID-Vice	Signature
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54 Approving Supervisor Rank and Name Det. Sgt. Chris Leisher	Sequence No. G307	Assignment OID-Vice	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

**POLICE DEPARTMENT
BALTIMORE, MARYLAND**

1 Crime / Incident Liquor Board Violation		Attempt <input type="checkbox"/>	2 Complaint Number 9-1705-5823
3 Location of Offense / Incident (Street Address, Zip) 1118 South Charles Street - 21230			Page 2 of 2
4 Date / Time of This Report 15 May 17 - 0200hrs		5 Arrest / Custody Number	
6 Unit 4841	7 Post of Occurrence 942	8 Reporting Area	9 Street Code
10 CAD Number 406		11 Original Report Date / Time 13 May 17 - 0220hrs	
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 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 Greenhill, L.C. III	

Continuation Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

19 Complainant / Victim Greenhill, L.C. III	Name (Last, First, MI), or Firm Name if Business Greenhill, L.C. III	Residence / Address (Include City, County, State, Zip) 601 E. Fayette St. - 21202	Sex M	Race B	Age 47	DOB
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Liquor Board

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) 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 13 May 2017 at 0220hrs(2:20am), Detectives from OID-Vice consisting of Sgt Leisher, Greenhill, and Gatto along with Agent Chrissomallis responded to 1118 South Charles Street for a report of a cutting. Investigators' Craig Crippen and Dave McGinnis from the Dept of Housing, also responded to the liquor establishment as well. Once on the scene, the night manager on duty was identified as James William Dipino Jr., and he was in full operational control of the premises. Southern District patrol units as well as Homicide Detectives were already on scene conducting their investigations. Homicide Detectives were called to the scene due to the seriousness of one of the three victims that was stabbed. Crime Lab Techs were on the scene as well processing the crime scene which was inside the bar as well as outside of Banditios. Homicide Detectives and Southern District Officers advised Vice Detectives that an altercation occurred at 0140hrs(1:40am), inside of Banditios located at 1118 South Charles Street. Officer Goodwin of the Southern District arrived on scene to find (Victim1), Dimitri Phillips Gaither B/M/24, 09-092 lying in front of Banditios, suffering from multiple stab wounds. Officer Goodwin noticed several black males exit the bar, later identified as Rodney Johnson B/M/24, 11-092(Victim 2) and Cameron Michael Price B/M/25, 02-092(Victim 3), both also suffering from stab wounds. Medics were called to the scene and transported all victims to Maryland Shock Trauma. A fourth victim was located, whom drove himself to Harbor Hospital later identified as Shawn Guzman W/M/17, 08-099(Victim 4), also suffering from stabbed wounds but later transported to Shock Trauma. Witnesses were transported to the Homicide section for further questioning by the Detectives.

Further Investigation, as a result of the cutting investigation it was determined that (Victim4) Shawn Guzman was identified as the suspect as well. District Detectives sought an arrest warrant for suspect Shawn Guzman and arrested him where he was charged accordingly at C.B.I.F.

Detective Greenhill and Agent Chrissomallis, conducted a follow-up investigation on 14 May 2017 at 0030hrs(12:30am) at Banditios located at 1118 South Charles Street. It was revealed earlier that evening by Southern District Supervisors that suspect Shawn Guzman was 17 years of age. Detective Greenhill and Agent Chrissomallis spoke with owner Andrew Dunlap along with one of his managers, Travis Reed, concerning the cutting and the fact that a 17 year old was in the bar. Also on scene was Head of Security, Matthew Robert Sauers, who's company, Ace Security, had security personel working the night of the cutting. Mister Dunlap and Reed were very cooperative as well as Mister Sauers. Mister Dunlap, Reed, and Sauers could not provide further details on how a 17 year got past security and inside the bar. Their were security cameras in the bar but none of them were working at the time of the incident due to on-site expansion of the establishment. Mister Dunlap and Reed advised Detective Greenhill and Agent Chrissomallis that they were having a meeting with their staff as well having a meeting with Matthew Sauers and his security team to ensure a safer environment for bar patrons, and to better screen for underage patrons from entering into the establishment. Detective Greenhill also informed Mister Dunlap and Reed that it was revealed that the night of the cutting, the staff under night manager James Dipino had started to clean the bar area of the blood evidence prior to police and crime lab techs arrival. Thus destroying blood evidence, hindering the investigation. OID-Vice Detectives smelled a strong odor of bleach within the primary crime scene inside the bar as we arrived on scene at 0220hrs(2:20am) 13 May 2017. Detective Greenhill advised Mister Dunlap to inform his staff that any potential crime scene inside the bar must be perserved until police units advises the management that a cleaning process can be conducted. At that time our follow-up investigation was complete and the establishment was left in the control of Mister Dunlap.

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) Det. L.C. Greenhill III Sequence No. Assignment F820 OID-Vice Signature

23 Approving Supervisor Rank and Name Det. Sgt. Chris Leisher Sequence No. Assignment G307 OID-Vice Signature

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

POLICE DEPARTMENT
BALTIMORE, MARYLAND

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

1 Crime / Incident Aggravated Assault by Cutting	Attempt <input type="checkbox"/>	2 Complaint Number 9-170505432
3 Location of Offense / Incident (Exact Street Address) 1118 S Charles St Baltimore Md 21230		Page 1 of 2
4 Date / Time Occurred 13 May 2017 0140 hrs	5 Date / Time Reported 13 Mat 2017 0140 hrs	
11 Location Given by Dispatcher On view		12 Companion Report No
18 Describe Location of Offense or Type of Premise Bar		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

5 Unit 9C43	7 Post of Occurrence 942	8 Reporting Area	9 Street Code	10 CAD Number 111
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16 Crime Code	17 Crime Classification

20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business Price, Cameron	Residence / Address (Include City, County, State, Zip)	Age	Height	Weight
Race <input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	Where Employed or School Attending (Include City Located) Occupation Hours of Employment Residence Phone Other Phone Sobriety intx	

21 Injuries and Location on Body hip flank area	Victim's Condition Good	Victim Hospitalized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Facility Shock Trauma	22 Victim / Assailant Relationship <input type="checkbox"/> Yes <input type="checkbox"/> No	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No
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24 Reporting Person Name (Last, First, MI)	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"/> <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)	Age	DOB	Height	Weight				
Race <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	Complexion white	Hair Color/Length/Style brown	Hat	Eyes bro	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 unknown
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32 Weapon / Means of Attack Knife/ sharp object	33 Method Used to Commit Crime knife/ stabbed victim's	34 Type of Property Taken	35 Total Loss Value
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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	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	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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	309 Issued
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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; 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

See continued supplement on page 2 of 2...

PLAINTIFF'S EXHIBIT
#2

Continued

53 Reporting Officer Name (PRINT CLEARLY) P. O Goodwin	Sequence No G730	Assignment SD	Signature
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54 Approving Supervisor Rank and Name	Sequence No	Assignment	Signature
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55 RMS Data Entered By	Sequence No	Date	Time	56 Reviewer	57 Referred To
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POLICE DEPARTMENT
 BALTIMORE, MARYLAND

1 Crime / Incident Aggravated Assault by Cutting	Attempt <input type="checkbox"/>	2 Complaint Number 9-170505432
3 Location of Offense / Incident (Street Address, Zip) 1118 S Charles St, 21230		Page 2 of 2
4 Date / Time of This Report 13 May 2017 / 0140 hrs	5 Arrest / Custody Number	
6 Unit 9C43	7 Post of Occurrence 942	8 Reporting Area
9 Street Code	10 CAD Number 111	11 Original Report Date / Time 13 May 2017 / 0140 hrs
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 type="checkbox"/> No	15 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	16 Follow-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17 Crime Code		18 Crime Classification

Continuation

Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

19 Complainant/Victim Name (Last, First MI), or Firm Name if Business Price, Cameron	Residence / Address (Include City, County, State, Zip)	Sex M	Age 2	DOB 92
Race <input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		

20 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, 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 (5) Recommend case status when applicable (6) If Multiple Clearance, include all affected complaint/case numbers

On May 13, 2017 at approximately 0140 hours, I responded to the 1118 S. Charles St to an on view cutting. Once at the location, I observed numerous people exiting the Bar in a frantic state. It was at this time I noticed Dimitri Phillips Gaither B/M DOB 9-92 lying in front of Banditos Bar suffering from multiple stab wounds. I also noticed several other black males who also exited the bar, they are listed as Rodney Johnson B/M DOB 11-92, Cameron Michael Price B/M DOB 2-92 both were also suffering from multiple stab wounds. As other police units arrived on the scene, Baltimore City medic were dispatched. Medic #23 arrived on scene and transported Dimitri Gaither to University of Maryland Shock Trauma for treatment. Mr. Gaither was suffering from multiple stab wounds to the chest and side area. Baltimore City Medic#5 arrived on the scene and treated and transported Rodney Johnson to University of Maryland Shock Trauma. Mr. Rodney Johnson suffered multiple stab wounds to his side and stomach area. Baltimore City Medic # 21 also arrived on the scene to treat Mr. Cameron Price's injuries, they also transported him to University Of Maryland Shock Trauma. Mr. Price suffered from stab wounds to his hip and flank area. Crime Lab Unit 5839 Tech Jackson was notified and processed the crime scene. An area canvass was conducted by myself and members to locate suspect(s) the canvass turned out negative results. Unit 9C09 and 9A09 was notified of the incident.

As the crime scene at 1118 S. Charles St. was being secured further information was received that a fourth victim drove into Harbor Hospital also suffering from stab wounds. That victim/suspect was listed as Shawn Guzman W/M DOB 8-99. Mr. Guzman was later transported to University of Maryland Shock Trauma where he was treated for his injuries. Mr. Guzman suffered from stab injuries to his left thigh. Witness in reference to this incident were transported to Homicide Section to be interview by Detectives. Crime Lab Unit 5839 Tech Jackson also responded to University of Maryland Shock Trauma to photo all parties that were injured in reference to this incident. All evidence in reference to this incident was submitted to ECU under the above listed central complaint number. Mr. Rodney Johnson and Mr. Dimitri Gaither condition is unknown at this time. They both were in surgery, a follow up/condition check will be conducted. Mr. Cameron Price and Mr. Shawn Guzman was listed in stable condition.

Continued

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

22 Reporting Officer Name (PRINT CLEARLY) _____ Sequence No _____ Assignment _____ Signature _____
 P/O Goodwin G730 SD

23 Approving Supervisor Rank and Name _____ Sequence No _____ Assignment _____ 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
BALTIMORE, MARYLAND

1 Crime / Incident Aggravated Assault By Cutting	Attempt <input type="checkbox"/>	2 Complaint Number 9-170505432
3 Location of Offense / Incident (Exact Street Address) 1118 S Charles St Baltimore Md 21230		Page 1 of 2
4 Date / Time Occurred 13 May 2017 0140 hrs	5 Date / Time Reported 13 May 2017 0140 hrs	
6 Unit 9C43	7 Post of Occurrence 942	8 Reporting Area
9 Street Code	10 CAD Number 111	11 Location Given by Dispatcher on view
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premise Bar
		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input type="checkbox"/> No

Person Property Vehicle Miscellaneous

Domestic Related Gang Related Juvenile Related Hate Crime Investigative Stop

20 Complainant / Victim Name (Last, First, MI) or Firm Name if Business Guzman, Shawn	Residence / Address (Include City, County, State, Zip)		Age 17	DOB 8-2-99	Height	Weight
Race <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	Where Employed or School Attending (Include City Located)			
Occupation		Hours of Employment	Residence Phone	Other Phone	Sobriety unk	
21 Injuries and Location on Body left thigh		Victim's Condition good	Victim Hospitalized: Facility <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22 Victim / Assailant Relationship <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) 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)	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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28 Suspect Name (Last, First, MI) unidentified	Address (Include City, County, State, Zip)		Age	DOB	Height	Weight
Race <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	Complexion white			
Hair Color/Length/Style brown	Hat	Eyes brown	Facial Hair	Teeth	Shirt/Coat	
Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)			Arrest Number pending	

27 Trademarks of Suspect(s) (Action / Conversation)	28 Point of Entry	29 Location Last Seen	30 Manner of Escape	31 Direction of Escape
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32 Weapon / Means of Attack knife/ sharp object	33 Method Used to Commit Crime knife / stabbed Victim's	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 <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
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
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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 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

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 notifications including name, agency or assignment unit number, telephone number, date, time (5) List all arrests including Arrest Numbers and charges
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See Continued supplement on page 2 of 2

53 Reporting Officer Name (PRINT CLEARLY) P/O Goodwin	Sequence No. G730	Assignment SD	Signature
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54 Approving Supervisor Rank and Name	Sequence No.	Assignment	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

**POLICE DEPARTMENT
BALTIMORE, MARYLAND**

1 Crime / Incident Aggravated Assault by Cutting		Attempt <input type="checkbox"/>	2 Complaint Number 9-170505432
3 Location of Offense / Incident (Street Address, Zip) 1118 S Charles St, 21230			Page 2 of 2
4 Date / Time of This Report 13 May 2017 / 0140 hrs		5 Arrest / Custody Number	
6 Unit 9C43		7 Post of Occurrence 942	8 Reporting Area
9 Street Code 111	10 CAD Number 111	11 Original Report Date / Time 13 May 2017 / 0140 hrs	
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 type="checkbox"/> No		15 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	
16 Follow-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		17 Crime Code	
18 Crime Classification			

Continuation Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

6 Unit 9C43	7 Post of Occurrence 942	8 Reporting Area	9 Street Code 111	10 CAD Number 111
13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed		14 Multiple Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No		15 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared

19 Complainant / Victim Name (Last, First, MI), or Firm Name if Business GUZMAN, SHAWN		Residence / Address (Include City, County, State, Zip)		Sex M	Age 17	DOB 8-99
Race <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other		Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		

20 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 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 of assignment, an I number, telephone number, date, time (5) Recommend case status when applicable (6) If Multiple Clearance, include all affected complaint/case numbers

On May 13, 2017 at approximately 0140 hours, I responded to the 1118 S. Charles St to an on view cutting. Once at the location, I observed numerous people exiting the Bar in a frantic state. It was at this time I noticed Dimitri Phillips Gaither B/M DOB 9-92 lying in front of Banditos Bar suffering from multiple stab wounds. I also noticed several other black males who also exited the bar, they are listed as Rodney Johnson B/M DOB 11-92, Cameron Michael Price B/M DOB 2-92 both were also suffering from multiple stab wounds. As other police units arrived on the scene, Baltimore City medic were dispatched. Medic #23 arrived on scene and transported Dimitri Gaither to University of Maryland Shock Trauma for treatment. Mr. Gaither was suffering from multiple stab wounds to the chest and side area. Baltimore City Medic#5 arrived on the scene and treated and transported Rodney Johnson to University of Maryland Shock Trauma. Mr. Rodney Johnson suffered multiple stab wounds to his side and stomach area. Baltimore City Medic # 21 also arrived on the scene to treat Mr. Cameron Price's injuries, they also transported him to University Of Maryland Shock Trauma. Mr. Price suffered from stab wounds to his hip and flank area. Crime Lab Unit 5839 Tech Jackson was notified and processed the crime scene. An area canvass was conducted by myself and members to locate suspect(s) the canvass turned out negative results. Unit 9C09 and 9A09 was notified of the incident.

