

MUST BE POSTED
ON PREMISES

CITY OF BALTIMORE FIRE DEPARTMENT

FIRE PREVENTIC PERMIT

APPLICATION DATE 01/05/98	DATE ISSUED 10/16/13	EXPIRATION DATE 12/30/14	PERMIT NUMBER 13377
APPLICANT NAME PPG, INC. T/A NORMA JEANS		ADDRESS 0010 - 0014 CUSTOM HOUSE AVE (21202)	PHONE NUMBE 410-625-01
THE ABOVE NAMED INDIVIDUAL/BUSINESS HEREBY MAKES APPLICATION TO CONDUCT THE FOLLOWING BUSINESS AT THE ABOVE LOC PUBLIC ASSEMBLY/CAPACITY - 260			



AND FOR THE KEEPING, STORAGE, OCCUPANCY, USE, SALE, HANDLING, OR MANUFACTURE OF THE FOLLOWING:
(STATE QUANTITIES NORMALLY TO BE STORED, HOW STORED, OR USED, GIVING AMOUNTS FOR EACH KIND OR CATEGORY.)
CONTACT: PETE FRELAND

**
CHECK#: 9994

IN ACCORDANCE WITH SECTION 103.0 (PERMITS) AND SECTION(S) F105.6.34B
OF THE FIRE PREVENTION CODE OF THIS JURISDICTION.

APPLICATION RECEIVED BY FIRE OFFICIAL JOHN D EDDINGER, FI, FPB-16	DATE 10/07/13	FEE PAID \$ 300.
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Jack

- Chief of Fire Department

FIRE PREVENTION BUREAU:
410 E LEXINGTON ST., BALTIMORE MD.
410-396-5752

<p>2014 Norma Jeans 10-14 Custom House Ave Pool Table PEN001293 Miscellaneous Tax and License Unit Device Registration City Of Baltimore</p> 	<p>2014 Norma Jeans 10-14 Custom House Ave Pool Table PEN001294 Miscellaneous Tax and License Unit Device Registration City Of Baltimore</p> 	<p>2014 Norma Jeans 10-14 Custom House Ave Box 11293 Miscellaneous Tax and License Unit Device Registration City Of Baltimore</p> 
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Board of Liquor License Commissioners

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

Compliance Report

Licensee Information (Corp/Trade Name): PP & G Inc NORMA JEANS
Location Address: 10 Custom House Ave
License Type / Class: LT307

Questions	YES	NO
Is the Licensed establishment open and operating in a safe and sanitary manner? (If not open, note in comments - CLOSED or NOT OPERATING)	✓	
Is there a copy of the liquor license present and properly on display?	✓	
Is there an up to date Health Certification? Number: 4669 Expiration Date 11/10/2015	✓	
Does the licensee have a current Traders license available?	✓	
Violation(s) - Describe:		

Comments and Follow-up Items(s):

Inspector Information	Date	Time
clm	4/15	2:40
Licensee or Representative Signature	Print Name below	
[Signature]	Smret Tevalde (443)-800-5174	

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CITY OF BALTIMORE FIRE DEPARTMENT

FIRE PREVENTION PERMIT

APPLICATION DATE 01/05/98	DATE ISSUED 10/16/13	EXPIRATION DATE 12/30/14	PERMIT NUMBER 133770
APPLICANT NAME PPG, INC. T/A NORMA JEANS	ADDRESS 0010 - 0014 CUSTOM HOUSE AVE (21202)	PHONE NUMBER 410-625-0680	

THE ABOVE NAMED INDIVIDUAL/BUSINESS HEREBY MAKES APPLICATION TO CONDUCT THE FOLLOWING BUSINESS AT THE ABOVE LOCATION:
PUBLIC ASSEMBLY/CAPACITY - 260



AND FOR THE KEEPING, STORAGE, OCCUPANCY, USE, SALE, HANDLING, OR MANUFACTURE OF THE FOLLOWING:
(STATE QUANTITIES NORMALLY TO BE STORED, HOW STORED, OR USED, GIVING AMOUNTS FOR EACH KIND OR CATEGORY.)
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APPLICATION RECEIVED BY FIRE OFFICIAL JOHN D EDDINGER, FI, FPB-16	DATE 10/07/13	FEE PAID \$ 300.00
--	------------------	-----------------------

J A C H

- Chief of Fire Department

FIRE PREVENTION BUREAU;
410 E LEXINGTON ST., BALTIMORE MD. 21202
410-396-5752

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CITY OF BALTIMORE FIRE DEPARTMENT

FIRE PREVENTION PERMIT

APPLICATION DATE 01/05/98	DATE ISSUED 10/16/13	EXPIRATION DATE 12/30/14	PERMIT NUMBER 133770
APPLICANT NAME PPG, INC. T/A NORMA JEANS		ADDRESS 0010 - 0014 CUSTOM HOUSE AVE (21202)	PHONE NUMBER 410-625-0680
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AND FOR THE KEEPING, STORAGE, OCCUPANCY, USE, SALE, HANDLING, OR MANUFACTURE OF THE FOLLOWING:
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APPLICATION RECEIVED BY FIRE OFFICIAL JOHN D EDDINGER, FI, FPB-16	DATE 10/07/13	FEE PAID \$ 300.00
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J A Ck

- Chief of Fire Department

FIRE PREVENTION BUREAU:
410 E LEXINGTON ST., BALTIMORE MD. 21202
410-396-5752

Registration# LR000388
Norma Jeans



Location: 10 Custom Ave

AMUSEMENT DEVICE LICENSE
January 1, 2014 - December 31, 2014
2014 Business License Registration Card
Miscellaneous Tax and License Unit

City of Baltimore
Department of Finance
Bureau of Revenue Collections
200 N. Holliday Street, Room 3
Baltimore, Maryland 21202



Stephanie Rawlings-Bizik
Mayor



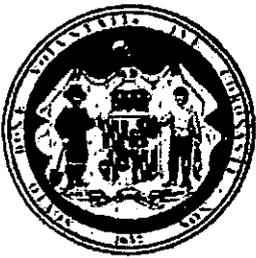
90 County

State of Maryland License

30753708

30001893

08754370



PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

13

CODE	T/MT	TYPE OF LICENSE	NO OF LIC	COST
71	020	TRADER'S LICENSE	1	20.00

DATE OF ISSUE
MO DAY YR
03/27/2013

MONTHS PAID
12

ISSUING FEES	2.00	AMOUNT PAID	
TOTAL	22.00		22.00

THIS LICENSE MUST BE PUBLICLY DISPLAYED
AND EXPIRES ON **APRIL 30, 2014**

ISSUED BY
FRANK M. CONAWAY, CLERK OF CIRCUIT COURT
100 N. CALVERT STREET, ROOM 628
BALTIMORE, MARYLAND 21202 (410)333-3790

SHN



City of Baltimore
STEPHANIE RAWLINGS-BLAKE
MAYOR
Department of Finance
Bureau of Revenue Collections
Collection Division
200 Holliday St
Baltimore, MD 21202

CLEARANCE

Date: 3/18/13

Account Number: 064809661

This is to certify that the Personal Property tax bills in the name
PP + G, Inc are paid to and
including 2012-13

10 Custom House


Customer Service Section
Bureau of Treasury Management
Collection Division
200 Holliday St.
Baltimore, Maryland
410-396-3979

10 Custom House

Certificate
OF
Award

May it be known that this Certificate has been presented to

KEVIN KLEIN

for Outstanding Achievement in
Successfully Completing the Alcohol Awareness Course
Per House Bill #400, Article 2B, Section 130A of

The Annotated Code of Maryland

PRESENTED THIS
14th DAY OF
MARCH, 2013

Expires on: March 14, 2017



John S. Murray, Certified Trainer
Alcohol Awareness Course for
Alcoholic Beverage Licensees
(410) 553-8927
jmurrayaa@aol.com

**BOARD OF LICENSE COMMISSIONERS
FOR BALTIMORE CITY**

STATE OF MARYLAND • CITY OF BALTIMORE

6th Floor - 231 E. Baltimore Street - 21202

Telephone: 410-396-4377

NOTICE

Lisa Ireland & Thomas Malinowski

August 1, 2014

TO:

PP & G, Inc.

Date:

T/A Norma Jean's

10 Custom House Avenue

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

You are hereby notified to appear before the Board of License Commissioners for Baltimore City at 1 o'clock AM., PM., on the 21 day of August, 2014, in Room No. 215, City Hall, Baltimore, Maryland, to show cause why your Alcoholic Beverage License and any other permits issued by this Board to you under the provisions of Article 2B of the Annotated Code of Maryland Title "Alcoholic Beverages", as amended, should not be suspended or revoked as required of this Board by Section 10-401 of said Article, following your conviction and/or violation of said law, to wit:

Violation of Adult Entertainment Rule 4 "No dancer may enter any separate room, enclosure, or screened area with any patron, unless the area is in public view at all times" (Re: May 27, 2013, Police reported that a dancer escorted a male patron to a private room in the rear of building. In the private room the dancer told police she was strangled into unconsciousness)

Violation of Rule 3.12 "Licensees shall operate their establishments in such a manner as to avoid disturbing the peace, safety, health, quiet and general welfare of the community" (Re: May 27, 2013, police reported that a dancer was strangled in a private room inside the establishment by a patron)

Violation of Rule 3.12 "Licensees shall operate their establishments in such a manner as to avoid disturbing the peace, safety, health, quiet and general welfare of the community" (Re: June 14, 2014, police found a victim beaten inside establishment by 3 patrons wielding pool sticks)

and further to show cause why your license and permits should not be suspended or revoked to promote the peace and safety of the City of Baltimore as provided by Section 10-401 of said Article. **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 may be warranted by the evidence.**

BY ORDER OF THE BOARD OF LICENSE
COMMISSIONERS FOR BALTIMORE CITY


Chairman

BOARD OF LICENSE COMMISSIONERS

FOR BALTIMORE CITY

NOTICE

TO
Norma Jean
Lisa Ireland + Thomas Malinowski
10 Custom House Ave

Service of copy admitted at 1:05 P M

this 4th day of August 2014

Christine Miller Christine Miller

Served by: Howard 7th of 7th District.

