4. List any aliases, tradenames, or other names under which the Applicant is known or conducting business, or has been known or conducted business during the past three years:
Taylor Insurance since 1976.
5. If Applicant is an Entity, Full Name of the Individual Making this Application for the Applicant:
TORY TAY ON
6. Street Address of establishment for which license is sought:
70/2 94/9 91 2, MAKE MAR, OF 21626
7. Street Address of Applicant's Primary Place of Business, if different from question #6 above:
8. Describe the type of establishment to be operated pursuant to the license applied for and the category(ies) of alcoholic beverage related functions and activities to be conducted at such establishment. [Attach additional pages if more space is needed]

consumption of wine or malt beverages within 100 yards, or of distilled spirits within 200 yards, of any