As the crime scene at 1118 S. Charles St. was being secured further information was received that a fourth victim drove into Harbor Hospital also suffering from stab wounds. That victim/ suspect was listed as Shawn Guzman W/M DOB 8-99. Mr. Guzman was later transported to University of Maryland Shock Trauma where he was treated for his injuries. Mr. Guzman suffered from stab injuries to his left thigh. Witness in reference to this incident were transported to Homicide Section to be interview by Detectives. Crime Lab Unit 5839 Tech Jackson also responded to University of Maryland Shock Trauma to photo all parties that were injured in reference to this incident. All evidence in reference to this incident was submitted to ECU under the above listed central complaint number. Mr. Rodney Johnson and Mr. Dimitri Gaither condition is unknown at this time. They both were in surgery, a follow up/condition check will be conducted. Mr. Cameron Price and Mr. Shawn Guzman was listed in stable condition.

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 Goodwin Sequence No / Assignment G730 SD Signature _____

23 Approving Supervisor Name and Name _____ Sequence No / Assignment _____ Signature _____

24 RMS Data Entered By _____ Date _____ Time _____ 25 Referred To _____

POLICE DEPARTMENT
BALTIMORE, MARYLAND

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

1 Crime / Incident Aggravated Assault by Cutting	Attempt <input type="checkbox"/>	2 Complaint Number 9-170505432
3 Location of Offense / Incident (Exact Street Address) 1118 S Charles St Baltimore Md 21230		Page 1 of 2
4 Date / Time Occurred 13 May 2017 0140 hrs	5 Date / Time Reported 13 Mat 2017 0140 hrs	
11 Location Given by Dispatcher On view		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premise Bar
19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

6 Unit 9C43	7 Post of Occurrence 942	8 Reporting Area	9 Street Code	10 CAD Number 111	20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business Johnson, Rodney		Residence / Address (Include City, County, State, Zip)		Age DOB	Height	Weight								
Race <input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other			Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		21 Injuries and Location on Body side / stomach area					22 Victim / Assailant Relationship	23 Current / Former Cohabitant						
Victim's Condition unknown			Victim Hospitalized Facility <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shock Trauma		24 Reporting Person Name (Last, First, MI)					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)	Address (Include City, County, State, Zip)		Residence Phone	Other Phone
--	------------------------	--	--	-----------------	-------------

26 Suspect Name (Last, First, MI)	Address (Include City, County, State, Zip)		Age	DOB	Height	Weight
Race <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other			Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	
Complexion white	Hair Color/Length/Style brown	Hat	Eyes bro	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 unknown
32 Weapon / Means of Attack Knife/ sharp object	33 Method Used to Commit Crime knife/ stabbed victim's	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
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	309 Issued
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 notifications including name, agency or assignment, unit number, telephone number, date, time (5) List all arrests including Arrest Numbers and charges

See continued supplement on page 2 of 2...

Continued

53 Reporting Officer Name (PRINT CLEARLY) P/O Goodwin	Sequence No G730	Assignment SD	Signature
54 Approving Supervisor Rank and Name	Sequence No	Assignment	Signature
55 PMS Data Entered By	Sequence No	Date	Time
56 Password	57 Referred To		

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Aggravated Assault by Cutting		Attempt <input type="checkbox"/>	2 Complaint Number 9-170505432
3 Location of Offense / Incident (Street Address, Zip) 1118 S Charles St, 21230			Page 2 of 2
4 Date / Time of This Report 13 May 2017 / 0140 hrs		5 Arrest / Custody Number	
6 Unit 9C43	7 Post of Occurrence 942	8 Reporting Area	9 Street Code 111
10 CAD Number 111		11 Original Report Date / Time 13 May 2017 / 0140 hrs	
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 type="checkbox"/> No	
15 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared		16 Follow-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17 Crime Code		18 Crime Classification	

Continuation Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

19 Complainant/ Victim Name (Last, First, MI), or Firm Name if Business Johnson, Rodney		Residence / Address (Include City, County, State, Zip)		Sex M	Age 11	DOB -92
Race <input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other		Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		

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 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

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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) Sequence No./Assignment Signature
P/O Goodwin G730 SD _____

23 Approving Supervisor Rank and Name Sequence No./Assignment Signature

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

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Aggravated Assault by Cutting	Attempt <input type="checkbox"/>	2 Complaint Number 9-170505432
3 Location of Offense / Incident (Exact Street Address) 1118 S Charles St Baltimore Md 21230		Page 1 of 2
4 Date / Time Occurred 13 May 2017 0140 hrs		5 Date / Time Reported 13 Mat 2017 0140 hrs
11 Location Given by Dispatcher On view		12 Companion Report No
18 Describe Location of Offense or Type of Premise Bar		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Person Property Vehicle Miscellaneous

Domestic Related Gang Related Juvenile Related Hate Crime Investigative Stop

6 Unit 9C43	7 Post of Occurrence 942	8 Reporting Area	9 Street Code	10 CAD Number 111
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16 Crime Code	17 Crime Classification

20 Complainant / Victim Name (Last, First, MI) or Firm Name if Business Gaither, Dimitri	Residence / Address (Include City, County, State, Zip)		Age 90	Height 121	Weight
Race <input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	Where Employed or School Attending (Include City, Located)		
Occupation		Hours of Employment	Residence Phone	Other Phone	Sobriety Drk

21 Injuries and Location on Body chest and side area	Victim's Condition unknown	Victim Hospitalized Facility <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shock Trauma	22 Victim / Assailant Relationship	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No
---	-------------------------------	---	--------------	------------------------------------	--

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

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

26 Suspect Name (Last, First, MI)	Address (Include City, County, State, Zip)	Age	DOB	Height	Weight								
Race <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	Complexion white	Hair Color/Length/Style brown	Hat	Eyes bro	Facial Hair	Teeth	Shirt/Coat	Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accout, 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 unknown
---	-------------------	-----------------------	---------------------	-----------------------------------

32 Weapon / Means of Attack Knife/ sharp object	33 Method Used to Commit Crime knife stabbed victim's	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	Spare Tire in Car	Trunk Locked
		<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	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50 Citywide Broadcast Time <input type="checkbox"/> Yes <input type="checkbox"/> No	51 Victim Assistance/Incident Information Form(s) Provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	309 Issued
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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 list property inventory numbers) 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

See continued supplement on page 2 of 2...

Continued

53 Reporting Officer Name (PRINT CLEARLY) P/O Goodwin	Sequence No G730	Assignment SD	Signature
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54 Approving Supervisor Rank and Name	Sequence No	Assignment	Signature
---------------------------------------	-------------	------------	-----------

55 PMS Card Entered By	Sequence No	Date	Time	56 Reviewer	57 Referred To
------------------------	-------------	------	------	-------------	----------------

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Aggravated Assault by Cutting	Attempt <input type="checkbox"/>	2 Complaint Number 9-170505432
3 Location of Offense / Incident (Exact Street Address) 1118 S Charles St Baltimore Md 21230		Page 1 of 2
4 Date / Time Occurred 13 May 2017 0140 hrs		5 Date / Time Reported 13 Mat 2017 0140 hrs
6 Unit 9C43	7 Post of Occurrence 942	8 Reporting Area
9 Street Code	10 CAD Number 111	11 Location Given by Dispatcher On view
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premise Bar
19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Person Property Vehicle Miscellaneous

Domestic Related Gang Related Juvenile Related Hate Crime Investigative Slop

20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business Gaither, Dimitri	Residence / Address (Include City, County, State, Zip)	Age 92	DOB 9/2	Height	Weight
Race <input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		Where Employed or School Attending (Include City Located)	
Occupation		Hours of Employment	Residence Phone	Other Phone	Sobriety Drk
21 Injuries and Location on Body chest and side area		Victim's Condition unknown	Victim Hospitalized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Facility Shock Trauma	22 Victim / Assailant Relationship <input type="checkbox"/> Yes <input type="checkbox"/> No

24 Reporting Person Name (Last, First, MI)	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)	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
--	------------------------	--	-----------------	-------------

26 Suspect Name (Last, First, MI) Guzman, Shawn	Address (Include City, County, State, Zip) 821 Pontiac Ave Baltimore Md 21225	Age 17	DOB 8/27	Height	Weight
Race <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		Complexion white	
Hair Color/Length/Style brown	Hat	Eyes bro	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 unknown
32 Weapon / Means of Attack Knife/ sharp object	33 Method Used to Commit Crime knife stabbed victim's	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 <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
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
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49 Communications Supervisor Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50 Citywide Broadcast <input type="checkbox"/> Yes <input type="checkbox"/> No	51 Victim Assistance/Incident Information Form(s) Provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	309 Issued
--	---	---	------------

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. 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.

See continued supplement on page 2 of 2...

Continued

53 Reporting Officer Name (PRINT CLEARLY) P/O Goodwin	Sequence No G730	Assignment SD	Signature
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54 Approving Supervisor Rank and Name	Sequence No	Assignment	Signature
---------------------------------------	-------------	------------	-----------

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

Back

Board of Liquor License Commissioners
For Baltimore City
231 E. Baltimore Street, 6th Floor
Baltimore, Maryland, 21202-3258



INVESTIGATION REPORT

Location Address:	1118 CHARLES STREET SOUTH 21230		
Licensee Information (Trade Name):	BANDITOS		
Corporation Name	THE SOBO TACO SPOT		
License Type:	Class "BD7" Beer, Wine and Liquor		
Owner Email:			
Contact:			
Bouncer/Security Name (if applicable):		D.O.B.	
Incident Date/Time:	5/17/2017	3:51:34 PM	

Report Facts:

On or about May 13, 2017 at approx. 2:20am I Agent Chrissomallis working with the Social Task Force consisting on Sgt. Leisher, Det. Greenhill and Det. Gatto from the BCPD Vice Unit and Special Investigators Craig Crippen and Dave McGinnis from Dept. of Housing Responded to 1118 South Charles Street in the city of Baltimore and the state of Maryland. We responded to this location because of A call that there was a stabbing inside of this location known as BANDITOS. Once we arrived there was BCPD Southern District patrol and Detectives from Homicide on scene. We spoke to the manager on duty Mr. James William Dipino Jr. who was identified by a Maryland Issued ID. After speaking to the officers and Detectives on scene it was determined that the altercation started at approx. 1:40 am inside of the location. When officers arrived they discovered 3 Victims that had been stabbed. Victim 1. Dimitri Gaither 24 year old Blk male, Victim 2. Rodney Johnson 24 year old Blk male, Victim 3. Cameron Price 25 year old Blk male. All 3 victims were transported to Shock Trauma. While at the location we were informed that there was a possible 4th victim that had walked into Harbor Hospital with stab wounds. Further investigation by BCPD Detectives revealed that the 4th was the suspect in the incident. The Suspect was later Identified as 17 year old Shawn Guzman.

A follow up Investigation was conducted on May 14th 2017 at approx. 12:30am by Detective Greenhill and Agent Chrissomallis. When we arrived at the location we met Mr. Andrew Dulap one of the owners, manager Travis Reed and head of security and Ace Security Representative Matthew Robert Sauers. At that time all three where asked how the suspect a 17 year old was in the estab. at 1:40 am. The owner and manager stated that security usually did a good job at knowing who was under 21 and inside while the restaurant was open and could not provide an answer. They also stated that they where going to have a meeting with Ace Security and staff to implement different procedures for carding and keeping their establishment safe. We also asked why the cameras where not operating that night and we where told that due to the expansion the electrician had cut power to them for a few days. We also discussed the importance of preserving any possible crime scene and that they needed to train their staff. All three were cooperative with us and answered all questions that we asked. We left the location without any further incident.