BOARD OF LICENSE COMMISSIONERS
FOR BALTIMORE CITY

STATE OF MARYLAND • CITY OF BALTIMORE

6th Floor - 231 E. Baltimore Street - 21202

Telephone: 410-396-4377

NOTICE

Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/A Norma Jean's
10 Custom House Avenue

August 1, 2014

TO:

Date:

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Counsel before board**

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Sgt Dent

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*Delivered to
Central Dist
501 E Baltimore
4:00pm*

BY ORDER OF THE BOARD OF LICENSE
COMMISSIONERS FOR BALTIMORE CITY

Tom Ward
Chairman



City of Baltimore
STEPHANIE RAWLINGS-BLAKE
MAYOR
Department of Finance
Bureau of Revenue Collections
Collection Division
200 Holliday St
Baltimore, MD 21202

CLEARANCE

Date: 08/21/16

Account Number: D04 809 661

This is to certify that the Personal Property tax bills in the name
PPG 6, INC. are paid to and
including 2015-2016

M. Day Payne
Customer Service Section
Bureau of Treasury Management
Collection Division
200 Holliday St.
Baltimore, Maryland
410-396-3979
MP 08/21/16

INCIDENT REPORT
Form 04/008
1160-25-56

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Liquor Board Violation (S&S Warrant)	Attempt <input type="checkbox"/>	2 Complaint Number 1-150313464
3 Location of Offense / Incident (Exact Street Address) 10 Custom House Ave. - 21202		Page 1 of 2
4 Date / Time Occurred 10 Mar 15 - 2000hrs	5 Date / Time Reported 10 Mar 15 - 2300hrs	

Person Property Vehicle Miscellaneous

Domestic Related Gang Related Juvenile Related Hate Crime

6 Unit 4841	7 Post of Occurrence CD1	8 Reporting Area	9 Street Code	10 CAD Number 202	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 Adult Entertainment NightClub	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) 601 E. Fayette Street - 21202	Sex M	Race B	Age 45	DOB
Where Employed or School Attending (Include City Located) BPD - SES-Vice	Occupation Detective	Hours of Employment Varied	Residence Phone	Other Phone 443-984-7080	Sobriety sbr
21 Injuries and Location on Body	Victim's Condition	Victim Hospitalized Facility <input type="checkbox"/> Yes <input type="checkbox"/> No	22 Victim / Assistant Relationship	23 Current / Former Cohortant <input type="checkbox"/> Yes <input type="checkbox"/> No	

24 Reporting Person Name (Last, First, MI) SA #20	Sex M	Race B	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"/> <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)
--	-----	------	-----	-----	--

38 Recovered by	39 Method of Theft	40 Evidence of Snipping / 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
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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	Interview (1) Copies of all 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 of additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.
Corp: PP&G, Inc. T/A: Norma Jeans 10 Custom House Ave Baltimore, Md 21202	
Liquor License#- LBD7 314	
Licensee- Lisa D. Ireland Thomas Malinovsk.	

53 Reporting Officer Name (PRINT CLEARLY) Det. L.C. Greenhill III	Sequence No F820	Assignment SES-Vice	Signature
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54 Approving Supervisor Rank and Name Det. Sgt. Chris Leisher	Sequence No G307	Assignment SES-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 Search Seizure Warrant	Attempt <input type="checkbox"/>	2 Complaint Number 1-150312937
3 Location of Offense / Incident (Street Address, Zip) 10 Custom House		Page 2 of 2
4 Date / Time of This Report 03/10/2015 2000		5 Arrest / Custody Number
6 Unit 4816		7 Post of Occurrence 115
8 Reporting Area	9 Street Code	10 CAD Number 2696
11 Original Report Date / Time 03/10/2015 2000		12 Offense / Incident Changed From
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	14 Multiple Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No	15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared
16 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No		17 Crime Code
		18 Crime Classification
19 Complainant / Victim	Name (Last, First, MI), or Firm Name if Business Shockley, James	
	Residence / Address (Include City, County, State, Zip) 601 E. Fayette Street	
	Sex	Race Age DOB

Continuation Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

6 Unit 4816	7 Post of Occurrence 115	8 Reporting Area	9 Street Code	10 CAD Number 2696
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	14 Multiple Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No	15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		16 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No

19 Complainant / Victim	Name (Last, First, MI), or Firm Name if Business Shockley, James	Residence / Address (Include City, County, State, Zip) 601 E. Fayette Street	Sex	Race	Age	DOB
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20 Copies Forwarded To

Com'd Section: Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property, list property inventory number(s) when applicable. (3) Record of activity and all developments in case subsequent to last report. Include names and street 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.

The following employee's were located inside the establishment. Toy Wendell Armstrong m/b dob 07 '1986 located at the front door, Larelle Doria Little b/f dob 03 /1985 walked in after being secure, Charles Delvin Branch m/b dob 10 1972 located in the office, Terry Brown m/b dob 12/ /1950 located at the bar area, Lynette Berry b/f dob 12 984 located in the VIP room, Prissila Veitia b/f dob 01 1984 located behind the bar, Isedua Ofo b/f dob 11. 4/1986 located on the stage.

The following patrons were located inside the establishment Dante Williams b/m dob 07 989, Damen Lee b/m dob 11 /1983, Marcus Blackwood b/m dob 10 1983, Daniel Kreagar w/m dob 04 1988, Dwight Bushnell b/m dob 11 /1959, Ronald Stewart b/m dob 09/07/ 8, Gregory White b/m dob 06 /1972, Jumaanah Shiheed b/m dob 02 1987, Terrence Gadsden b/m dob 10 /1974, Scott Hays w/m dob 08/26/1965, Keon Wright b/m dob 02 1987, Mykellev Teal b/m dob 10 1988.

An orderly search was conducted no property was recovered. A copy of the sealing order was left with Mr. Charles Branch. The raid team exited the known location of 10 Custom House at 2130 hours. Photos were taken by Detective Price.

21 I affirm and declare that the statements above are true to the best of my knowledge:

22 Reporting Officer Name (PRINT CLEARLY) James Shockley	Sequence No. Assignment G712	SES	Signature
---	---------------------------------	-----	-----------

23 Approving Supervisor Rank and Name Sgt. Rob Velle	Sequence No. Assignment F593	SES	Signature
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24 RMS Data Entered By	Sequence No.	Date	Time	25 Reviewer	26 Referred To
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POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Liquor Board Violation (S&S Warrant) <input type="checkbox"/>		Attempt <input type="checkbox"/>	2 Complaint Number 1-150313464
3 Location of Offense / Incident, Street Address, Zip 10 Custom House Ave. - 21202			Page 2 of 2
4 Date / Time of This Report 10 Mar 15 - 2300hrs		5 Arrest / Custody Number	
6 Unit 4841		7 Post of Occurrence CD1	8 Reporting Area
9 Street Code 202	10 CAD Number 202	11 Original Report Date / Time 10 Mar 15 - 2000hrs	
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 Explain		18 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17 Crime Code
12 Offense / Incident Changed From		18 Crime Classification	

Continuation Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

19 Complainant / Victim Name (Last, First, MI), or Firm Name of Business Greenhill, L.C. III	Residence / Address (Include City, County, State, Zip) 601 E. Fayette Street - 21202	Sex	Race	Age	DOB
--	---	-----	------	-----	-----

20 Copies Forwarded To
Liquor Board

Cont'd Sections: Refer above: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/substantiated evidence/preparily list property inventory number(s) when applicable. (3) Received 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 10 March 2015 at 2000hrs(8:00pm), raid teams consisting of your writer along with members of SES-Vice Enforcement as well as SES-Narcotics Enforcement simultaneously executed narcotics search and seizure warrants on four(4) Adult Entertainment nightclub along the unit block of Custom House Ave and the 400 block of East Baltimore street. One of which was the "Norma Jeans" located at 10 Custom House Ave. During that time one(1) of four(4) narcotics squads entered the location of 10 Custom House Ave with a search and seizure warrant in hand and secured the location. The above named licensees were not present at the time of the warrant, but night managers, Larelle Little and Charles Delvin Branch were present and in full operational control of the premises.

Relative to an on-going narcotics investigation, initiated by SES-Narcotics, undercover police officers bought a controlled dangerous substance(CDS) from an employee of the establishment. Undercover officers also advised the unidentified "Seller"(person whom sold CDS to undercover officers) went into an employee section of the establishment to retrieve the drugs (CDS) Therefore probable cause existed for the issuance of a search and seizure warrant for 10 Custom House Ave, known as "Norma Jeans". The warrant was signed by the Honorable Judge Ethridge from the District Court of Maryland on 9 March 2015, and executed on the premises of 10 Custom House Ave at 2000hrs(8:00pm) on 10 March 2015. No forced entry was made due to the fact the premises was open for business. An orderly search of the establishment was conducted and no property was recovered. A copy of the warrant was left with night manager Mister Branch. At that time the raid team concluded the investigation.

All events took place in Baltimore City, the State of Maryland.

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

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

24 RMS Data Entered By	Sequence No	Date	Time	25 Reviewer	26 Referred To
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REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

HON. THOMAS WARD
CHAIRMAN

HARVEY E. JONES
DANA PETERSEN-MOORE
COMMISSIONERS



MICHELLE BAILEY-HEDGEPEATH
EXECUTIVE SECRETARY

DEPUTY EXECUTIVE SECRETARY

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
FAX: (410) 396-4362

August 5, 2014

Major William Marcus and/or
Administrative Personnel
B.C.P.D. – Central District
500 E. Baltimore Street
Baltimore, Maryland 21202

Dear Major Marcus:

Please note that the Board has **rescheduled** a public hearing regarding the violation of Liquor Board Rules and Regulations. The public hearings have been scheduled on Thursday, August 21, 2014 in Room 215 of City Hall, 100 North Holliday Street. The applicable information is as follows:

Time: 1:00 pm

Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/a Norma Jean's
10 Custom House Avenue
SIC Dent
Incident report: 141F06367 of June 14, 2014

If an officer cannot appear on this date and time, please notify this office at (410) 396-4380 as soon as possible so that I may re-schedule the hearing. Please note that if an officer fails to appear, the Board may be forced to dismiss the case for lack of testimony.

Thank you for your cooperation in these matters of mutual interest.

Very truly yours,

Michelle Bailey-Hedgepeth
Executive Secretary

Accepted by: _____

Inspector Date/Time: _____

ORIGINAL

CITY OF BALTIMORE
BOARD OF LIQUOR LICENSE

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-----X
Lisa Ireland & Thomas Malinowski, PP&G, Inc. t/a Norma)
Jean's, 10 Custom House Avenue - Class "BD7" Beer, Wine)
& Liquor License/Adult Entertainment)
-----X

Decision

City Hall
Baltimore, Maryland

August 21, 2014

BEFORE: THOMAS WARD, Chairman
DANA PETERSON MOORE, Commissioner
HARVEY E. JONES, Commissioner
MICHELLE BAILEY-HEDGEPEETH, Executive Secretary
RAMSEY WHITE, Office Assistant

Reported by:
Cynthea Sydnor-Thomas

D E C I S I O N

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CHAIRMAN WARD: Do you have a motion?

MR. THEMELIS: Yes, the ultimate motion.

CHAIRMAN WARD: Do you have a motion?

MR. THEMELIS: To dismiss, Judge.

CHAIRMAN WARD: Granted.

MR. THEMELIS: All right. Thank you.

CHAIRMAN WARD: No evidence.

(Asides.)

CHAIRMAN WARD: Call the next case.

(Whereupon, the proceedings ended.)

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C E R T I F I C A T E

This is to certify that the attached proceedings before the Board of Liquor License Commissioners for Baltimore City in the matter of: Lisa Ireland & Thomas Malinowski, PP&G, Inc. t/a Norma Jean's, 10 Custom House Avenue - Class "BD7" Beer, Wine & Liquor License/Adult Entertainment - Violation of Rules 4 and 3.12

BEFORE: Thomas Ward, CHAIRMAN

DATE: August 21, 2014

PLACE: Baltimore, Maryland

were held as herein appears, and that this is the transcript thereof for the file of the Department.

Cynthia Sydnor-Thomas (K)

Cynthia Sydnor-Thomas, Reporter
FREE STATE REPORTING, INC.

CHAIRMAN
HON. THOMAS WARD

COMMISSIONERS
HARVEY E. JONES
DANA P. MOORE



MICHELLE BAILEY-HEDGEPEETH
EXECUTIVE SECRETARY

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
FAX: (410) 396-4382

August 20, 2014

Administrative Personnel
BCPD – SED- NSU
242 W. 29th Street
Baltimore, MD 21211

RE: August 21, 2014– Request for Detective Elizabeth Scott - Testimony regarding 10 Custom House – T/A Norma Jeans

This letter requests that Det. Elizabeth Scott is present for the BLLC hearing scheduled on **Thursday, August 21, 2014 at 1:00 PM**, in the Board of Estimates Chambers at Baltimore City Hall as it relates to the following item:

Lisa Ireland & Thomas Malinowski, PP&G, Inc. T/a Norma Jean's, 10 Custom House Avenue – Class "BD7" Beer, Wine & Liquor License/Adult Entertainment -

Violation of Rule 3.12 "Licensees shall operate their establishments in such a manner as to avoid disturbing the peace, safety, health, quiet and general welfare of the community" (Re: June 14, 2014, police found a victim beaten inside establishment by 3 patrons wielding pool sticks)

If there are any questions on this matter please contact our office at (410) 396-4377.

Sincerely,

Received By:

Michelle Bailey-Hedgepeth

Michelle Bailey-Hedgepeth
Executive Secretary

**BOARD OF LICENSE COMMISSIONERS
FOR BALTIMORE CITY**

STATE OF MARYLAND • CITY OF BALTIMORE

6th Floor - 231 E. Baltimore Street - 21202

Telephone: 410-396-4377

NOTICE

TO: Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/A Norma Jean's
10 Custom House Avenue

August 1, 2014

Date:

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

You are hereby notified to appear before the Board of License Commissioners for Baltimore City at ¹ o'clock AM., PM., on the ²¹ day of August, 20 2014, in Room No. 215, City Hall, Baltimore, Maryland, to show cause why your Alcoholic Beverage License and any other permits issued by this Board to you under the provisions of Article 2B of the Annotated Code of Maryland Title "Alcoholic Beverages", as amended, should not be suspended or revoked as required of this Board by Section 10-401 of said Article, following your conviction and/or violation of said law, to wit:

Violation of Adult Entertainment Rule 4 "No dancer may enter any separate room, enclosure, or screened area with any patron, unless the area is in public view at all times" (Re: May 27, 2013, Police reported that a dancer escorted a male patron to a private room in the rear of building. In the private room the dancer told police she was strangled into unconsciousness)

Violation of Rule 3.12 "Licensees shall operate their establishments in such a manner as to avoid disturbing the peace, safety, health, quiet and general welfare of the community" (Re: May 27, 2013, police reported that a dancer was strangled in a private room inside the establishment by a patron)

Violation of Rule 3.12 "Licensees shall operate their establishments in such a manner as to avoid disturbing the peace, safety, health, quiet and general welfare of the community" (Re: June 14, 2014, police found a victim beaten inside establishment by 3 patrons wielding pool sticks)

and further to show cause why your license and permits should not be suspended or revoked to promote the peace and safety of the City of Baltimore as provided by Section 10-401 of said Article. **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 may be warranted by the evidence.**

BY ORDER OF THE BOARD OF LICENSE
COMMISSIONERS FOR BALTIMORE CITY

Tom Ward
Chairman

INCIDENT REPORT
Form 04/008
1180-25-88

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident	Attempt	2 Complaint Number
Aggravated Assault	<input type="checkbox"/>	141F6301

Person Property Vehicle Miscellaneous

Domestic Related Gang Related Juvenile Related Hate Crime

3 Location of Offense / Incident (Exact Street Address)	Page 1 of
10 Custom House	

4 Date / Time Occurred	5 Date / Time Reported
06/14/2014 0131	06/14/14 0131

6 Unit	7 Post of Occurrence	8 Reporting Area	9 Street Code	10 CAD Number	11 Location Given by Dispatcher	12 Companion Report No.
CD38	111			234	On View	

13 Case Status	14 Case Disposition	15 Follow-up	16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premise	19 Reported by Crime Watcher
<input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		470	Business	<input type="checkbox"/> Yes <input type="checkbox"/> No

20 Complainant / Victim	Name (Last, First, MI), or Firm Name if Business	Residence / Address (Include City, County, State, Zip)	Sex	Race	Age	DOB	191
	Underwood, Christopher	9416 Owings Heights, Owings Mills, MD	M	B	25		

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

21 Injuries and Location on Body	Victim's Condition	Victim Hospitalized	Facility	22 Victim / Assailant Relationship	23 Current / Former Cohabitant
Upper left back	Fair	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Refused	Stranger	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

26 Suspect	Name (Last, First, MI)	Address (Include City, County, State, Zip)	Sex	Race	Age	DOB	Height	Weight
	Unidentified							

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
UNK			Foot	Unknown

32 Weapon / Means of Attack	33 Method Used to Commit Crime	34 Type of Property Taken	35 Total Loss Value
UNK	UNK		

36 Vehicle Information	Suspect	Victim	Stolen	Towed	Other	Tag Number	State	Expiration	Vehicle Year/Make	Model	Body Style	Color	Mileage
<input type="checkbox"/>													

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							

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	42 Tow List Check	43 Owner Notified
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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
	5837			

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

52 Copies Forwarded To

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

On 14 Jun 14 at approx 0131 hrs unit 104 of the CD advised via kga that he had a male that was bleeding from his back. Units responded at that time. The male was bleeding from his upper back area. He advised that he had been in an altercation. It was determined that the fight occurred inside Norma Jeans club located on the "block". Observed was an area towards the back area by the pool tables, where blood was located and broken glass and pool sticks. No witnesses were located at that time that could identify suspects, or how exactly the male received his injury.

The victim advised that he did not know who assaulted him, and that he was in a fight, but had no idea how he received the injury. Medic 7 responded, where the victim was treated. He was advised to go to the hospital, where he refused. He was then escorted to CD DDU, to be interviewed in reference.

Crime lab unit #5837 processed scene.