****Disregard the dates and times on this report. The actual dates and times are in the body of this report.****

Photos Taken:



Click here to insert a picture

Attach Additional Photos

Report Prepared By:

Inspector(s)

Submission Date

i:0#.w|baltimore\john.chrissomalliss

5/17/2017



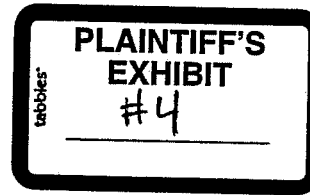
Submit

Circuit Court of Maryland

[Go Back Now](#)

Case Information

Court System: **Circuit Court for Baltimore City - Criminal System**
 Case Number: **117143014** Case Status: **ACTIVE**
 Status Date: **05/23/2017**
 Tracking Number: **171001354635** Complaint No: **70505432**
 District Case No: **6B02351537**
 Filing Date: **05/23/2017** Incident Date: **05/13/2017**



Defendant Information

Defendant Name: **GUZMAN, SHAWN**
 Race: **WHITE** Sex: **MALE**
 DOB: **08/01/1999**
 Address: [REDACTED]
 City: **BALTIMORE** State: **MD** Zip Code: [REDACTED]

Schedule Information

Court Date: **06/16/2017** Court Time: **09:30** Room: **451**
 Court Location: **COURTHOUSE WEST, LEXINGTON & ST. PAUL, BALTIMORE, MD 21202**
 Reason: **ARRAIGNMENT**

Charge and Disposition Information

(Each Charge is listed separately. The disposition is listed below the Charge)

Charge No: **1**
 CJIS/Traffic Code: **2 0910**
 Description: **ATT 1ST DEG. MURDER**

Charge No: **2**
 CJIS/Traffic Code: **2 0920**
 Description: **ATT 2ND DEG MURDER**

Charge No: **3**
 CJIS/Traffic Code: **1 1420**
 Description: **ASSAULT-FIRST DEGREE**

Charge No: **4**
 CJIS/Traffic Code: **1 1415**
 Description: **ASSAULT-SEC DEGREE**

Charge No: **5**
 CJIS/Traffic Code: **1 1425**
 Description: **RECKLESS ENDANGERMENT**

Charge No: **6**
 CJIS/Traffic Code: **1 5200**
 Description: **DEADLY WEAPON-INT INJURE**

Charge No: **7**
 CJIS/Traffic Code: **1 5202**
 Description: **DEADLY WEAPON-CONCEAL**

Charge No: **8**
CJIS/Traffic Code: **2 0910**
Description: **ATT 1ST DEG. MURDER**

Charge No: **9**
CJIS/Traffic Code: **2 0920**
Description: **ATT 2ND DEG MURDER**

Charge No: **10**
CJIS/Traffic Code: **1 1420**
Description: **ASSAULT-FIRST DEGREE**

Charge No: **11**
CJIS/Traffic Code: **1 1415**
Description: **ASSAULT-SEC DEGREE**

Charge No: **12**
CJIS/Traffic Code: **1 1425**
Description: **RECKLESS ENDANGERMENT**

Charge No: **13**
CJIS/Traffic Code: **1 5200**
Description: **DEADLY WEAPON-INT INJURE**

Charge No: **14**
CJIS/Traffic Code: **1 5202**
Description: **DEADLY WEAPON-CONCEAL**

Charge No: **15**
CJIS/Traffic Code: **2 0910**
Description: **ATT 1ST DEG. MURDER**

Charge No: **16**
CJIS/Traffic Code: **2 0920**
Description: **ATT 2ND DEG MURDER**

Charge No: **17**
CJIS/Traffic Code: **1 1420**
Description: **ASSAULT-FIRST DEGREE**

Charge No: **18**
CJIS/Traffic Code: **1 1415**
Description: **ASSAULT-SEC DEGREE**

Charge No: **19**
CJIS/Traffic Code: **1 1425**
Description: **RECKLESS ENDANGERMENT**

Charge No: **20**
CJIS/Traffic Code: **1 5200**
Description: **DEADLY WEAPON-INT INJURE**

Charge No: **21**
CJIS/Traffic Code: **1 5202**
Description: **DEADLY WEAPON-CONCEAL**

Related Person Information

Name: **AARON, PETRA**
 Connection: **ASST STATES ATTORNEY**
 Address: **120 E BALTIMORE ST #1160**
 City: **BALTIMORE** State: **MD** Zip Code: **21202**

Name: **PURTELL, RICHARD E**
 Connection: **POLICE OFFICER**
 Address: **DET DIV HOMICIDE SECTION**

Name: **MUNDY, FRANK B**
 Connection: **POLICE OFFICER**
 Address: **DDU SD**

Name: **MCCOY, TAVON D**
 Connection: **POLICE OFFICER**
 Address: **DET DIV HOMICIDE SECTION**

Name: **MURPHY, AIDRINE R**
 Connection: **POLICE OFFICER**
 Address: **SOUTHERN DISTRICT**

Name: **RICHARDS, BETTE S**
 Connection: **POLICE OFFICER**
 Address: **SOUTHERN DISTRICT**

Name: **NEISSER, EMILY P**
 Connection: **POLICE OFFICER**
 Address: **SOUTHERN DISTRICT**

Name: **JACKSON, REBECCA A**
 Connection: **POLICE OFFICER**
 Address: **DET DIV LABORATORY SECT**

Event History Information

Event	Date	Comment
CASI	05/23/2017	CASE ADDED THROUGH ON-LINE ON THIS DATE 20170525
CCPH	05/25/2017	COMMITMENT PENDING HEARING-BAIL SET NONE
CCPH	05/25/2017	COMMITMENT PENDING HEARING-BAIL SET NONE
TRAK	06/16/2017	ASSIGNED TO TRACK C - 120 DAYS ON 06/16/2017

This is an electronic case record. Full case information cannot be made available either because of legal restrictions on access to case records found in Maryland Rules, or because of the practical difficulties inherent in reducing a case record into an electronic format.



Liquor Board System

Version 1.0

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

License Detail

License Info

License Num: **LBD7 421** Cert Num: **1191** Fee: **\$1,820.00** Status: **Renewed**
 License Date: **5/1/2017** License Year: **2017**
 CR Number: **14630158**
 Payment Date: ********

2016 - 2017 TPP Paid
 2017 Trader's License

[Click to Start License Renewal](#)

6/7/17

CORP ✓
T.L ✓
TRA

Add Adult Entertainment License

Location

Corp Name: **THE SOBO TACO SPOT**
 Trade Name: **BANDITOS**
 Zone Code: **7**
 Phone: **443-708-2363**

Block Num: **1118** Street: **CHARLES STREET SOUTH**
 City: **BALTIMORE** State: **MD** Zip: **21230**

CR Number: **14630158**

Portion of Business Used:
 USE PORTION OF PREMISES 1118 S. CHARLES UNITS 110 AND 111 AS A
 TAVERN/RESTAURANT WITH LIVE ENTERTAINMENT PER BMZA 2013-295 APPROVE 8/6/13.
 Restricti HOOR TABLE SERVICE PER BMZA 2014-316 WITH CONDITIONS. MAY PROVIDE OFF
 PREMISE CATERING

License Owners

First Name	Last Name	Street	City	State	Zip	Action	Change Owner
BRUCE	RICHARDSON	W. VASSAR PLACE	LAKEWOOD	CO	80227	<input type="button" value="Edit"/>	<input type="button" value="Remove Owner"/>
MICHAEL	WHITE	8420 HARFORD ROAD	BALTIMORE	MD	21234	<input type="button" value="Edit"/>	<input type="button" value="Remove Owner"/>

Comments

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Date	Comment	Action
01/17/2017	1/5/17- Public Hearing Application to trnsfer ownership,request to expand premise to include 1118 S. Charles, Unit 101 for business- APPROVED (2-0 vote) (Moore -Denied)	Delete
11/22/2016	MARYLAND SALES SEND A RELEASE LETTER ON 11/18/2016 CR#14630158-EXPANSION.....K/R	Delete
10/05/2016	Applicant's Lawyer Pete Prevas turned in a application on 10/05/2016 for transfer of ownership (to remove Bruce Richardson and add Andrew Dunlap) and expansion 1118 to 1120 S. Charles St. k/r	Delete
04/09/2015	PROTEST OF RENEWAL FILED FOR 2015-2016 LICENSE YEAR.... /sb	Delete
03/20/2015	2/2/2014 Maryland State Tax release receive	Delete
02/24/2015	07/10/2014 Public Hearing re: Request for a Special Amusement License Applicants requested POSTPONEMENT . Board granted postponement	Delete
02/19/2015	2/19/2015 Maryland State Tax release receive	Delete
11/26/2014	9/22/14**STATE HOLD***MARYLAND SALES & USE TAX	Delete
11/17/2014	8/7/2014 Public Hearing re: Violation of Rule 4.05(a) GUILTY \$500 Admin Fee \$125 Total Fine \$625	Delete
10/07/2014	10/2/14 PUBLIC HEARING RE APPLICATION TO TRANSFER OWNERSHIP & LOCATION OF A CLASS BD7 BWL LICENSE PRESENTLY LOCATED AT 1439 S CHARLES ST TO 1118 S CHARLES ST, REQUEST FOR LIVE ENTERTAINMENT . BOARD APPROVED THE TRANSFER. \$100 PAID	Delete
11/23/2010	11/10 Transfer of ownership, BD7-BWL, Gary E. Morse, Catherine's Pub, LLC	Delete

Print History (Print Card)

License num: LBD7 421
Trade Name: BANDITOS

Address: 1118 CHARLES STREET SOUTH

Comment:

Add Comment

Hold Info

Powered by:



Business Entity Search, Certificate of Status & Document Order

THE SOBO TACO SPOT, LLC: W14240436

[Order Documents](#)

[General Information](#) [Filing History](#) [Personal Property](#)

General Information

Department ID Number:

W14240436

Business Name:

THE SOBO TACO SPOT, LLC

Principal Office:

1118 SOUTH CHARLES STREET
BALTIMORE MD 21230

Resident Agent:

MICHAEL F. WHITE
8420 OLD HARFORD ROAD
BALTIMORE MD 21234

Status:

ACTIVE

Good Standing:

THIS BUSINESS IS IN GOOD STANDING

» [Order Certificate of Status](#)

Business Type:

DOMESTIC LLC

Business Code:

ENTITIES OTHER THAN CORPORATIONS

Date of Formation/ Registration:

08/08/2011

State of Formation:

MD

Stock Status:

N/A

Close Status:

N/A

[New Search](#) [Order Documents](#)

Your Progress

Business Entity Search

➔ **General Information**

Document Order

Contact Information

July 20, 2017

Licensee(s): Mun Sik Haberkam (SS) and Chang H. Yim
Linden Bar & Liquors, Inc., T/a Linden Bar & Liquors
904-08 W. North Avenue 21217

Class: "BD7" Beer, Wine & Liquor License

Violation of Rule 4.20(c)(ii) Class BD7 Licensees: Open and Operating Tavern at all Times – March 31, 2017 –

At approximately 12:05 AM, members of the Baltimore City Police Department's Vice Unit and members of the BLLC's Inspection Division conducted an undercover investigation of this establishment to determine if staff would grant access to the tavern portion of the licensed premises to patrons. At this time, Det. Akinwande and Det. Garrett entered the establishment in an undercover capacity and attempted to gain access to the tavern portion of the premise. Mr. Chang Kun Yim, who was the attendant present at the location, informed Akinwande and Garrett that the bar "was closed" in response to a request made by detectives for access to the tavern. Both Akinwande and Garrett left the establishment and informed members of the Vice Unit and BLLC inspection division of the violation. Members from each team entered the establishment and informed Mr. Yim of the violation of Rule 4.20(c)(ii).

Board's Information:

(a) **Service on Licensee(s):** Summons issued to the licensee(s) on 6/26/2017.

(b) **Witness Summoned:** Summons issued to Inspector John Chrissomallis on 6/26/2017. Summons issued to Baltimore City Police Dept.: Det. Gatto, Det. Greenhill, Det. Akinwande, and Det. Garrett on 6/26/2017.

(c) **Violation History of Current Licensee(s):** Licensee(s) appeared before the Board on 9/13/2012 in reference to:

- Violation of Rule 4.18 – Corporate Charter
- Admission of Guilt
- Licensee submitted documentation
- \$125 fine paid in lieu of hearing

Licensee(s) appeared before the Board on 4/17/2008 in reference to:

- Protest of renewal
- License renewed (3-0 vote)

(d) **License Transfer Date:** The license transferred to the above named licensee(s) on 3/30/2004.

Board's Decision:

State of Maryland

Board of Liquor License Commissioners

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

NOTICE

To: Linden Bar & Liquors, Inc.
T/A Linden Bar & Liquors
904-908 West North Avenue

Date: June 26, 2017

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

You are hereby notified to appear before the Board of Liquor License Commissioners for Baltimore City at 11 o'clock AM on the 20th day of July, 2017, 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 the Alcoholic Beverages Article, as amended, should not be suspended or revoked as required by this Board by Section 4-604 of said Article, following your conviction and/or violation of said law, to wit:

Location of Incident: T/A Linden Bar & Liquors, 904-908 West North Ave., Baltimore, MD ("the establishment").

Violation of Rule 4.20(c)(ii) Class BD7 Licensees: Open and Operating Tavern at all Times – March 31, 2017 – At approximately 12:05 AM, members of the Baltimore City Police Department's Vice Unit and members of the BLLC's Inspection Division conducted an undercover investigation of this establishment to determine if staff would grant access to the tavern portion of the licensed premises to patrons. At this time, Det. Akinwande and Det. Garrett entered the establishment in an undercover capacity and attempted to gain access to the tavern portion of the premise. Mr. Chang Kun Yim, who was the attendant present at the location, informed Akinwande and Garrett that the bar "was closed" in response to a request made by detectives for access to the tavern. Both Akinwande and Garrett left the establishment and informed members of the Vice Unit and BLLC inspection division of the violation. Members from each team entered the establishment and informed Mr. Yim of the violation of Rule 4.20(c)(ii).