53 Reporting Officer Name (PRINT CLEARLY)	Sequence No.	Assignment	Signature
Det. E. [Signature]	H413	Sex Offense	[Signature]

54 Approving Supervisor Rank and Name	Sequence No.	Assignment	Signature
[Signature]	[Signature]	[Signature]	[Signature]

55 RMS Data Entered By	Sequence No.	Date	Time	56 Reviewer	57 Referred To
[Signature]		6/15/2014		AS	CD

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

**POLICE DEPARTMENT
BALTIMORE, MARYLAND**

1 Crime / Incident Liquor Violation		Attempt <input type="checkbox"/>	2 Complaint Number 141F08367
3 Location of Offense / Incident (Street Address, Zip) 10 CustomHouse Street 21202			Page 2 of 2
4 Date / Time of This Report 8/14/14 0131		5 Arrest / Custody Number	
11 Original Report Date / Time 8/14/14 0131		12 Offense / Incident Charged From	
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed		14 Multiple Clearances <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15 Case Disposition <input type="checkbox"/> Cleared <input checked="" 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

6 Unit 1A09	7 Post of Occurrence 111	8 Reporting Area	9 Street Code	10 CAD Number 671
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18 Complainant / Victim Dent, Harold J. III	Name (Last, First, MI), or Firm Name if Business	Residence / Address (Include City, County, State, Zip) 500 E. Baltimore Street 21202	Sex M	Race B	Age	DOB
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20 Copies Forwarded To
Liquor Board and Victim

21 Instructions: (1) Continuation of any preceding form. (2) Property Listing, to include property taban and address/subdivided address/property, list property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report, include dates and arrest numbers of all persons arrested. Explain any offense/incident classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Reopened case stable when applicable. (6) Multiple Clearances, include all affected complaint case numbers.

On 8/14/14 at about 0131 hrs I responded to 10 Customhouse Street at Norma Jeans for a cutting. Upon arrival I observed the victim later identified as Christopher Meivin Underwood M/B/5 ⁹ bleeding from a laceration to the back. The victim sustained the injury from a large bar fight that started in the club. The victim was attacked by approximately three black males that he was fighting with, who struck him in the back with pool sticks. The victim fall to the floor cutting his back on broken glass bottles from the altercation. The victim refused medical treatment but later went to Mercy Hospital on his own.

Investigation revealed that the suspect's were "Blood" gang members, who assaulted the victim. See companion report for Aggravated Assault under CC#141F08301.

The Liquor License for the club was obtained by me and the following violations were observed per the Board of Liquor License Commissioners for Baltimore City.

Chapter 3 : Rule 3.18 Public Welfare.

Chapter 4 : Rule 4.18 Illegal Conduct

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) **Sgt. Dent** Sequence No. Assignment **E815 CD** Signature *[Signature]*

23 Approving Supervisor Rank and Name **[Signature]** Sequence No. Assignment **CO** Signature *[Signature]*

24 RMS Data Entered By _____ Sequence No. Date _____ Time _____ 25 Revisions *[Signature]* 26 Referred To _____

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 141F06367
3 Location of Offense / Incident (Exact Street Address) 10 Customhouse Street		Page 1 of 2
4 Date / Time Occurred 6/14/14 0131A	5 Date / Time Reported 6/14/14	
11 Location Given by Dispatcher On View		12 Companion Report No.
13 Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed	14 Case Disposition <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	15 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premise Strip Club/Bar
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 Dent, Harold J. III Sgt.	Residence / Address (Include City, County, State, Zip) 500 E. Baltimore Street MD. 21202	Sex M	Race B	Age 42	DOB
Where Employed or School Attending (Include City Located)	Occupation Police Sergeant	Hours of Employment 8hrs	Residence Phone 410 396-2411	Other Phone	Sobriety
21 Injuries and Location on Body		Victim's Condition <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)	Sex	Race	Age	DOB	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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25 Witness Parent/Guardian <input type="checkbox"/>	Name (Last, First, MI)	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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26 Suspect Name (Last, First, MI) None	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	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
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
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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 and Vice Unit

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.				
Corporation: PPG Inc. Tradename: Norma Jeans Nite Club Location: 10 Customhouse Street License: LBD7314 Effective: til April 30, 2015					

53 Reporting Officer Name (PRINT CLEARLY) SIC Dent	Sequence No. E915	Assignment CD	Signature <i>Sgt. Dent</i>		
54 Approving Supervisor Rank and Name <i>Thom</i>	Sequence No. F60	Assignment CO	Signature <i>[Signature]</i>		
55 RMS Data Entered By	Sequence No.	Date	Time	56 Reviewer	57 Referred To

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

Continuation

Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

1 Crime / Incident AGGASSAULT		Attempt <input type="checkbox"/>	2 Complaint Number 141F06301
3 Location of Offense / Incident (Street Address, Zip) 10 CUSTOM HOUSE AV			Page 1 of 1
4 Date / Time of This Report 06/20/2014 05:03 PM		5 Arrest / Custody Number	
6 Unit 3835		7 Post of Occur 115	8 Reporting Area
9 Street Code		10 CAD Number	
11 Original Report Date / Time 06/14/2014 0131		12 Offense / Incident Change From	
13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed		14 Multiple Clearances <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	

20 Complainant / Victim Underwood, Christopher	Name (Last, First, MI), or Firm Name if Business	Residence / Address (Include City, County, State, Zip) 9416 Owings Heights Owings Mills, MD 21117	Sex M	Race B	Age 23	DOB 05 91
--	--	---	-----------------	------------------	------------------	---------------------

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) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notification, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.

Case # 14A1214 on 06/14/2014 0131
6/14/2014 this detective spoke to the victim who advised he had went to the hospital for treatment of his injuries. Mr. Underwood advised he had received 15 staples to close his wound. In addition he advised the doctors had removed glass from the wound indicating that the wound was caused by glass. Mr. Underwood then stated when he fell to the ground he must have landed on glass to cause the wound.

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) Richard Fleurimond	Sequence No. G515	Assignment CD	Signature
23 Approving Supervisor Rank and Name Sgt. Rivera	Sequence No. G627	Assignment CD/DDU	Signature

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident: **Agg Assault** Attempt 2 Complaint Number: **131E12841**
 3 Location of Offense / Incident (Exact Street Address): **10 CUSTOM HOUSE AV** Page 1 of 2
 4 Date / Time Occurred: **05/27/2013 0130** 5 Date / Time Reported: **05/27/2013 0210**
 11 Location Given by Dispatcher: **on-view** 12 Companion Report No:
 13 Case Status: Open Closed 14 Case Disposition: Cleared Not Cleared 15 Follow-Up: Yes No 16 Crime Code: **41** 17 Crime Classification: **41** 18 Describe Location of Offense or Type of Premise: **Business** 19 Reported by Crime Watcher: Yes No

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

6 Unit: **6862** 7 Post of Occurrence: **115** 8 Reporting Area: 9 Street Code: 10 CAD Number: **212**
 13 Case Status: Open Closed 14 Case Disposition: Cleared Not Cleared 15 Follow-Up: Yes No 16 Crime Code: **41** 17 Crime Classification: **41**

20 Complainant / Victim Name (Last, First, MI), or Firm Name If Business: **White, Fitimah Carol** Residence / Address (Include City, County, State, Zip): **647 S Conestoga St. Philadelphia, PA 19143** Sex: **F** Race: **B** Age: **20** **P 92**
 Where Employed or School Attending (Include City Located): **Self Employed** Occupation: **Exotic Dancer** Hours of Employment: Residence Phone: **267-997-2946** Other Phone: **SBR**
 21 Injuries and Location on Body: Victim's Condition: Yes No 22 Victim / Assailant Relationship: **Brief Encounter** 23 Current/Former Cohabit: Yes No

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

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

26 Suspect Name (Last, First, MI): **Unidentified Black male** Address (Include City, County, State, Zip): Sex: **M** Race: **B** Age: DOB: Height: **510** Weight: **180**
 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): **Strangled victim** 28 Point of Entry: 29 Location Last Seen: 30 Manner of Escape: 31 Direction of Escape:
 32 Weapon / Means of Attack: **Hands/Strangled victim** 33 Method Used to Commit Crime: **Strangled** 34 Type of Property Taken: **N/A** 35 Total Loss Value:

36 Vehicle / Suspect Victim Stolen Towed Other Information: 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 Rep. 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: **B. Frazier** Sequence No.: **H029** Assignment: **SOU** Unit Number: **6862** Date: **05/27/2013** Time: **215** 46 Medical Examiner Notified: Date: Time:

47 Crime Lab Technician Name: **Muhangi** Unit Number: **5822** Time: **1635** 48 Hot Desk Person Notified: Time:

49 Communication 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:

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

On 27 May 13 at approx. 0215hrs I was contacted by P/O Axenti (I-914) 1A31, in reference to a on-view sex offense. He advised the victim (Fitimah White F/B 20yrs) approached him and stated she was strangled and possibly sexually assaulted. P/O Axenti advised medic #7 was on the scene. I advised him to have the victim transported to Mercy Hospital for medical treatment and evidence collection, via SAFE exam. Det. Yates and I responded to Mercy Hospital, where I assumed control of the investigation.
 I spoke with the victim, who advised she was working inside Norma Jean's Gentleman's club, employed as an exotic dancer, when she approached an unidentified customer (B/M, approx 5'9", stocky build, mustache, red fitted hat, white shirt and black jeans) and began dancing with him. She asked the suspect if he wanted to go to the back of the club for a lap dance. The suspect said "Yes" and follows the victim to a private room in the rear of the building. Once inside the room, the suspect begins to kiss on the victim. He pulls his pants and underwear down and asks the victim for sex, but she says "No". The suspect proceeds to grab on the victim's G-string and tries to pull it down, but she pulls away

53 Reporting Officer Name (PRINT CLEARLY): **Brian Frazier** Sequence No.: **H029** Assignment: **SOU** Signature: *[Signature]*

54 Approving Supervisor Rank and Name: **Det. Sgt. K. Sneed** Sequence No.: **F578** Assignment: **SOU** Signature: *[Signature]*

55 RMS Date Entered By: **ID 7439** Sequence No.: **616** Date: **1310** Time: **1310** 56 Reviewer: **KC** Signature: *[Signature]* 57 Referred To: **SON**

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident <i>Agg Assault</i>		Attempt <input type="checkbox"/>	2 Complaint Number 131E12841
3 Location of Offense / Incident (Street Address, Zip) 10 CUSTOM HOUSE AV		Page 2 of 2	
4 Date / Time of This Report 05/27/2013 04:16 PM		5 Arrest / Custody Number	
6 Unit 6862	7 Post of Occur 115	8 Reporting Area	9 Street Code 212
10 CAD Number 212		11 Original Report Date / Time 05/27/2013 0210	
12 Offense / Incident Change From		13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	
14 Multiple Clearances <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	
16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17 Crime Code	
18 Crime Classification <i>4D</i>		19 Sex : Race : Age : DOB F B 20 12 92	

Continuation Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

20 Complainant Name (Last, First, MI), or Firm Name if Business
Victim White, Fitimah Carol

Residence / Address (Include City, County, State, Zip)
647 S Conestoga St. Philadelphia, PA 19143

20 Copies Forwarded To

Cont'd Sections: Narrative. (1) Continuation of any preceding forms. (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 notification, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.

Case # 13S0182 on 05/27/2013 0130 and says "No". The suspect becomes upset, grabs the victim around her neck, with his hands and begins to strangle the her. She advises she loses consciousness and when she regains consciousness, the suspect was standing over her, with his hands around her neck. The victim falls to the ground and begins kicking and screaming. The suspect stops strangling her and the manager came to the room. The victim advised she was still disoriented, on the floor, with her G-string stretched and torn. The suspect told the manager that the victim had a seizure. The victim advised once she regained her senses, she told the manager what happened, but the suspect had already fled the location. Due to the fact the victim was unconscious during the attack, she's not sure what the suspect did to her or how long she was unconscious.

I responded to Norma Jeans Gentleman's Club, but the location was already closed for the night. Turnaround advocate Cassie Offut responded to Mercy and advised the victim of the services they provide. A SAFE exam was performed by the SAFE nurse. CCTV cameras were located, during the area canvas and will be reviewed for anything of evidentiary value.

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) Brian Frazier	Sequence No. H029	Assignment SOU	Signature <i>Brian Frazier</i>
23 Approving Supervisor Rank and Name Det. Sgt. K. Sneed	Sequence No. F578	Assignment SOU	Signature <i>K. Sneed</i>
24 RMS Date Entered By	Sequence No. / Date	Time	25 Reviewed <i>KE</i>
			26 Referred to SOU

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

EC No. (13) 1E12841

Victim(s) <u>F. Timah White (1F12-7-92)</u>		Phone No.		Date <u>5/27/13</u>	Offense	Sex	Offense	Run No. <u>5694</u>
Defendant(s)/Suspect(s)		B.P.I. No.		Location <u>10 Custom House Ave</u>	Service Requested By <u>D. J. Prokier</u>	Sequence No. <u>HO24</u>	Distric <u>C10</u>	Unit <u>6862</u>
Time Rec. <u>1616</u>	Time Assign. <u>1618</u>	Time Arr. <u>1637</u>	Off. Bal. <u>NIA</u>	Time Comp. <u>1645</u>	Clear <input checked="" type="radio"/>	Cloudy <input type="radio"/>	Photos <input checked="" type="radio"/>	No. Fms. <u>1011</u>
				Rain <input type="radio"/>	Fog <input type="radio"/>	Snow <input type="radio"/>	Color <u>B & W</u>	
MOBILE UNIT REPORT (Use Narrative, Photos, Evidence Processed, Etc.)								
Photos: <u>CC# overalls of location</u>								
Narrative: <u>Unit responded to photograph location in reference to a sex offense. Overall photos were taken of location by unit.</u>								
<u>AKI Kasumba Mubangi</u>								
<u>920 720-972 5/29/13</u>								
No. of Lift Cards	Eliminations		Yes	No	7.			
Latents From: 1.					8.			
2.					9.			
3.					10.			
4.					11.			
5.					12.			
6.								
LATENT PRINT REPORT								
Suitable Prints			Yes	No	Initials	Date	Eliminated with Prints of:	
Suitable Prints from Lifts #								
Have Been Identified as Impressions of:								
Remarks							Examiner's	

Baltimore Police Department
Laboratory Section
MUQA-3
Revised 1/13/2012

Mobile Unit
Review Worksheet

CC# 131E12841
Run # 5664

ADMINISTRATIVE REVIEW

- CC# verified through CAD/RMS
- CC# and run # on all pages of the report, negative/latent envelope (Form LD501)
- Clerical accuracy (grammar, spelling, legibility)
- Reports contained printed name, signature & date (on last page)
- Property numbers present for all evidence submissions
- All changes properly indicated with initials and date
- No obliterations, overwrites, or whiteout
- Chain of Custody properly completed (if appropriate)
- Necessary documentation present including examination documentation/notes
- Includes a finished sketch (if required)
- Included a finished sketch (if required)

TECHNICAL REVIEW

- Conclusions supported by the observations in the examination documentation/notes)
- Appropriate techniques used for all aspects of processing the scene
- Evidence properly collected, inventoried described and submitted.

Signature Cecilia A. Caldwell Date 5-29-13

POLICE DEPARTMENT
BALTIMORE, MARYLAND

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

1 Crime / Incident Aggravated Assault	2 Complaint Number 141F6301
3 Location of Offense / Incident (Exact Street Address) 10 Custom House	
4 Date / Time Occurred 06/14/2014 0131	5 Date / Time Reported 06/14/14 0131
11 Location Given by Dispatcher On View	
12 Companion Report No.	
18 Describe Location of Offense or Type of Premise Business	
19 Reported by Crime Watcher <input type="checkbox"/> Yes <input type="checkbox"/> No	

6 Unit CD38	7 Post of Occurrence 111	8 Reporting Area	9 Street Code	10 CAD Number 234
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 Underwood, Christopher	Residence / Address (Include City, County, State, Zip) 9416 Owings Heights, Owings Mills, MD	Sex M	Race B	Age 25	DOB 9/11
Where Employed or School Attending (Include City Located)	Occupation	Hours of Employment	Residence Phone	Other Phone	Sobriety

21 Injuries and Location on Body Upper left back	Victim's Condition Fair	Victim Hospitalized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22 Victim / Assailant Relationship Stranger	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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24 Reporting Person Name (Last, First, MI) S/A#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
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26 Suspect Name (Last, First, MI) Unidentified	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 Foot	31 Direction of Escape Unknown
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)														
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 Repa. 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 5837	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	Explain
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52 Copies Forwarded To

Cont'd Sections

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

On 14 Jun 14 at approx 0131 hrs unit 104 of the CD advised via kga that he had a male that was bleeding from his back. Units responded at that time. The male was bleeding from his upper back area. He advised that he had been in an altercation. It was determined that the fight occurred inside Norma Jeans club located on the "block". Observed was an area towards the back area by the pool tables, where blood was located and broken glass and pool sticks. No witnesses were located at that time that could identify suspects, or how exactly the male received his injury.

The victim advised that he did not know who assaulted him, and that he was in a fight, but had no idea how he received the injury. Medic 7 responded, where the victim was treated. He was advised to go to the hospital, where he refused. He was then escorted to CD DDU, to be interviewed in reference.

Crime lab unit #5837 processed scene.

53 Reporting Officer Name (PRINT CLEARLY) Det. Elizabeth Det	Sequence No. H413	Assignment Sex Offense	Signature [Signature]
Reporting Supervisor Name and Name	Sequence No. F76	Assignment SLS	Signature [Signature]
55 RMS Data Entered By	Sequence No.	Date	Time
56 Reviewer	57 Referred To		

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Liquor Violation	Attempt <input type="checkbox"/>	2 Complaint Number 141F06367
3 Location of Offense / Incident (Street Address, Zip) 10 CustomHouse Street 21202		Page 2 of 2
4 Date / Time of This Report 6/14/14 0131	5 Arrest / Custody Number	
6 Date / Time of This Report 6/14/14 0131	12 Offense / Incident Changed From	
8 Unit 1A09	7 Post of Occurrence 111	10 CAD Number 671
13 Case Status <input 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 type="checkbox"/> Not Cleared
19 Complainant/ Victim Dent, Harold J. III	Residence / Address (Include City, County, State, Zip) 500 E. Baltimore Street 21202	
Sex M	Race B	Age DOB

Continuation Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

8 Unit 1A09	7 Post of Occurrence 111	8 Reporting Area	9 Street Code	10 CAD Number 671
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13 Case Status <input 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 type="checkbox"/> Not Cleared	16 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	17 Crime Code	18 Crime Classification
---	---	--	--	---------------	-------------------------

19 Complainant/ Victim Dent, Harold J. III	Residence / Address (Include City, County, State, Zip) 500 E. Baltimore Street 21202		Sex M	Race B	Age DOB
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20 Copies Forwarded To

21 Cont'd Section Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property, list property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report, include names and arrest numbers of all persons arrested. Explain any crime/incident classification changes. (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 6/14/14 at about 0131 hrs I responded to 10 Customhouse Street at Norma Jeans for a cutting. Upon arrival I observed the victim later identified as Christopher Melvin Underwood M/B. *059* feeding from a laceration to the back. The victim sustained the injury from a large bar fight that started in the club. The victim was attacked by approximately three black males that he was fighting with, who struck him in the back with pool sticks. The victim fell to the floor cutting his back on broken glass bottles from the altercation. The victim refused medical treatment but later went to Mercy Hospital on his own. Investigation revealed that the suspect's were "Blood" gang members, who assaulted the victim. See companion report for Aggravated Assault under CC#141F06301.