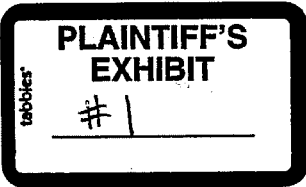
City Hall security provisions require all persons entering the City Hall to present a photo ID.

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 the Alcoholic Beverages Article of the Annotated Code of Maryland for reference purposes. If you have any questions or concerns regarding this matter please contact Deputy Executive Secretary, Thomas R. Akras at 410-396-4377.

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

Albert J. Matricciani, Jr., Chairman

**BOARD OF LIQUOR LICENSE
COMMISSIONERS**



Board of Liquor License Commissioners

For Baltimore City
231 E. Baltimore Street, 6th Floor
Baltimore, Maryland, 21202-3258

INVESTIGATION REPORT

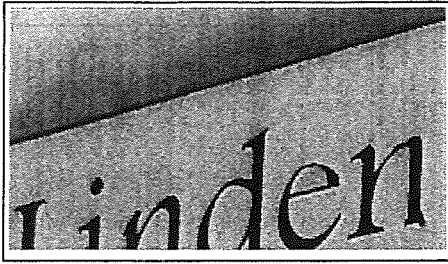
Location Address:	904-08 NORTH AVENUE WEST 21217		
Licensee Information (Trade Name):	LINDEN BAR & LIQUORS		
Corporation Name	LINDEN BAR & LIQUORS, INC.		
License Type:	Class "BD7" Beer, Wine and Liquor		
Owner Email:			
Contact:			
Bouncer/Security Name (if applicable):		D.O.B.	
Incident Date/Time:	4/6/2017	11:12:57 AM	

Report Facts:

On or about March 31, 2017 at approx 12:05 am I Agent Chrissomallis working with Chief Fosler and the BCPD Vice Unit conducted a BD7 check at the establishment known as Linden Bar and Liquors Inc. located at 904 West North Ave in the City of Baltimore and the State of Maryland. 2 undercover Vice detectives made entry at the location and attempted to gain access to the tavern as customers the detectives were denied entry and notified the members of the Task force which were down the street in vehicle. After the detectives had cleared the area we entered the establishment and made contact with Mr. Yim which was the operator that refused entry. Mr. Yim was identified by a Maryland issued ID card #y [REDACTED] and a DOB of [REDACTED]. We explained to the operator that the package goods portion of the business can not be opened if the tavern portion is closed. We explained the violation and left the establishment without any further incident.

disregard dates and times in the heading of this report. Actual dates and times are in the body of this report.

Photos Taken:



Report Prepared By:	
Inspector(s)	Submission Date
<input type="text" value="i:0#.w baltimore\john.chrissomalliss"/>	<input type="text" value="4/6/2017"/>
Supervisor Review:	Approval Date
<input type="text" value="i:0#.w baltimore\thomas.akras"/>	<input type="text" value="5/16/2017"/>
Supervisor Use:	
Recommended Action(s):	
<input type="text"/>	

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident
Liquor Board Violation

PLAINTIFF'S
EXHIBIT

tabbies

#2

Person Property Vehicle Miscellaneous

Domestic Related Gang Related Juvenile Related Hate Crime Investigative Stop

3 Location of Offense / Incident (Exact Street Address)
904 W. North Ave

4 Date / Time Occurred
3/31/2017 @ 0005hrs

11 Location Given by Dispatcher
on view

5 Unit 4844	7 Post of Occurrence 133	8 Reporting Area	9 Street Code	10 CAD Number 293	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 checked="" type="checkbox"/> No	18 Crime Code	17 Crime Classification	19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18 Describe Location of Offense or Type of Premise city bar					

20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business: Gatto, A
Residence / Address (Include City, County, State, Zip): [REDACTED] Age: DOB: Height: Weight:

Race: Black White Asian or Pacific Islander Native American/Alaskan Native Other Gender: Male Female Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Where Employed or School Attending (Include City Located): BPD Occupation: police Hours of Employment: varies Residence Phone: Other Phone: Sobriety:

21 Injuries and Location on Body: Victim's Condition: Victim Hospitalized Facility: Yes No 22 Victim / Assailant Relationship: 23 Current / Former Cohabitant: Yes No

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

25 Witness Parent/Guardian Name (Last, First, MI): Address (Include City, County, State, Zip): Residence Phone: Other Phone:

26 Suspect Name (Last, First, MI): Yim, Chang Kun Address (Include City, County, State, Zip): 904 W. North Ave Age: DOB: Height: Weight:

Race: Black White Asian or Pacific Islander Native American/Alaskan Native Other Gender: Male Female Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

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: Suspect Victim Stolen Towed Other Tag Number: State: Expiration: Vehicle Year/Make: Model: Body Style/Color: Mileage:

Vehicle Identification Number (VIN): Ignition Locked: Yes No Keys in Ignition: Yes No Doors Locked: Yes No Windows Closed: Yes No Radio in Car: Yes No Battery in Car: Yes No Spare Tire in Car: Yes No Trunk Locked: Yes 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: Yes No 42 Tow List Check: Yes No 43 Owner Notified: Yes 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: Yes No 50 Citywide Broadcast: Yes No Time: 51 Victim Assistance/Incident Information: Explain Form(s) Provided: Yes No

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 notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.

Corp: Linden Bar and Liquors, Inc
T/A: Linden Bar and Liquors
904 W. North Ave 21217
LBD7 139
Licensee: Chang K Yim, Mun Sik Haberkamm

53 Reporting Officer Name (PRINT CLEARLY): Gatto, A Sequence No.: 1115 Assignment: VICE Signature: [Signature]

54 Approving Supervisor Rank and Name: Sgt. Leisher Sequence No.: G307 Assignment: VICE Signature: [Signature]

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

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Liquor Board Violation		Attempt <input type="checkbox"/>	2 Complaint Number 1-170312233
3 Location of Offense / Incident (Street Address, Zip) 904 W. North Ave			Page 2 of 2
4 Date / Time of This Report 3/31/2017 @ 0101 hrs		5 Arrest / Custody Number	
6 Unit 4844	7 Post of Occurrence 133	8 Reporting Area	9 Street Code
10 CAD Number 293		11 Original Report Date / Time same #4	
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 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 Gatto, A	Name (Last, First, MI), or Firm Name if Business	Residence / Address (Include City, County, State, Zip)	Sex	Age	DOB
Race: <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown			

20 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; 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 3/31/2107 at approx 0005 hours. The BPD Vice unit along with the Baltimore City Liquor Board where conducting LBD7 checks at various LBD7 bars within Baltimore City. During this detail we used two BPD undercover, Det. Garrett and Det. Akinwande. The detail unit included Chief Fassler, Agent Chrisimallis, Det. Greenhill and your writer Det. Gatto. At this time the two undercover entered Linden Bar and Liquors located at 904 W. North Ave. While inside the bar Det. Akinwande and Det. Garrett asked if they could use the back bar to have drinks. The night manager/Liceneee Chang Kun Yim told the undercover that the bar was closed. At this time Det. Akinwande and Det. Garrett left the location and notified Det. Greenhill of the violation. We then entered Linden Bar and met with the Licensee Chang Kun Yim. Det. Greenhill explained the situation and that two undercover BPD Detectives where denied entry of the bar. Det. Greenhill explained that the bar must remain open to the public if he is going to be open for business with his packaged goods. Chang Kun Yim was advised that a report would be forwarded to the Liquor Board for review. All event occurred in Baltimore City, Maryland.

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) Gatto, A	Sequence No./Assignment 1115 VICE	Signature	
23 Approving Supervisor Rank and Name Sgt. Leisher	Sequence No./Assignment G307 VICE	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

License Info

License Num: **LBD7 334** Cert Num: **1029** Fee: **\$1,320.00** Status: **Renewed**
 License Date: 5/1/2017 License Year: 2017
 CR Number: 11263832
 Payment Date: 04-27-17

2016 - 2017 TPP Paid
 2017 Trader's License

[Click to Start License Renewal](#)

5/16/17
CORP ✓
T.L. ✓
(for 16-17)
JRA (need to
renew
for 17-18
HAS UNTIL
6/30.

Add Adult Entertainment License

Location

Corp Name: **LINDEN BAR & LIQUORS, INC.**
 Trade Name: **LINDEN BAR & LIQUORS**
 Zone Code: 19
 Phone: 410-462-5412

Block Num: 904-08 Street: NORTH AVENUE WEST
 City: BALTIMORE State: MD Zip: 21217

CR Number: 11263832

Portion of Business Used:
 ENTIRE BUILDING

Restriction:

License Owners

First Name	Last Name	Street	City	State	Zip	Action	Change Owner
MUN SIK	HABERKAM (SS)	3724 HUDSON STREET	BALTIMORE	MD	21224	<input type="button" value="Edit"/>	<input type="button" value="Remove Owner"/>
CHANG K.	YIM	18415 ENSOR FARM COURT	PARKTON	MD	21120	<input type="button" value="Edit"/>	<input type="button" value="Remove Owner"/>

Comments

--

Date	Comment	Action
04/17/2017	RELEASED STATE OF MD TAX HOLD.... /sb	Delete
01/17/2017	*****STATE OF MD TAX HOLD, letter sent to Licensee on January 17, 2017.***** /sb	Delete
04/27/2016	***** RELEASED STATE TAX HOLD ***** /sb	Delete
01/19/2016	State of MD Tax Hold, letter sent... /sb	Delete
12/03/2015	Alcohol Awareness expires 11/11/19 (Chang Yim)	Delete
08/21/2015	Submitted 2015 Trader's License	Delete
04/29/2015	RELEASED STATE OF MD TAX HOLD.... /sb	Delete
02/02/2015	State of MD Tax Hold, letter sent to merchant on January 23, 2015.	Delete
10/02/2012	9/13/2012 Public Hearing re: VIOLATION of Rule 4.18 Corporate charter not in good standing. Submitted documentation. Paid \$125 fine in lieu of hearing.	Delete
11/21/2008	04/17/08 Public Hearing re:Protest of renewal.DECISION : LICENSE RENEWED	Delete

Print History (Print Card)

License num: LBD7 334

Address: 904-08 NORTH AVENUE WEST

Trade Name: LINDEN BAR & LIQUORS

Comment:

Add Comment

Hold Info

Powered by:



Business Entity Search, Certificate of Status & Document Order

LINDEN BAR & LIQUORS, INC.: D07428444

[Order Documents](#)

[General Information](#) [Filing History](#) [Personal Property](#)

General Information

Department ID Number:
D07428444

Business Name:
LINDEN BAR & LIQUORS, INC.

Principal Office:
904-8 WEST NORTH AVE.
BALTIMORE MD 21217

Resident Agent:
CHANG YIM
904-8 WEST NORTH AVE.
BALTIMORE MD 21217

Status:
REVIVED

Good Standing:
THIS BUSINESS IS IN GOOD STANDING
» [Order Certificate of Status](#)

Business Type:
CORPORATION

Business Code:
ORDINARY BUSINESS - STOCK

Date of Formation/ Registration:
05/20/2003

State of Formation:
MD

Stock Status:
STOCK

Close Status:
YES

[🔍 New Search](#) [Order Documents](#)

Your Progress

Business Entity Search

➔ **General Information**

Document Order

Contact Information

July 20, 2017

Licensee(s): Joginder Samra and Joginder Singh
2300 W. Baltimore St, LLC T/a Club 2300
2300 W. Baltimore Street 21223

Class: "BD7" Beer, Wine & Liquor License

Violation of Rule 4.20(c)(ii) Class BD7 Licensees: Open and Operating Tavern at all Times – March 30, 2017 –

At approximately 9:40 PM, members of the Baltimore City Police Department's Vice Unit and members of the BLLC's Inspection Division conducted an undercover investigation of this establishment to determine if staff would grant access to the tavern portion of the licensed premises to patrons. At this time, Det. Garrett entered the establishment in an undercover capacity and attempted to gain access to the tavern portion of the premise. Mr. Happy Salinder, who was the attendant present at the location, stated to Garrett "No" indicating the rear bar area was closed to customers in response to a request made by Garrett for access to the tavern. Garrett left the establishment and informed members of the Vice Unit and BLLC inspection division of the violation. Members from each team entered the establishment and informed Mr. Salinder, the manager on location, of the violation of Rule 4.20(c)(ii).

Violation of Rule 3.09(a) Restroom Facilities and Health Regulations – March 30, 2017 – At approximately 9:40 PM., members of the Baltimore City Police Department's Vice Unit and members of the BLLC's Inspection Division conducted an undercover investigation of this establishment to determine if staff would grant access to the tavern portion of the licensed premises to patrons. Upon gaining entry, BLLC inspectors discovered that the women's restroom was non-operational and the health permit of the establishment had expired.

Violation of Rule 3.09(b) Restroom Facilities and Health Regulations – March 30, 2017 – At approximately 9:40 PM., members of the Baltimore City Police Department's Vice Unit and members of the BLLC's Inspection Division conducted an undercover investigation of this establishment to determine if staff would grant access to the tavern portion of the licensed premises to patrons. Upon gaining entry, BLLC inspectors discovered that the women's restroom was non-operational and the health permit of the establishment had expired.

Board's Information:

(a) **Service on Licensee(s):** Summons issued to the licensee(s) on 6/26/2017.