The Liquor License for the club was obtained by me and the following violations were observed per the Board of Liquor License Commissioners for Baltimore City.

Chapter 3 : Rule 3.18 Public Welfare.

Chapter 4 : Rule 4.18 Illegal Conduct

Continued

21 I affirm and declare that the statements above are true to the best of my knowledge:

22 Reporting Officer Name (PRINT CLEARLY) Sgt. Dent	Sequence No. Assignment E915 CD	Signature <i>S. Dent</i>
--	------------------------------------	-----------------------------

23 Approving Supervisor Rank and Name <i>Thorn</i>	Sequence No. Assignment <i>Flou</i> CO	Signature
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24 RMS Data Entered By	Sequence No. Date	Time	25 Reviewer	26 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 141F06387
3 Location of Offense / Incident (Exact Street Address) 10 Customhouse Street		Page 1 of 2
4 Date / Time Occurred 6/14/14 0131		5 Date / Time Reported 6/14/14
11 Location Given by Dispatcher On View		12 Companion Report No.
13 Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed	14 Case Disposition <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	15 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
16 Crime Code 108	17 Crime Classification	18 Describe Location of Offense or Type of Promise Strip Club/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

6 Unit 1A09	7 Post of Occurrence 111	8 Reporting Area	9 Street Code	10 CAD Number 871
20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business Dent, Harold J. III Sgt. Residence / Address (Include City, County, State, Zip) 500 E. Baltimore Street MD. 21202 Sex: M Race: B Age: 42 DOB				
Where Employed or School Attending (Include City, Location) Police Sergeant Occupation Hours of Employment/Residence Phone 8hrs Other Phone 410 398-2411 Secretary				
21 Injuries and Location on Body Victim's Condition <input type="checkbox"/> Yes <input type="checkbox"/> No Victim Hospitalized Facility <input type="checkbox"/> Yes <input type="checkbox"/> No				
22 Victim / Assailant Relationship <input type="checkbox"/> Yes <input type="checkbox"/> No				

24 Reporting Person Name (Last, First, MI) [Blank]	Sex: [Blank] Race: [Blank] Age: [Blank] DOB: [Blank]	Address (Include City, County, State, Zip) [Blank]	Residence Phone [Blank]	Other Phone [Blank]
25 Witness Parent/Guardian <input type="checkbox"/>	Name (Last, First, MI) [Blank]	Address (Include City, County, State, Zip) [Blank]	Residence Phone [Blank]	Other Phone [Blank]
26 Suspect Name (Last, First, MI) None	Address (Include City, County, State, Zip) [Blank]	Sex: [Blank] Race: [Blank] Age: [Blank] DOB: [Blank]	Height: [Blank] Weight: [Blank]	Complexion: [Blank] Hair Color/Length/Style: [Blank] Hair: [Blank] Eyes: [Blank] Facial Hair: [Blank] Teeth: [Blank] Shirt/Coat: [Blank]
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
37 Registered Owner Name (Last, First, MI) Sex: [Blank] Race: [Blank] Age: [Blank] DOB: [Blank] Address (Include City, County, State, Zip): [Blank]								
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: [Blank] Location Towed To: [Blank] Towed by: [Blank] Tow Truck Operator Signature: [Blank]								
45 Detective Notified Sequence No./Assignment: [Blank] Unit Number/Date: [Blank] Time: [Blank] 46 Medical Examiner Notified: [Blank] Date: [Blank] Time: [Blank]								
47 Crime Lab Technician Name: [Blank] Unit Number: [Blank] Time: [Blank] 48 Hot Desk Person Notified: [Blank] Time: [Blank]								
49 Communications Supervisor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No								
50 Citywide Broadcast <input type="checkbox"/> Yes <input type="checkbox"/> No								
51 Victim Assistance/Incident Information Explain Form(s) Provided <input type="checkbox"/> Yes <input type="checkbox"/> No								

52 Copies Forwarded To
Liquor Board and Vice Unit

Conf'd Sections

Narrative: (1) Description of any preceding items. (2) Property Listed, to include property taken and seized/investigated 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.

Corporation: PPG Inc.
Trade Name: Norma Jeans Nite Club
Location: 10 Customhouse Street
License: LBD7314
Effective: th April 30, 2015

53 Reporting Officer Name (PRINT CLEARLY) SIC DENT	Sequence No. E916	Assignment CD	Signature SIC DENT
54 Approving Supervisor Rank and Name [Signature]	Sequence No. FLW	Assignment CO	Signature [Signature]

55 RMB Data Entered By SL	Sequence No./Date 2007 6-17-14 753	Time [Blank]	56 Referred To [Signature]
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THEMELIS FIRM, LLC
Attorneys at Law

John C. Themelis
jct@themelisfirm.com

Maria A. Themelis-Barberis
mtb@themelisfirm.com

4610 Eastern Avenue
Baltimore, MD 21224
Tel: 410-467-3400
Fax: 443-438-3000

July 28, 2014

Board of License Commissioners
for Baltimore City
State of Maryland - City of Baltimore
6th Floor 231 E. Baltimore Street
Baltimore, Maryland 21202
Fax 410-396-4382

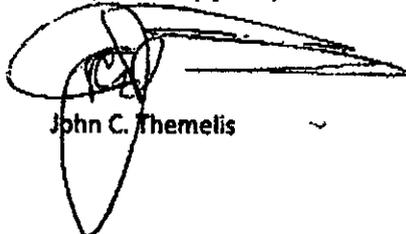
Re: Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/A Norma Jean's
10 Custom House Avenue

Dear Board of License Commissioners:

Please be advised that I represent PP & G, Inc. et al for the above scheduled hearing on August 7, 2014 at 1:00 P.M. in room 215, City Hall. If you have any questions, please feel free to call.

Thank you. I remain,

Very Cordially yours,



John C. Themelis

cc: Lisa Ireland & Thomas Malinowski

Violation

Rule 3.12

On June 14, 2014

Police found a
victim beaten inside
establishment by 3
persons wielding pool
sticks.

Violation Adult

Entertainment Rule

4. on May 27, 2013

Police found a dancer
escorted a male patron
to a private room in
rear of building. In the
private room the dancer
and police she was
transported into unconscious

POLICE DEPARTMENT
BALTIMORE, MARYLAND

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

1 Crime / Incident Search Seizure Warrant	Attempt <input type="checkbox"/>	2 Complaint Number 1-150312937
3 Location of Offense / Incident (Exact Street Address) 10 Custom House		Page 1 of 2
4 Date / Time Occurred 03/10/2015 2000	5 Date / Time Reported 03/10/2015 2000	
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 type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	15 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premise Club Norma Jeans
		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input type="checkbox"/> No

6 Unit 4816	7 Post of Occurrence 115	8 Reporting Area	9 Street Code	10 CAD Number 2696	11 Location Given by Dispatcher on view	12 Companion Report No
20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business Shockley, James		Residence / Address (Include City, County, State, Zip) 601 E. Fayette Street			Sex Race Age DOB	
Where Employed or School Attending (Include City Located)		Occupation Det.	Hours of Employment/Residence Phone		Other Phone	Sobriety
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) same as box 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
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26 Suspect Name (Last, First, MI)	Address (Include City, County, State, Zip)			Sex Race Age DOB	Height	Weight
Complexion	Hair Color/Length/Style	Hat	Eyes	Facial Hair	Teeth	Shirt/Coat
Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)			Arrest Number	

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

36 Vehicle Information <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Stolen <input type="checkbox"/> Towed <input type="checkbox"/> Other	Tag Number	State	Expiration	Vehicle Year Make	Model	Body Style Color	Mileage
Vehicle Identification Number (VIN)		Ignition Locked <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		
49 Communications Supervisor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	50 Citywide Broadcast Time <input type="checkbox"/> Yes <input type="checkbox"/> No	51 Victim Assistance/Incident Information Explain Form(s) Provided <input type="checkbox"/> Yes <input type="checkbox"/> No					

52 Copies Forwarded To

Cont'd Sections

Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; 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.

No property recovered/seized

On 03/09/2015, Detective Sgambati was armed with a sealed Search and Seizure warrant signed by the Honorable Judge Ethridge from the District Court of Maryland issued to the location of 10 Custom House (Norma Jeans).

On 03/10/2015 at 2000 hours, The Search and Seizure warrant to the known location of 10 Custom House was executed.

Entry was made with out force the raid team consisted of Sgt. Cicchetti, Sgt. Smith, Detectives' Jendrek, Bradley, Jester, Price, Tiedeman, Jared, Romey, SA, Malone, SA, Bieniek.