(b) **Witness Summoned:** Summons issued to Chief Inspector Mark Fosler and Inspector John Chrissomallis on 6/26/2017. Baltimore City Police Dept.: Det. Gatto, Det. Greenhill on 6/26/2017.

(c) **Violation History of Current Licensee(s):** Licensee(s) appeared before the Board on 6/9/2016 in reference to:

- Violation of Rule 3.08(a) Sanitation & Safety
- Guilty (3-0 vote) \$250 fine + \$125 admin fee
- \$375 total fine paid

(d) **License Transfer Date:** The license transferred to the above named licensee(s) on 10/13/2015.

Board's Decision:

State of Maryland

Board of Liquor License Commissioners

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

NOTICE

To: 2300 W Baltimore St. LLC
T/A Club 2300
2300 West Baltimore Street

Date: June 26, 2017

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

You are hereby notified to appear before the Board of Liquor License Commissioners for Baltimore City at 11 o'clock AM on the 20th day of July 2017, 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 the Alcoholic Beverages Article, as amended, should not be suspended or revoked as required by this Board by Section 4-604 of said Article, following your conviction and/or violation of said law, to wit:

Location of Incident: T/A Club 2300, 2300 West Baltimore Street, Baltimore, MD (“the establishment”).

Violation of Rule 4.20(c)(ii) Class BD7 Licensees: Open and Operating Tavern at all Times – March 30, 2017 – At approximately 9:40 PM, members of the Baltimore City Police Department’s Vice Unit and members of the BLLC’s Inspection Division conducted an undercover investigation of this establishment to determine if staff would grant access to the tavern portion of the licensed premises to patrons. At this time, Det. Garrett entered the establishment in an undercover capacity and attempted to gain access to the tavern portion of the premise. Mr. Happy Salinder, who was the attendant present at the location, stated to Garrett “No” indicating the rear bar area was closed to customers in response to a request made by Garrett for access to the tavern. Garrett left the establishment and informed members of the Vice Unit and BLLC inspection division of the violation. Members from each team entered the establishment and informed Mr. Salinder, the manager on location, of the violation of Rule 4.20(c)(ii).

Violation of Rule 3.09 (a) Restroom Facilities and Health Regulations – March 30, 2017 – At approximately 9:40 PM., members of the Baltimore City Police Department’s Vice Unit and members of the BLLC’s Inspection Division conducted an undercover investigation of this establishment to determine if staff would grant access to the tavern portion of the licensed premises to patrons. Upon gaining entry, BLLC inspectors discovered that the women’s restroom was non-operational and the health permit of the establishment had expired.

Violation of Rule 3.09 (b) Restroom Facilities and Health Regulations – March 30, 2017 – At approximately 9:40 PM., members of the Baltimore City Police Department’s Vice Unit and members of the BLLC’s Inspection Division conducted an undercover investigation of this establishment to determine if staff would grant access to the tavern portion of the licensed premises to patrons. Upon gaining entry, BLLC inspectors discovered that the women’s restroom was non-operational and the health permit of the establishment had expired.

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

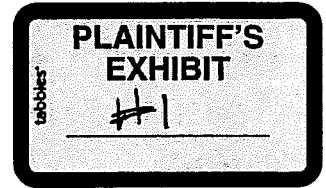
If you fail to appear at the time and place designated above, the board will proceed with the hearing and will take such action regarding the suspension or revocation of your license and permits as warranted by evidence. If you have any questions concerning the specific rules or code cited, please refer to Rules and Regulations for the Board of Liquor License Commissioners for Baltimore City or the Alcoholic Beverages Article of the Annotated Code of Maryland for reference purposes. If you have any questions or concerns regarding this matter please contact Deputy Executive Secretary, Thomas R. Akras at 410-396-4377.

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

Albert J. Matricciani, Jr., Chairman
**BOARD OF LIQUOR LICENSE
COMMISSIONERS**

Board of Liquor License Commissioners

For Baltimore City

231 E. Baltimore Street, 6th Floor
Baltimore, Maryland, 21202-3258**INVESTIGATION REPORT**

Location Address:	2300 BALTIMORE STREET WEST 21223
Licensee Information (Trade Name):	CLUB 2300
Corporation Name	2300 W BALTIMORE ST L.L.C.
License Type:	Class "BD7" Beer, Wine and Liquor
Owner Email:	
Contact:	
Bouncer/Security Name (if applicable):	<input type="text"/> D.O.B. <input type="text"/>
Incident Date/Time:	4/5/2017 <input type="text"/> 2:37:58 PM

Report Facts:

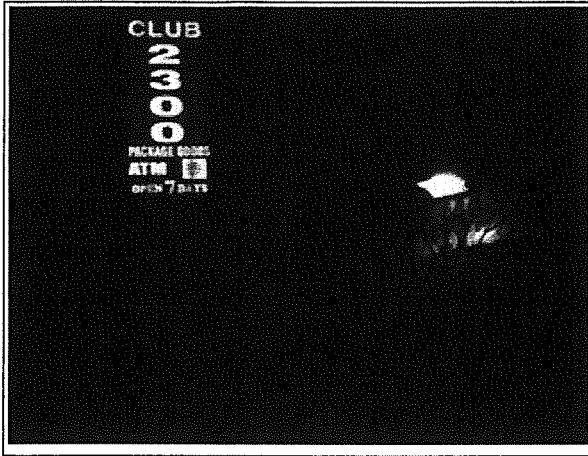
On or about March 30, 2017 at approx. 9:50 pm. I Agent Chrissomallis working with Chief Fosler and the BCPD Vice Unit conducted a BD7 check at Club 2300 located at 2300 West Baltimore Street in the City of Baltimore and the State of Maryland. Two undercover BCPD detectives attempted to make entry to the tavern portion of the establishment and they were denied entry. At that time the 2 detectives notified the members of the Task Force that were positioned in two vehicles on the street that they were refused service. Once the 2 undercover Det. had cleared the location we entered the establishment and spoke to the operator which had denied access Mr. Happy Salinder which was identified by a NY issued ID # [REDACTED] and a DOB of 11 [REDACTED] 94. After conducting an inspection we determined that the establishment did not have a 3 comp. sink that was operable. Ladies room was out of order. displayed health permit was expired. men's room did not have any paper towels and there was stock on the floor. We explained the rules regarding to the BD7 violation and the other violations. We left the establishment in the control of Mr. Salinder and left without any further incident

Establishment was violated for the following:

Restrooms unsatisfactory
Expired Health Permit
3 comp sink not operable
Stock on floor
not operating as a BD7

Please disregard date and time in the heading of this report. Actual date and time is in the body of this report.

Photos Taken:



Insert Item

Report Prepared By:

Inspector(s)	Submission Date
<input type="text" value="i:0#.w baltimore\john.chrissomalliss"/>	<input type="text" value="4/5/2017"/>
Supervisor Review:	Approval Date
<input type="text" value="i:0#.w baltimore\john.chrissomalliss"/>	<input type="text" value="4/5/2017"/>

Supervisor Use:

Recommended Action(s):

Approve

Disapprove



BOARD OF LIQUOR LICENSE COMMISSIONERS OF BALTIMORE CITY
INSPECTOR'S REPORT: Routine Compliance

311 Complaint Adult Entertainment Special Investigation

CORPORATE NAME/LICENSEE(S): 2300 W. Baltimore ST LLC

ADDRESS: 2300 W. Baltimore DATE AND TIME: 3/30/17 9:59

DISTRICT: CLASS: A07 INSPECTOR: Christopher P. Foster

NAME OF PERSON IN CONTROL: Happy Salcedo

External Appearance	Kitchen
Clean and Free of Debris <input checked="" type="checkbox"/>	Inspector Comments: <i>N/A</i>
Internal Appearance	Restroom
Location of Bar <input checked="" type="checkbox"/>	Inspector Comments: <i>UNSATISFACTORY</i>
Shape of Bar <i>Does not exist</i>	
Condition of Bar Area/Floors <input checked="" type="checkbox"/>	
Hot Water <input checked="" type="checkbox"/>	
Disinfectant Solution <input checked="" type="checkbox"/>	
Three Compartment Sink <input checked="" type="checkbox"/>	
Package Goods/BD7 Checklist	
Bulletproof Partitioning <input checked="" type="checkbox"/>	
Separate Pkg Goods Dept. <input checked="" type="checkbox"/>	
Separate Pkg Goods Store <input checked="" type="checkbox"/>	
Bar/Tavern Open and Operating <input checked="" type="checkbox"/>	
Selling Household/Grocery <input checked="" type="checkbox"/>	
Dining Area	
Capacity	
Location of Dining Area <i>A</i>	Public Safety
Condition of Dining Area/Floors <input checked="" type="checkbox"/>	Exits Marked, Unobstructed <input checked="" type="checkbox"/>
Sanitation	Fire Capacity: <i>30</i>
Menu	Adult Entertainment - If Applicable
Business Records	License is Valid <input checked="" type="checkbox"/>
Trader's License <i>2016</i>	Dancers Present 18 and older <input checked="" type="checkbox"/>
Alcohol Awareness Certification Date <i>2/25/15</i>	Cleanliness of Dressing Room
Issued:	Ancillary Services
Employee Records <input checked="" type="checkbox"/>	Live Entertainment (Describe): <i>N/A</i>
Alcohol Beverage Information Invoice Numbers and Date:	
Food Invoices (If Applicable)	Outdoor Table Service

VIOLATIONS NOTED

Not operating ASBDF

3 Comp Sink used as storage

health expired

sticker on floor

UNSATISFACTORY BATH / Clean Mean Office called Mous

No towels

INSTRUCTIONS GIVEN TO LICENSEE

Most operate ASBDF

most have operable 3 Comp Sink

Most Got health

Remove sticker from floor

10 Six Lakes Room

Add paper towels in Bathrooms



A Salcedo

SIGNATURE OF LICENSEE OR MANAGER

INSPECTOR'S COMMENTS

Expired health

Not operating ASBDF

No BAR post storage chain

sticker on floor

Operator stated when asked why BAR is not open "Water not working"

Operator released service Happy Salcedo / M

2533 85th St East Columbus NJ 07102

Feb 11 2017

[Signature]

White Copy = Licensee Yellow Copy = BLLC

2010-25-11

Inspector Signature

Code: Satisfactory = Unsatisfactory = X Not Applicable = N/A

POLICE DEPARTMENT
BALTIMORE, MARYLAND

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

1 Crime / Incident Liquor Board Violation	Attempt <input type="checkbox"/>	2 Complaint Number 7-170312224
3 Location of Offense / Incident (Exact Street Address) 2300 West Baltimore Street - 21223		Page 1 of 2
4 Date / Time Occurred 30 March 17 - 2138hrs-2150hrs	5 Date / Time Reported 30 March 17 - 2150hrs	
6 Unit 4841	7 Post of Occurrence 714	8 Reporting Area
9 Street Code	10 CAD Number 285	11 Location Given by Dispatcher On-View
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 checked="" type="checkbox"/> No	16 Crime Code
17 Crime Classification	18 Describe Location of Offense or Type of Premise Tavern	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 Greenhill, L.C. III	Residence / Address (Include City, County, State, Zip)	Sex M	Race B	Age 47	DOB
Where Employed or School Attending (Include City Located) OID-BPD-Vice	Occupation Detectives	Hours of Employment Varied	Residence Phone	Other Phone	Sobriety sbr
21 Injuries and Location on Body	Victim's Condition	Victim Hospitalized / Facility <input type="checkbox"/> Yes <input type="checkbox"/> No	22 Victim / Assailant Relationship	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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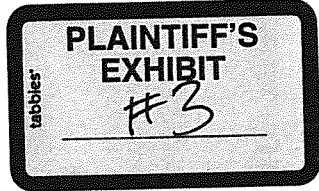
47 Crime Lab Technician Name	Unit Number	Time	48 Hot Desk Person Notified	Time
------------------------------	-------------	------	-----------------------------	------

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 Form(s) Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	------	--

52 Copies Forwarded To Liquor Board
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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 notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.

Corp: 2300 West Baltimore Street, L.L.C.
T/A: 2300 West Baltimore Street (Club 2300)
2300 West Baltimore Street
Baltimore, Md 21223



Liquor License#: LBD7 429

Licensee: Joginder Singh, Joginder Samra

Continued

53 Reporting Officer Name (PRINT CLEARLY) Det. L.C. Greenhill III	Sequence No. F820	Assignment OID-Vice	Signature
--	----------------------	------------------------	-----------

54 Approving Supervisor Rank and Name Det. Sgt. Chris Leisher	Sequence No. G307	Assignment OID-Vice	Signature
--	----------------------	------------------------	-----------

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

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Liquor Board Violation	Attempt <input type="checkbox"/>	2 Complaint Number 7-1703122 ²⁴
3 Location of Offense / Incident (Street Address, Zip) 2300 West Baltimore Street - 21223		Page 2 of 2
4 Date / Time of This Report 30 March 17 - 2150hrs		5 Arrest / Custody Number
8 Unit 4841	7 Post of Occurrence 714	6 Reporting Area
9 Street Code	10 CAD Number 285	11 Original Report Date / Time 30 March 17 - 2138hrs-2150hrs
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 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

Continuation

Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

19 Complainant / Victim	Name (Last, First, MI), or Firm Name If Business Greenhill, L.C. III	Residence / Address (Include City, County, State, Zip)	Sex M	Race B	Age 47	DOB
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20 Copies Forwarded To
Liquor Board

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) 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 30 March 2017 between 2138hrs-2150hrs(9:38pm-9:50pm), Detectives Greenhill and Gatto along Chief Inspector Mark Fosler and Agent Chrissomallis conducted BD7 checks at Club 2300 located at 2300 West Baltimore Street. Also working were Detectives O Akinwande and J Garrett both of OID-Vice and both working in a plainclothes capacity posing as patrons in an attempt to gain entry into the taverns of each establishment. The purpose of a BD7 check is to determine if liquor establishments that are considered LBD7's are operating their taverns by allowing patrons in the rear bar area to consume alcoholic beverages. It is known that most liquor establishments throughout the City of Baltimore operate the BD7's by only operating the package goods side of their liquor establishments and not opening their taverns to the public. Detective Garret at 2138hrs(9:38pm) entered the location of 2300 West Baltimore Street known as Club 2300 and asked the middle eastern male working, if the rear bar was open. The middle eastern male later identified as Happy Salinder, replied saying "No", indicating the rear bar area was closed to customers. Detective Garrett then left the location and notified Detective Greenhill that he had been refused service to the bar area.

At 2150hrs(9:50pm), Detectives from Vice and Inspectors from the Liquor Board, entered Club 2300 located at 2300 West Baltimore Street and advised Happy Salinder that the bar would be written up for Liquor Board violations relating to the tavern side of the bar. Agent Chrissomallis explained to Mister Salinder that if the package goods of the establishment is open, then the adjacent bar area would also have to be open to customers as well. Also while on the scene Detectives from Vice and Inspectors from the Liquor Board observed the following violations. The female bathroom was out of order and blocked. Stock was not elevated on the first floor and/or basement. And the current health permit was expired. No other violations observed at that time. The establishment was left in the control of Mister Salinder.

Report to be forwarded to the Liquor Board for further administrated review.

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) Det. L.C. Greenhill III Sequence No. F820 Assignment OID-Vice Signature _____

23 Approving Supervisor Rank and Name Det. Sgt. Chris Leisher Sequence No. G307 Assignment OID-Vice Signature _____

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

EXHIBIT
#4













Liquor Board System

Version 1.0

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

License Detail

License Info

License Num: **LBD7 198** Cert Num: **0422** Fee: **\$1,320.00** Status: **Renewed**
 License Date: 5/1/2017 License Year: 2017
 CR Number: 16023343
 Payment Date: 04-28-17

2016 - 2017 TPP Paid N
 2017 Trader's License Y

6/21/17

 CORP ✓
 T.L ✓
 TPP ✓

Add Adult Entertainment License

Location

Corp Name: **2300 W BALTIMORE ST L.L.C.**
 Trade Name: **CLUB 2300**
 Zone Code: 32
 Phone: 410-245-3439

Block Num: 2300 Street: BALTIMORE STREET WEST
 City: BALTIMORE State: MD Zip: 21223

CR Number: 16023343

Portion of Business Used:
 (USE) USE 1ST FLOOR OF PREMISES AS A TAVERN- NOT LIVE ENTERTAINMENT (CHANGE OF OPERATOR)

Restriction:
 NO FOOD TO BE PREPARED UNTIL APPROVED BY HEALTH DEPT.

License Owners

First Name	Last Name	Street	City	State	Zip	Action	Change Owner
JOGINDER	SAMRA	3700 PULASKI HWY	BALTIMORE	MD	21224	<input type="button" value="Edit"/>	<input type="button" value="Remove Owner"/>
JOGINDER	SINGH	1921 EASTFIELD RD	BALTIMORE	MD	21222	<input type="button" value="Edit"/>	<input type="button" value="Remove Owner"/>

Comments

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Date	Comment	Action
06/15/2016	Paid Violation Fine of \$375.00 dated on 06/09/16. Invoice #103636, check #1142... /sb	Delete
06/14/2016	6/9/2016 - Public Hearing re: Violation of Rule 3.08(a) Sanitation & Safety- GUILTY (3-0 vote)\$250 FINE + \$125 admin fee = \$375 TOTAL FINE due in 1 week.	Delete
07/23/2015	Receive proof of opeation is currently open (June 25)	Delete
07/16/2015	7/16/2015 Public Hearing re: Application to transfer ownership APPROVED \$100 admin fee PAID	Delete
07/02/2015	Maryland Sales & Hold (July 1,2015)	Delete
10/02/2012	9/27/2012 Public Hearing re: VIOLATION of Rule 4.18 Charter not in good standing. Submitted required documentation. Paid \$125 fine in lieu of hearing.	Delete
11/22/2011	11/17/2011 Public Hearing re: Review of pending transfer. Transfer approved on 11/3/2010. CANCELED withdrew application.	Delete
11/03/2010	11/03/10 \$100 FOR (11/3/10) CONF PAID IN FULL #75251	Delete
11/03/2010	11/03/10 \$100 CONF.FEE FOR (3/24/10) PAID IN FULL #75250	Delete
10/08/2010	10/10 Transfer of Ownership, BD7-BWL, Clifford T. Andrews	Delete
08/06/2009	03/24/09 (180 DAY CONF.) DUE \$100	Delete
11/14/2008	08/07/08 \$100 TRANSFER CONF.PAID IN FULL #64672	Delete
08/11/2008	08/07/08 Transfer Conf.re: Transfer of ownership + req. for live entertainment & dancing.DECISION: APPROVED.MUST PAY CONF.FEE \$100	Delete

Print History (Print Card)

License num: LBD7 198
Trade Name: CLUB 2300

Address: 2300 BALTIMORE STREET WEST

Comment:

Add Comment

Hold Info



Business Entity Search, Certificate of Status & Document Order

2300 W BALTIMORE ST, L.L.C.: W16537490

[Order Documents](#)

[General Information](#) [Filing History](#) [Personal Property](#)

General Information

Department ID Number:
W16537490

Business Name:
2300 W BALTIMORE ST, L.L.C.

Principal Office:
2300 W BALTIMORE ST
BALTIMORE MD 21223

Resident Agent:
JOGINDER SINGH
1921 EASTFIELD RD
DUNDALK MD 21222

Status:
ACTIVE

Good Standing:
THIS BUSINESS IS IN GOOD STANDING
» [Order Certificate of Status](#)

Business Type:
DOMESTIC LLC

Business Code:
ENTITIES OTHER THAN CORPORATIONS

Date of Formation/ Registration:
05/18/2015

State of Formation:
MD

Stock Status:
N/A

Close Status:
N/A

[🔍 New Search](#) [Order Documents](#)

[Your Progress](#)

[Business Entity Search](#)

➔ [General Information](#)

[Document Order](#)

[Contact Information](#)

July 20, 2017

Licensee(s): Bing Chen and Yun Chen
Chen's Liquor, Inc. T/a B&O Café
1301-03 W. Pratt Street 21223

Class: "BD7" Beer, Wine & Liquor License

Violation of Rule 4.20(c)(ii) Class BD7 Licensees: Open and Operating Tavern at all Times – May 13, 2017 – At approximately 12:02 AM, members of the Baltimore City Police Department's Vice Unit and members of the BLLC's Inspection Division conducted an investigation of this establishment due to numerous 311 complaints the agency had received regarding the location. Upon entry, BLLC Chief Inspector Mark Fosler and Agent Chrissomallis observed that the tavern portion of the establishment did not seem to be in operation. There were children's toys, a bike, and a stroller on or behind the bar. The liquor bottles behind the bar were dusty, the three-compartment sink was not in use, and no glasses or cups of any kind were in the bar area. Lastly, a bucket, mop, and snow shovel were in the customer area of tavern. As a result of the non-operation, BLLC staff advised Bing Chai Chen, the manager/licensee on location, of the violation of Rule 4.20(c)(ii).

Board's Information:

(a) **Service on Licensee(s):** Summons issued to the licensee(s) on 6/26/2017.

(b) **Witness Summoned:** Summons issued to Chief Inspector Mark Fosler and Inspector John Chrissomallis on 6/26/2017. Baltimore City Police Dept.: Det. Gatto, Det. Greenhill, and Det. Garrett on 6/26/2017.

(c) **Violation History of Current Licensee(s):** The current licensee(s) have no history of violations.

(d) **License Transfer Date:** The license transferred to the above named licensee(s) on 11/04/2015.

Board's Decision:

State of Maryland

Board of Liquor License Commissioners

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

NOTICE

To: Chen's Liquor, Inc.
T/A B & O Cafe
1301-03 West Pratt Street

Date: June 26, 2017

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

You are hereby notified to appear before the Board of Liquor License Commissioners for Baltimore City at 11 o'clock AM on the 20th day of July 2017, 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 the Alcoholic Beverages Article, as amended, should not be suspended or revoked as required by this Board by Section 4-604 of said Article, following your conviction and/or violation of said law, to wit:

Location of Incident: T/A B & O Cafe, 1301-03 West Pratt Street, Baltimore, MD ("the establishment").

Violation of Rule 4.20(c)(ii) Class BD7 Licensees: Open and Operating Tavern at all Times – May 13, 2017 – At approximately 12:02 AM, members of the Baltimore City Police Department's Vice Unit and members of the BLLC's Inspection Division conducted an investigation of this establishment due to numerous 311 complaints the agency had received regarding the location. Upon entry, BLLC Chief Inspector Mark Fosler and Agent Chrissomallis observed that the tavern portion of the establishment did not seem to be in operation. There were children's toys, a bike, and a stroller on or behind the bar. The liquor bottles behind the bar were dusty, the three-compartment sink was not in use, and no glasses or cups of any kind were in the bar area. Lastly, a bucket, mop, and snow shovel were in the customer area of tavern. As a result of the non-operation, BLLC staff advised Bing Chai Chen, the manager/licensee on location, of the violation of Rule 4.20(c)(ii).

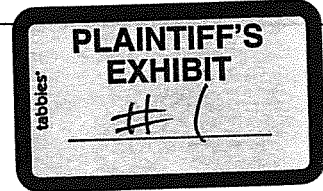
City Hall security provisions require all persons entering the City Hall to present a photo ID.

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 the Alcoholic Beverages Article of the Annotated Code of Maryland for reference purposes. If you have any questions or concerns regarding this matter please contact Deputy Executive Secretary, Thomas R. Akras at 410-396-4377.

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

Albert J. Matricciani, Jr., Chairman
**BOARD OF LIQUOR LICENSE
COMMISSIONERS**

Board of Liquor License Commissioners
 For Baltimore City
 231 E. Baltimore Street, 6th Floor
 Baltimore, Maryland, 21202-3258



INVESTIGATION REPORT

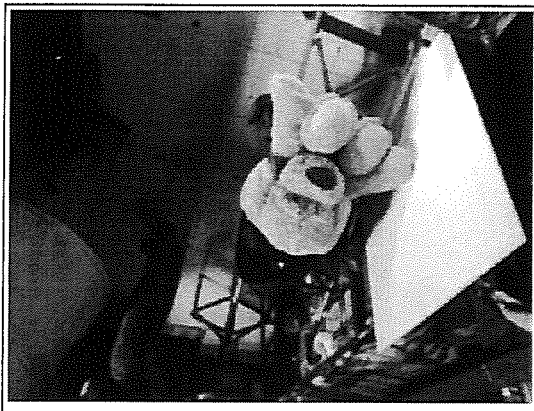
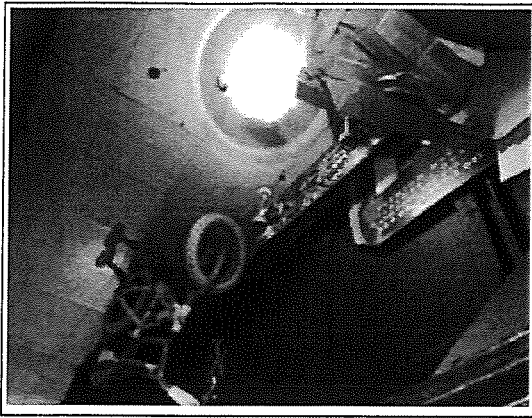
<i>Location Address:</i>	1301-03 PRATT STREET WEST 21223	
<i>Licensee Information (Trade Name):</i>	B&O CAFE	
<i>Corporation Name</i>	CHEN'S LIQUOR, INC	
<i>License Type:</i>	Class "BD7" Beer, Wine and Liquor	
<i>Owner Email:</i>	<input type="text"/>	
<i>Contact:</i>	<input type="text"/>	
<i>Bouncer/Security Name (if applicable):</i>	<input type="text"/>	D.O.B. <input type="text"/>
<i>Incident Date/Time:</i>	<input type="text" value="5/13/2017"/>	<input type="text" value="2:13:17 PM"/>

Report Facts:

Because of phone call complaints to the office, 311 complaints, reported observations by the Vice Unit and observations by staff the Chief Inspector initiated a special investigation of B&O Café. On May 12, 2017 the Liquor Board participated in the Social Club Task Force (SCTF). Several licensed liquor establishments were included on the list of locations to visit. On May 13, 2017 at approximately 12:02am the SCTF entered the B&O Café. The licensee has been advised on numerous occasions that individuals are loitering immediately outside her front door. She has been instructed to call the Baltimore Police Department (BPD) when loitering or other illegal activity is observed and to document those calls in a journal. The last call documented by the licensee was March 5, 2017. Staff has also suggested the licensee close the front door to help reduce loitering at the entrance. The previous operator hired security to reduce loitering. The current operator eliminated the security which led to a resurgence in the loitering problem. In fairness, there is a drug program nearby along with several bus stops.

When investigating on May 13, 2017 staff (Agent Chrissomallis, Chief Fosler) observed that the BD7 portion of the establishment did not appear to be in operation. There were children's toys, a bike and a stroller on or behind the bar. The liquor bottles behind the bar were all dusty. The three compartment sink was not in use. No glasses or cups of any kind were in the bar area. A bucket, mop and snow shovel were in the customer area of the tavern. Based on these observations staff issued a violation for not operating as a BD7.