53 Reporting Officer Name (PRINT CLEARLY) James Shockley	Sequence No. Assignment g712	SES	Signature
54 Approving Supervisor Rank and Name Sgt. Rob Velle	Sequence No. Assignment F593	SES	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

Date: March 2, 2015

Expires On: March 2, 2019

Board of Liquor License
Commissioners for Baltimore City
231 East Baltimore Street, 6th Floor
Baltimore, Maryland 21202

3/27/15

Re: Lisa Ireland
"Norma Jean's"
10 Custom House Avenue
Baltimore, MD 21202

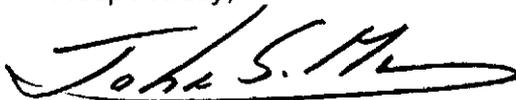
Dear Sir/Madame:

Be advised that the above referenced individual(s) successfully completed the **Alcohol Awareness Course per House Bill #400, Article 2B, Section 130A Of the Annotated Code of Maryland.**

The appropriate certificate(s) and a copy of this letter were presented to the aforementioned this date.

Thank you for your attention to this matter.

Respectfully,



John S. Murray, Certified Trainer
Alcohol Awareness Course for Alcoholic Beverage Licensees (Maryland State Certified - AP-36218)
8612 Sweet Autumn Drive
Baltimore, Maryland 21244-1264
(410) 553-8927 (410) 597-8055 Fax
Jmurrayaa@aol.com

C: Trainee(s)
File



City of Baltimore
STEPHANIE RAWLINGS-BLAKE
MAYOR
Department of Finance
Bureau of Revenue Collections
Collection Division
200 Holliday St
Baltimore, MD 21202

CLEARANCE

Date: 08/19/16

Account Number: D00486803

This is to certify that the Personal Property tax bills in the name
SilverLud, INC. are paid to and
including 2015-2016

Monique Payne
Customer Service Section
Bureau of Treasury Management
Collection Division
200 Holliday St.
Baltimore, Maryland
410-396-3979
08/19/16

HON. THOMAS WARD
CHAIRMAN

HARVEY E. JONES
DANA PETERSEN-MOORE
COMMISSIONERS



MICHELLE BAILEY-HEDGEPEETH
EXECUTIVE SECRETARY

DEPUTY EXECUTIVE SECRETARY

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
FAX: (410) 396-4362

July 24, 2014

Major William Marcus and/or
Administrative Personnel
B.C.P.D. – Central District
500 E. Baltimore Street
Baltimore, Maryland 21202

Dear Major Marcus:

Please note that the Board has scheduled a public hearing regarding the violation of Liquor Board Rules and Regulations. The public hearings have been scheduled on Thursday, August 7, 2014 in Room 215 of City Hall, 100 North Holliday Street. The applicable information is as follows:

Time: 1:00 pm

Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/a Norma Jean's
10 Custom House Avenue
SIC Dent
Incident report: 141F06367 of June 14, 2014

If an officer cannot appear on this date and time, please notify this office at (410) 396-4380 as soon as possible so that I may re-schedule the hearing. Please note that if an officer fails to appear, the Board may be forced to dismiss the case for lack of testimony.

Thank you for your cooperation in these matters of mutual interest.

Very truly yours,



Michelle Bailey-Hedgepeth
Executive Secretary

Accepted by: _____

Inspector Date/Time: _____

**BOARD OF LICENSE COMMISSIONERS
FOR BALTIMORE CITY**

STATE OF MARYLAND • CITY OF BALTIMORE

6th Floor - 231 E. Baltimore Street - 21202

Telephone: 410-396-4377

NOTICE

TO: Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/a Norma Jean's
10 Custom House Avenue

Date: July 23, 2014

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

You are hereby notified to appear before the Board of License Commissioners for Baltimore City at **1:00** o'clock
AM., PM., on the **7** day of **August**, 20**14**, in Room No. **215**, City Hall,
Baltimore, Maryland, to show cause why your Alcoholic Beverage License and any other permits issued by this Board to you under the provisions
of Article 2B of the Annotated Code of Maryland Title "Alcoholic Beverages", as amended, should not be suspended or revoked as required
of this Board by Section 10-401 of said Article, following your conviction and/or violation of said law, to wit:

Violation of Adult Entertainment Rule 4 "No dancer may enter any separate room, enclosure, or screened area with any patron, unless the area is in public view at all times" (Re: May 27, 2013, Police found a dancer escorted a male patron to a private room in the rear of building. In the private room the dancer told police she was strangled into unconsciousness)

Violation of Rule 3.12 "Licensees shall operate their establishments in such a manner as to avoid disturbing the peace, safety, health, quiet and general welfare of the community" (Re: May 22, 2014, police found a dancer was strangled in a private room inside the establishment by a patron)

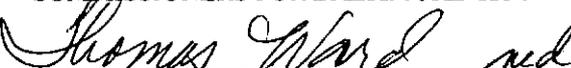
Violation of Rule 3.12 "Licensees shall operate their establishments in such a manner as to avoid disturbing the peace, safety, health, quiet and general welfare of the community" (Re: June 14, 2014, police found a victim beaten inside establishment by 3 patrons wielding pool sticks)

**Please contact our office as soon as you receive this notice to provide the name of the attorney who
will be representing you at this hearing**

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

and further to show cause why your license and permits should not be suspended or revoked to promote the peace and safety of the City of Baltimore as provided by Section 10-401 of said Article. **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 may be warranted by the evidence.**

BY ORDER OF THE BOARD OF LICENSE
COMMISSIONERS FOR BALTIMORE CITY


Chairman

**BOARD OF LICENSE COMMISSIONERS
FOR BALTIMORE CITY**

STATE OF MARYLAND • CITY OF BALTIMORE

6th Floor - 231 E. Baltimore Street - 21202

Telephone: 410-396-4377

NOTICE

TO: Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/a Norma Jean's
10 Custom House Avenue

Date: July 23, 2014

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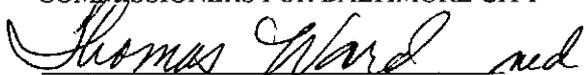
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**Please contact our office as soon as you receive this notice to provide the name of the attorney who
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BY ORDER OF THE BOARD OF LICENSE
COMMISSIONERS FOR BALTIMORE CITY


Chairman

**BOARD OF LICENSE COMMISSIONERS
FOR BALTIMORE CITY**

STATE OF MARYLAND • CITY OF BALTIMORE

6th Floor - 231 E. Baltimore Street - 21202

Telephone: 410-396-4377

NOTICE

TO: Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/a Norma Jean's
10 Custom House Avenue 21202

Date: January 7, 2013

**Licensees may be represented by
Counsel before Board**

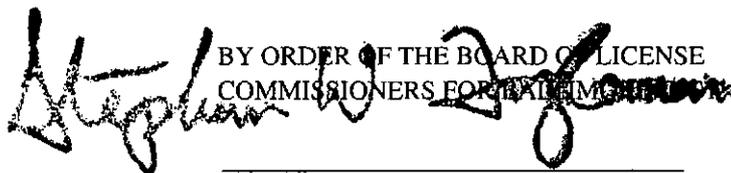
You are hereby notified to appear before the Board of License Commissioners for Baltimore City at 2:00 o'clock PM., on the 17th day of January, 2013, in Room No. 215, City Hall, Baltimore, Maryland, to show cause why your Alcoholic Beverage License and any other permits issued by this Board to you under the provisions of Article 2B of the Annotated Code of Maryland Title "Alcoholic Beverages", as amended, should not be suspended or revoked as required of this Board by Section 10-401 of said Article, following your conviction and/or violation of said law, to wit:

Violation of Rule 3.02 "Licensees shall cooperate with representatives of the Board, members of the Police Department, Health Department, Building Engineer's office, Grand Jury and representatives of other governmental agencies whenever any such persons are on official business" on November 3, 2012 (Re: Manager engaged in a profanity laced tirade while inspector was conducting a routine inspection, attempted to block inspector from going in certain areas of the business and generally was uncooperative; another employee blocked the camera view when the inspector was attempting to take pictures of activity in the establishment); **Violation of Rule 4.07** "No licensee shall serve more than two (2) ounces of liquor to one person at one time for consumption on the premises" on November 3, 2012 (Re: Liquor Board Inspector observed several large bottles of spirits from which patrons were pouring their own drinks)

Please note: Any request for postponement of a scheduled hearing must be made in writing at least 72 hours prior to the scheduled hearing date and there may be a \$25 fee for the production of the new hearing notice and/or summons. If you will be represented by an attorney at this hearing, please have your attorney notify this office that he or she will be representing you. Please fax any request for a postponement to (410) 396-4382.