Photos Taken:



Report Prepared By:	
Inspector(s)	Submission Date
<input type="text" value="i:0#.w baltimore\mark.fosler"/>	<input type="text" value="5/25/2017"/>
Supervisor Review:	Approval Date
<input type="text" value="i:0#.w baltimore\mark.fosler"/>	<input type="text" value="5/25/2017"/>
Supervisor Use:	
Recommended Action(s):	
<input style="width: 100%; height: 100%;" type="text"/>	

POLICE DEPARTMENT
BALTIMORE, MARYLAND

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

1 Crime / Incident Liquor Board Violation	Attempt <input type="checkbox"/>	2 Complaint Number 9-17055822
3 Location of Offense / Incident (Exact Street Address) 1301-03 W. Pratt St		Page 1 of 2
4 Date / Time Occurred 5/12/2017 @ 2355hrs		5 Date / Time Reported same #4

8 Unit 4844	7 Post of Occurrence 935	6 Reporting Area	9 Street Code	10 CAD Number 402	11 Location Given by Dispatcher on view	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 checked="" type="checkbox"/> No	16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premise City Bar and Lounge	19 Reported by Crime Watcher <input type="checkbox"/> Yes <input type="checkbox"/> No

20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business Gatto, A. M	Residence / Address (Include City, County, State, Zip)			Age	DOB	Height	Weight
Race: <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown					
Where Employed or School Attending (Include City Located) BPD	Occupation police	Hours of Employment varies	Residence Phone	Other Phone	Sobriety		
21 Injuries and Location on Body	Victim's Condition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Hospitalized / Facility	22 Victim / Assailant Relationship	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No			

24 Reporting Person Name (Last, First, MI) same #20	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
--	------------------------	--	-----------------	-------------

26 Suspect Name (Last, First, MI) Chen, Bing Chai	Address (Include City, County, State, Zip) 1301-03 W. Pratt. St			Age	DOB	Height	Weight
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input checked="" type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown					
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
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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 <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
-----------------------	-------------------------	------------------	------	------------------------------	------	------

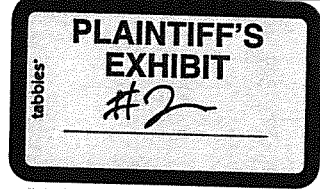
47 Crime Lab Technician Name	Unit Number	Time	48 Hot Desk Person Notified	Time
------------------------------	-------------	------	-----------------------------	------

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	51 Victim Assistance/Incident Information Explain Form(s) Provided <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---

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 notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.

Chen Liquor, Inc
B+O Cafe
1301-03 W. Pratt. St 21223
LBD7 340
Licensee: Bing Chen, Yun Chen



Continued

53 Reporting Officer Name (PRINT CLEARLY) Gatto, A	Sequence No. 1115	Assignment VICE	Signature
---	----------------------	--------------------	-----------

54 Approving Supervisor Rank and Name Sgt. Leisher	Sequence No. G307	Assignment VICE	Signature
---	----------------------	--------------------	-----------

55 RMS Data Entered By	Sequence No./Date	Time	56 Reviewor	57 Referred To
------------------------	-------------------	------	-------------	----------------

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Liquor Board Violation	Attempt <input type="checkbox"/>	2 Complaint Number 9-17055822
3 Location of Offense / Incident (Street Address, Zip) 1301-03 W. Pratt St		Page 2 of 2
4 Date / Time of This Report 5/12/2017 @ 2355hrs		5 Arrest / Custody Number
11 Original Report Date / Time same #20		12 Offense / Incident Changed From

Continuation Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

6 Unit 4844	7 Post of Occurrence 935	8 Reporting Area	9 Street Code	10 CAD Number 402
13 Case Status <input type="checkbox"/> Open <input checked="" 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: Gatto, A
Residence / Address (Include City County State, Zip): [REDACTED] Sex: [REDACTED] Age: [REDACTED] DOB: [REDACTED]

Race: Black White Asian or Pacific Islander Native American/Alaskan Native Other
Gender: Male Female
Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

20 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; 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 notifiers, 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 5/12/2017 at approx 2235hrs. Members of the Bpd Vice Club enforcement along with the Baltimore Health Department, Baltimore Housing and Baltimore City Liquor Board where conducting Social Club Task Force inspection on the above listed location. This location is known as B+O Cafe, 1301-03 W. Pratt St. Once inside the location the night manager Bing Chai Chen was located and identified by Det. Greenhill. During the inspection the Health Dept found the men and womens bathroom in the lounge area to be without paper towels for hand washing. Furthermore the bar in the lounge area was found to be not in operating order. The dish cleaning sinks were not filled for cleaning after patron use. At this time the night manager was made aware of the violations and the bar was turned back over to Bing Chai Chen for the remainder of the night. All event occurred in Baltimore City Maryland.

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

22 Reporting Officer Name (PRINT CLEARLY) Gatto, A	Sequence No: 1115	Assignment: VICE	Signature: [Signature]
23 Approving Supervisor Rank and Name Sgt. Leisher	Sequence No: G307	Assignment: VICE	Signature: [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

License Info

License Num: **LBD7 423** Cert Num: **1198** Fee: **\$1,320.00** Status: **Renewed**
 License Date: 5/1/2017 License Year: 2017
 CR Number: 16044333
 Payment Date: 05-01-17

2016 - 2017 TPP Paid N
 2017 Trader's License Y

6/21/17
 CORP ✓
 T.L ✓
 TRJ

Add Adult Entertainment License

Location

Corp Name: **CHEN'S LIQUOR,INC**
 Trade Name: **B&O CAFE**
 Zone Code: 28
 Phone: 646-255-5251

Block Num: 1301-03 Street: PRATT STREET WEST
 City: BALTIMORE State: MD Zip: 21223

CR Number: 16044333

Portion of Business Used:
 USE PORTION OF PREMISES 1ST FLOOR AS A TAVERN LIQUOR STORE

Restriction:
 NO MINORS PERMITTED ON PREMISES

License Owners

First Name	Last Name	Street	City	State	Zip	Action	Change Owner
BING	CHEN	10101 ROLLING GREEN WAY	FT WASHINGTON	MD	20744	<input type="button" value="Edit"/>	<input type="button" value="Remove Owner"/>
YUN	CHEN	1949 WEST PRATT STREET	Baltimore	MD	21223	<input type="button" value="Edit"/>	<input type="button" value="Remove Owner"/>

Comments

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Date	Comment	Action
09/16/2015	Alcohol Awareness expires 08/24/19 (Bing Chai Chen).	Delete
09/11/2015	9/10/2015 Hearing Fee PAID (hearing date 9/10/15)	Delete
09/11/2015	9/10/2015 Public Hearing re: Application to transfer ownership. APPROVED	Delete
08/25/2015	08/20/2015 (RE:TRANSFER/ 145359527) TAX RELEASE	Delete
07/23/2015	PAID Fine of \$2,125.00 from Hearing dated on 01/29/15. Invoice #99260... /sb	Delete
07/16/2015	07/15/15 - Sent letter to Merchant, owes \$2,125.00 for violation & hearing fee, account was on appeal ... /sb	Delete
03/13/2015	MERCHANT OWES LIQUOR BOARD \$2125.00 FOR HEARING ON 01/29/15.	Delete
11/10/2014	11/06/2014 Public Hearing re: Violation of Rule 3.06 & Violation of Rule 3.12 GUILTY- 2 week SUSPENSION. \$125 admin Fee OWED	Delete
09/29/2011	9/8/2011 Public Hearing re: Violation of Rule 4.01(a) Sale to Minor. Violation of Rule 3.03(c) Records. Rule 4.01(a) GUILTY \$500. Rule 3.03(c) GUILTY \$100. Total Fine \$600	Delete
06/14/2011	6/9/11 Public Hearing re: Violation of Rule 4.01(a) "No license shall sell or furnish alcoholic beverages to any person under twenty-one (21) years of age or to any person with the knowledge that such person is purchasing or acquiring such beverages for consumption by any person under twenty-one (21)years of age" on February 2, 2011 (Re: Sale of alcohol to Baltimore Police Trainee under the age of 21). GUILTY \$500.	Delete

Print History (Print Card)

License num: LBD7 423
Trade Name: B&O CAFE

Address: 1301-03 PRATT STREET WEST

Comment:

Add Comment

Hold Info

Powered by:



Business Entity Search, Certificate of Status & Document Order

CHEN'S LIQUOR, INC.: D16658502

[Order Documents](#)

[General Information](#) [Filing History](#) [Personal Property](#)

General Information

Department ID Number:
D16658502

Business Name:
CHEN'S LIQUOR, INC.

Principal Office:
1301 WEST PRATT ST.
BALTIMORE MD 21223

Resident Agent:
BING CHAI CHEN
1301 WEST PRATT ST.
BALTIMORE MD 21223

Status:
INCORPORATED

Good Standing:
THIS BUSINESS IS IN GOOD STANDING
» [Order Certificate of Status](#)

Business Type:
CORPORATION

Business Code:
ORDINARY BUSINESS - STOCK

Date of Formation/ Registration:
07/23/2015

State of Formation:
MD

Stock Status:
STOCK

Close Status:
YES

[🔍 New Search](#) [Order Documents](#)

[Your Progress](#)

[Business Entity Search](#)

→ General Information

[Document Order](#)

[Contact Information](#)

July 20, 2017

Licensee(s): Anthony Gambino, Jr.
D.E.A.K., Inc., T/a Ciao Bella Restaurant
232-36 S. High Street 21202

Class: "B" Beer, Wine & Liquor License

Violation of Rule 4.14(a) Live Entertainment without Authorization – June 8, 2017 – At approximately 10:00 PM, BLLC Inspector Jo Ann Martin responded to a 311 complaint – CN #17-00340288 – for an establishment having live entertainment without authorization. Upon approaching the establishment, Inspector Martin did not hear loud noises. However, when Inspector Martin situated herself directly outside the window of the establishment she could observe a male seated behind a key board and playing said key board while speaking into a microphone that was connected to an amplified speaker. Further investigation revealed that the establishment was not licensed by the BLLC to provide live entertainment. In addition, BLLC staff had informed the licensee earlier in the week, Mr. Anthony Gambino, not provide live entertainment at his establishment as he was not licensed by the BLLC to do so.

Board's Information:

(a) **Service on Licensee(s):** Summons issued to the licensee(s) on 6/26/2017.

(b) **Witness Summoned:** Summons issued to Chief Inspector Mark Fosler and Inspector Joanne Martin, and Assistant Chief Inspector Tom Karanikolis on 6/26/2017.

(c) **Violation History of Current Licensee(s):** The current licensee(s) have no history of violations.

(d) **License Transfer Date:** The license transferred to the above named licensee(s) on 3/10/1992.

Board's Decision:

State of Maryland

Board of Liquor License Commissioners

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

NOTICE

To: D.E.A.K., Inc.
T/A Ciao Bella Restaurant
232-36 South High Street

Date: June 26, 2017

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

You are hereby notified to appear before the Board of Liquor License Commissioners for Baltimore City at 11 o'clock AM on the 20th day of July 2017, 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 the Alcoholic Beverages Article, as amended, should not be suspended or revoked as required by this Board by Section 4-604 of said Article, following your conviction and/or violation of said law, to wit:

Location of Incident: T/A Ciao Bella Restaurant, 232-36 South High Street, Baltimore, MD ("the establishment").

Violation of Rule 4.14 (a) Live Entertainment without Authorization – June 8, 2017 – At approximately 10:00 PM, BLLC Inspector Jo Ann Martin responded to a 311 complaint – CN #17-00340288 – for an establishment having live entertainment without authorization. Upon approaching the establishment, Inspector Martin did not hear loud noises. However, when Inspector Martin situated herself directly outside the window of the establishment she could observe a male seated behind a key board and playing said key board while speaking into a microphone that was connected to an amplified speaker. Further investigation revealed that the establishment was not licensed by the BLLC to provide live entertainment. In addition, BLLC staff had informed the licensee earlier in the week, Mr. Anthony Gambino, not provide live entertainment at his establishment as he was not licensed by the BLLC to do so.

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

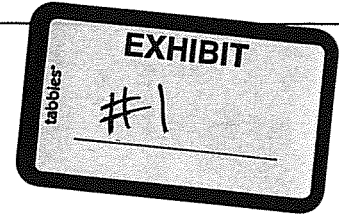
If you fail to appear at the time and place designated above, the board will proceed with the hearing and will take such action regarding the suspension or revocation of your license and permits as warranted by evidence. If you have any questions concerning the specific rules or code cited, please refer to Rules and Regulations for the Board of Liquor License Commissioners for Baltimore City or the Alcoholic Beverages Article of the Annotated Code of Maryland for reference purposes. If you have any questions or concerns regarding this matter please contact Deputy Executive Secretary, Thomas R. Akras at 410-396-4377.

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

Albert J. Matricciani, Jr., Chairman

BOARD OF LIQUOR LICENSE
COMMISSIONERS

Board of Liquor License Commissioners
For Baltimore City
231 E. Baltimore Street, 6th Floor
Baltimore, Maryland, 21202-3258



INVESTIGATION REPORT

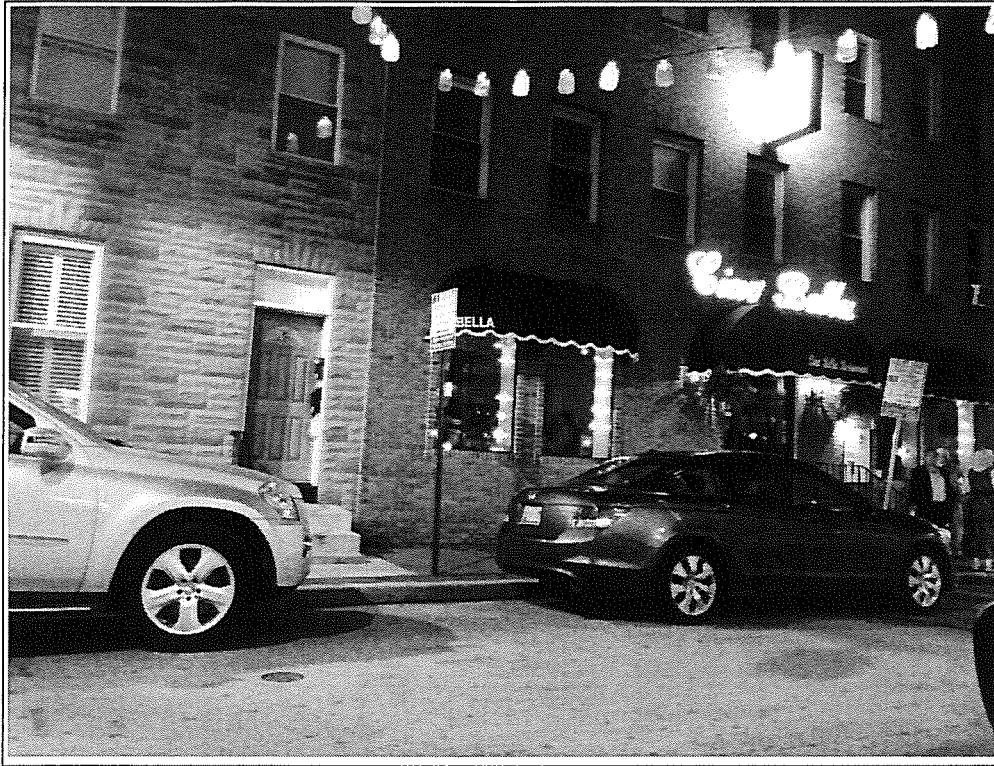
Location Address:	232-36 HIGH STREET SOUTH 21202	
Licensee Information (Trade Name):	CIAO BELLA RESTAURANT	
Corporation Name	D.E.A.K., INC.	
License Type:	Class "B" Beer, Wine and Liquor	
Owner Email:	<input type="text"/>	
Contact:	<input type="text"/>	
Bouncer/Security Name (if applicable):	<input type="text"/>	D.O.B. <input type="text"/>
Incident Date/Time:	<input type="text" value="6/12/2017"/>	<input type="text" value="11:01:49 AM"/>

Report Facts:

On Thursday, June 8, 2017, at approx. 10:00 pm, Inspector JoAnn Martin responded to 311 complaint, # 17-00340288. Upon approaching the establishment inspector did not observe any loud music. However, this inspector did observe a speaker in the bar side of the Restaurant, at the front window. Further observation revealed one person playing on a key board and appearing to be speaking into a microphone. Observations were referred to Administration for violation of live entertainment, as License did not disclose any issuance of live entertainment.

Disregard the date and time in the heading of this report, the dates and times in the body of report are accurate.

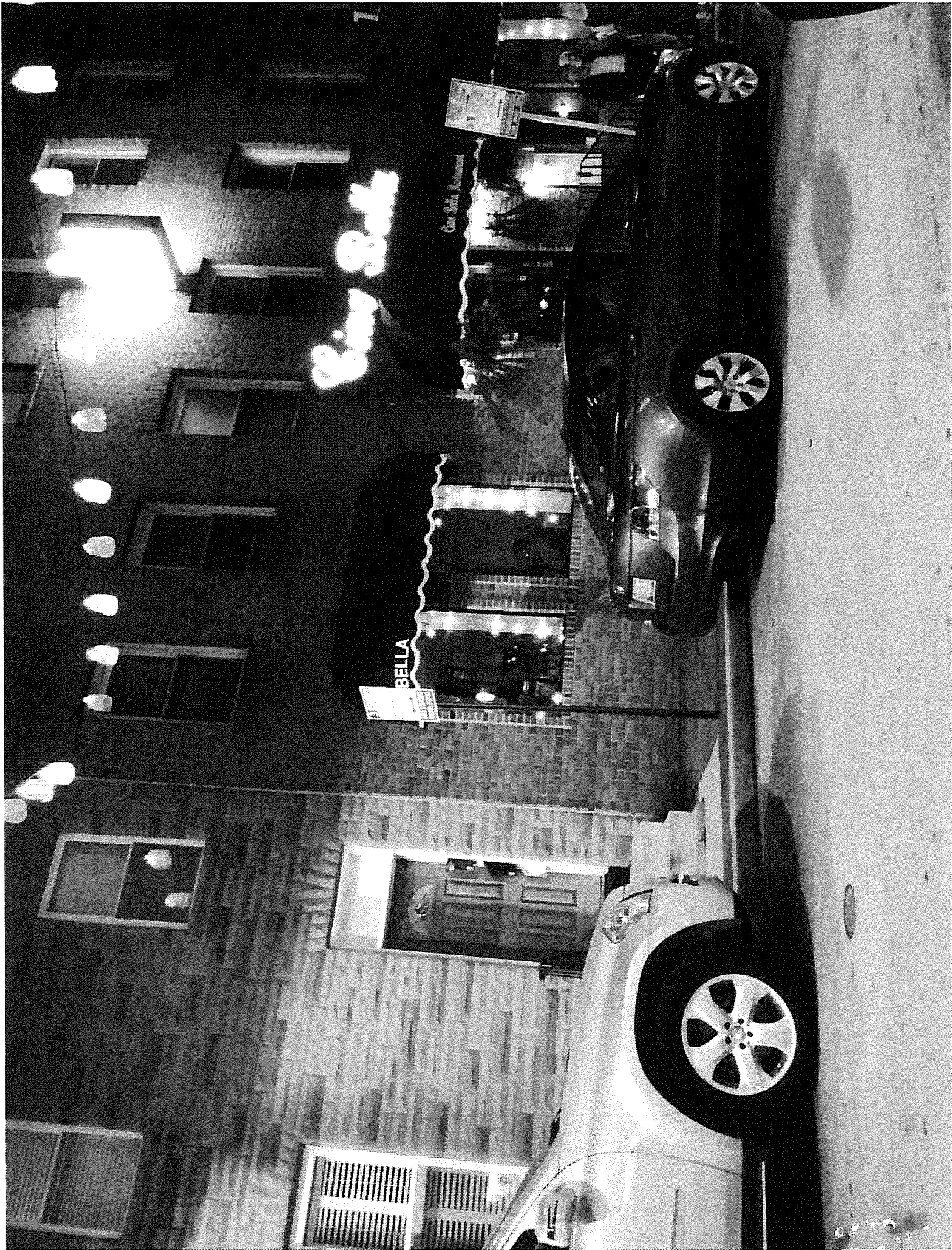
Photos Taken:



Report Prepared By:	
Inspector(s)	Submission Date
i:\0#.w\ baltimore\joann.martin	6/12/2017
Supervisor Review:	Approval Date
i:\0#.w\ baltimore\mark.fosler	6/12/2017

Supervisor Use:

Recommended Action(s):



THE BOARD OF LIQUOR LICENSE COMMISSIONERS
FOR BALTIMORE CITY

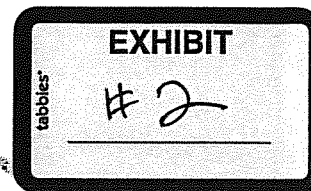
0148

License Number: **LB 128**

The Board of Liquor License Commissioners for Baltimore City certifies that:

Licensee(s): ANTHONY J GAMBINO, JR.

Corporation: D.E.A.K., INC.
Trade Name: CIAO BELLA RESTAURANT
Address: 232-36 HIGH STREET SOUTH 21202



Scope of License:

Has been granted the privilege and is hereby licensed to keep for sale and to sell **Beer, Wine, & Liquor** at retail only on the premises designated above for consumption on the above premises or elsewhere.

The privileges hereby granted may be exercised at any time except from 2:00 A.M. to 6:00 A.M. daily unless such hours shall be further extended or limited by law.

License Effective: **05/01/2017 and Ending 04/30/2018**

Portion of Build licensed and Restrictions:

FIRST FLOOR FRONT 232 S. HIGH STREET AND FIRST FLOOR 234-236 S. HIGH STREET FOR BUSINESS. BASEMENT 234 HIGH STREET STORAGE

NO SALES OF PACKAGE GOODS PERMITTED



Issued by Authority of the
Board of Liquor License Commissioners for Baltimore City

[Signature]
Commissioner

[Signature]
Chairman

[Signature]
Commissioner

License fee: \$1,320.00

Martin, Joann

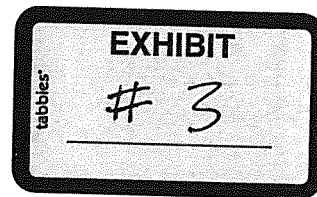
From: COB_CitiTrack_CSR44@motorolasolutions.com
Sent: Thursday, June 08, 2017 10:24 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: 17-00340288 - CLOSED - BCLB-Liquor License Complaint - 236 S HIGH ST, BALTIMORE, MD 21202

SR NUMBER	17-00340288
SR DESCRIPTION	BCLB-Liquor License Complaint
LOCATION	236 S HIGH ST, BALTIMORE, MD 21202
BUSINESS NAME	ciaobell aresturant
COMPLAINT	Other
ADDITIONAL INFO	live entertainment
COMPLAINANT NAME	
COMPLAINANT PHONE	

THIS INSPECTION HAS BEEN CLOSED!!!!!!

CLOSURE DETAILS:

Inspector did visit establishment. Observations will be referred to Administration for further review
Sent from my Verizon 4G LTE Smartphone





Liquor Board System

Version 1.0

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

License Detail

License Info

License Num: **LB 128** Cert Num: **0148** Fee: **\$1,320.00** Status: **Renewed**
 License Date: 5/1/2017 License Year: 2017
 CR Number: 05894699
 Payment Date: 04-28-17

2016 - 2017 TPP Paid
 2017 Trader's License

[Click to Start License Renewal](#)

6/21/17
 CORP ✓
 T.L (PENDING)
 TPJ

Add Adult Entertainment License

Location

Corp Name: **D.E.A.K., INC.**
 Trade Name: **CIAO BELLA RESTAURANT**
 Zone Code: 24
 Phone: 410-685-7733

Block Num: 232-36 Street: HIGH STREET SOUTH
 City: BALTIMORE State: MD Zip: 21202

CR Number: 05894699

Portion of Business Used:
 FIRST FLOOR FRONT 232 S. HIGH STREET AND FIRST FLOOR 234-236 S. HIGH STREET FOR
 BUSINESS, BASEMENT 234 HIGH STREET STORAGE

Restriction:
 NO SALES OF PACKAGE GOODS PERMITTED.

License Owners

First Name	Last Name	Street	City	State	Zip	Action	Change Owner
ANTHONY J	GAMBINO, JR.	232 S. HIGH STREET	BALTIMORE	MD	21202	<input type="button" value="Edit"/>	<input type="button" value="Remove Owner"/>

Comments

Date	Comment	Action

04/14/2017	03-29-17 - 2014, 2015, 2016 FOOD FORMS WERE SUBMITTED BY FAX.... /sb	Delete
02/07/2017	Alcohol Awareness expires February 02, 2021 (Anthony Gambino).... /sb	Delete
09/13/2016	Letter sent on 9/2/2016 in reference to 2016 food form submission. Establishment had 10 days from that date of letter to submit the form. At this time there has been no response.....k.r	Delete
08/25/2011	8/18/11 Public Hearing re: Review of pending transfer. Failed to Appear	Delete
11/16/2010	11/12/10 \$125 PAID IN LIEU OF 11/18/10 HEARING #75303	Delete
03/09/2010	02/02/10 \$100(180 DAY CONF) PAID IN FULL #70731	Delete
07/31/2009	07/23/09 \$100 CONF.FEE PAID IN FULL #69625	Delete
07/28/2009	07/23/09 Hearing Conf.re: Request for Live Entertainment.DECISION: GRANTED.OUTDOOR TABLE SERVICE NOT GRANTED.	Delete
06/19/2009	6/09 Requesting live entertainment & outdoor table service, DEAK, Inc., Anthony & Lynette Gambino	Delete

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

License num: LB 128 Address: 232-36 HIGH STREET SOUTH
 Trade Name: CIAO BELLA RESTAURANT

Comment:

[Add Comment](#)

Hold Info



Business Entity Search, Certificate of Status & Document Order

D.E.A.K., INC.: D03006798

[Order Documents](#)

[General Information](#) [Filing History](#) [Personal Property](#)

General Information

Department ID Number:
D03006798

Business Name:
D.E.A.K., INC.

Principal Office:
236 S. HIGH STREET
BALTIMORE MD 21202

Resident Agent:
ANTHONY C. GAMBINO
236 S. HIGH STREET
BALTIMORE MD 21202

Status:
REVIVED

Good Standing:
THIS BUSINESS IS IN GOOD STANDING
» [Order Certificate of Status](#)

Business Type:
CORPORATION

Business Code:
ORDINARY BUSINESS - STOCK

Date of Formation/ Registration:
05/01/1990

State of Formation:
MD

Stock Status:
STOCK

Close Status:
NO

[New Search](#) [Order Documents](#)

Your Progress

Business Entity Search

➔ **General Information**

Document Order

Contact Information