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

and further to show cause why your license and permits should not be suspended or revoked to promote the peace and safety of the City of Baltimore as provided by Section 10-401 of said Article. **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 may be warranted by the evidence.**


BY ORDER OF THE BOARD OF LICENSE
COMMISSIONERS FOR BALTIMORE CITY

Chairman

BOARD OF LICENSE COMMISSIONERS

FOR BALTIMORE CITY

NOTICE

TO

Lisa Ireland + Thomas Malnowski
PP + G + C
Norma Jean S
100 Custom House Ave

Service of copy admitted at

M

this 7th day of January 2013

Ray Fritter Ray Fritter

Served by: Inspector of 7th District.
Foster

BOARD OF LICENSE COMMISSIONERS
FOR BALTIMORE CITY

STATE OF MARYLAND • CITY OF BALTIMORE

6th Floor - 231 E. Baltimore Street - 21202

Telephone: 410-396-4377

NOTICE

TO: Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/a Norma Jean's
10 Custom House Avenue 21202

Date: January 15, 2013

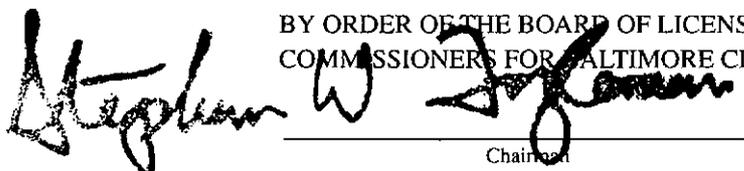
**Licenses may be represented by
Counsel before Board**

You are hereby notified to appear before the Board of License Commissioners for Baltimore City at **2:00** o'clock AM., PM., on the **28th** day of **February, 2013**²⁰, in Room No. **215**, City Hall, Baltimore, Maryland, to show cause why your Alcoholic Beverage License and any other permits issued by this Board to you under the provisions of Article 2B of the Annotated Code of Maryland Title "Alcoholic Beverages", as amended, should not be suspended or revoked as required of this Board by Section 10-401 of said Article, following your conviction and/or violation of said law, to wit:

Violation of Rule 3.02 "Licensees shall cooperate with representatives of the Board, members of the Police Department, Health Department, Building Engineer's office, Grand Jury and representatives of other governmental agencies whenever any such persons are on official business" on November 3, 2012 (Re: Manager engaged in a profanity laced tirade while inspector was conducting a routine inspection, attempted to block inspector from going in certain areas of the business and generally was uncooperative; another employee blocked the camera view when the inspector was attempting to take pictures of activity in the establishment); **Violation of Rule 4.07** "No licensee shall serve more than two (2) ounces of liquor to one person at one time for consumption on the premises" on November 3, 2012 (Re: Liquor Board Inspector observed several large bottles of spirits from which patrons were pouring their own drinks)

New date and time of hearing set with Jason Fillippou.
City Hall security provisions require all persons entering City Hall to present a photo ID

and further to show cause why your license and permits should not be suspended or revoked to promote the peace and safety of the City of Baltimore as provided by Section 10-401 of said Article. **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 may be warranted by the evidence.**


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

January 10, 2013

Jane Schroeder
Board of License Commissioners for Baltimore City
231 E. Baltimore Street, 6th floor
Baltimore, MD 21202

Re: T/A Norma Jean's

Dear Ms. Schroeder,

I would like to request a postponement for our scheduled hearing on January 17, 2013. Unfortunately, our representation is not available on the scheduled hearing date. Thank you for your cooperation.

Sincerely,



Lisa Ireland
10 Custom House Avenue
Baltimore, MD 21202

Thank you Ms. Schroeder.

INCIDENT REPORT
Form 04/008
1189-23-84

**POLICE DEPARTMENT
BALTIMORE, MARYLAND**

1 Crime / Incident CDS VIOLATION	Attempt <input type="checkbox"/>	2 Complaint Number 131F13368
3 Location of Offense / Incident (Work Street Address) 10 CUSTOM HOUSE		Page 1 of 2
4 Date / Time Occurred 6-28-13 0130 HRS	5 Date / Time Reported 6-28-13 0130 HRS	
6 Unit 1A13	7 Post of Occurrence 115	8 Reporting Area
9 Street Code	10 CAD Number 204	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 CLUB
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 P/O J. DOLLARD	Residence / Address (Include City, County, State, Zip) 500 E. BALTIMORE ST BALTO MD 21202		Sex M	Race W	Age 27	DOB
Where Employed or School Attending (Include City Located) BPD	Occupation P/O	Hours of Employment	Residence Phone X2411	Other Phone		Sobriety
21 Injuries and Location on Body	Victim's Condition	Victim Hospitalized Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22 Victim / Assailant Relationship UNK		23 Current / Former Cohabitant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

26 Suspect Name (Last, First, MI) DAVIS, RONALD K.	Address (Include City, County, State, Zip) 1803 ENGLISH OAK RD PARKVILLE MD		Sex M	Race B	Age 28	DOB 03 87	Height	Weight
Complexion	Hair Color/Length/Style	Hat	Eyes	Facial Hair	Teeth	Shirt/Coat	Arrest Number 13708863	
Footwear	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)						

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 checked="" type="checkbox"/> No	Keys In Ignition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rattle In Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Battery In Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Spare Tire In Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

38 Recovered by	39 Method of Theft	40 Evidence of Stripping / Tampering	41 Reps. Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	42 Tow List Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	43 Owner Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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44 Tow Information	Location Towed From	Location Towed To	Towed by	Tow Truck Operator Signature
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45 Detective Notified	Sequence No.	Assignment	Unit Number	Date	Time	46 Medical Examiner Notified	Date	Time
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47 Crime Lab Technician Name	Unit Number	Time	48 Hot Desk Person Notified	Time
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49 Communications Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50 Citywide Broadcast <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time	51 Victim Assistance/Incident Information Form(s) Provided <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	------	---

52 Copies Forwarded To

PROPERTY SEIZED/SUBMITTED TO ECU

- CLEAR ZIPLOCK BAG CONT
- 15 BLUE ZIPLOCK BAGS CONT GREEN PLANT MATERIAL

ON 28 JUNE 13 AT APPROX 0125 HRS I WAS IN THE 400BLK OF E. BALTIMORE ST. ALONG WITH P/O DEREMER CONDUCTING A CDS INVESTIGATION WITH THE ASSISTANCE OF CITY WATCH. WHILE IN THE AREA I WAS ADVISED BY CAMERA OPERATOR MITCHELL THAT A B/M WEARING A BLACK T SHIRT, BLACK SHORTS BELOW HIS KNEE AND DARK BASEBALL CAP ON CAMERA #87 ON CUSTOM HOUSE WAS WALKING IN THE AREA HOLDING AND ADJUSTING HIS DIP AREA SIMILAR TO AN ARMED PERSON OR SOMEONE TRYING TO CONCEAL CDS. OPERATOR MITCHELL THEN STATED THAT THE MALE ENTERED THE CLUB LOCATED AT 10 CUSTOM HOUSE WITHOUT BEING SEARCHED BY CLUB

53 Reporting Officer Name (PRINT CLEARLY) P/O J. DOLLARD	Sequence No. 1803	Assignment CD	Signature
--	-----------------------------	-------------------------	-----------

54 Approving Supervisor Rank and Name OIC SEITLER	Sequence No. E52	Assignment CD	Signature
---	----------------------------	-------------------------	-----------

55 RMS Date Entered By [Signature]	Sequence No. [Signature]	Date [Signature]	Time [Signature]	56 Reviewer [Signature]	57 Referred To
--	------------------------------------	----------------------------	----------------------------	-----------------------------------	----------------

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident CDS VIOLATION	Attempt <input type="checkbox"/>	2 Complaint Number 131F13368
3 Location of Offense / Incident (Street Address, Zip) 10 CUSTOM HOUSE		Page 2 of 2
4 Date / Time of This Report 6-28-13 0130 HRS	5 Arrest / Custody Number 13706863	
11 Original Report Date / Time 6-28-13 0130 HRS		12 Offense / Incident Changed From

Continuation Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

6 Unit 1A13	7 Post of Occurrence 115	8 Reporting Area	9 Street Code	10 CAD Number 204
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13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	14 Multiple Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No	15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17 Crime Code	18 Crime Classification
--	---	---	---	---------------	-------------------------

19 Complainant / Victim P/O J. DOLLARD	Name (Last, First, MI), or Firm Name if Business P/O J. DOLLARD	Residence / Address (Include City, County, State, Zip) 500 E. BALTIMORE ST BALTO MD 21202	Sex M	Race W	Age 27	DOB
--	---	---	-----------------	------------------	------------------	-----

20 Copies Forwarded To

21 Narrative: (1) Continuation of any preceding forms. (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) Reassignment case status when applicable. (6) If Multiple Clearance, include all related complaint/case numbers.

SECURITY. I ALONG WITH P/O DEREMER THEN ENTERED THE CLUB AND FOUND THE MALE MATCHING THE DESCRIPTION, LATER IDENTIFIED AS MR. RONALD DAVIS, INSIDE THE LOCATION. I ASKED MR. DAVIS IF HE HAD ANYTHING ILLEGAL ON HIS PERSON AND HE STATED NO. I COULD SEE THAT MR. DAVIS WAS VERY NERVOUS AND CONDUCTED A PAT DOWN BELIEVING THAT HE COULD BE IN POSSESSION OF SOMETHING ILLEGAL AND IMMEDIATELY FELT IN HIS DIP A LARGE BAG CONT MULTIPLE SMALLER BAGS, CONSISTENT WITH CDS PACKAGING. RECOVERED FROM MR DAVIS DIP AREA WAS A LARGE CLEAR ZIPLOCK BAG CONT 15 BLUE ZIPLOCK BAGS CONT GREEN PLANT MATERIAL (SUSPECTED MARIJUANA). MR. DAVIS WAS PLACED UNDER ARREST AND TRANSPORTED TO CD AND THEN TO CBIF TO BE PROCESSED. THE SUSPECTED CDS WAS SUBMITTED TO ECU BY P/O DEREMER UNDER PROPERTY #13030185.

ALL EVENTS OCCURRED IN THE CITY OF BALTIMORE, STATE OF MARYLAND.
AS A BALTIMORE POLICE OFFICER I HAVE RECEIVED APPROX 40 HRS OF TRAINING IN THE ENFORCEMENT OF CDS. IN MY 3 YRS OF EXPERIENCE I HAVE MADE OR PARTICIPATED IN NUMEROUS ARRESTS RESULTING IN THE SEIZURE OF CDS.

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 J. DOLLARD	Sequence No. 1803	Assignment CD	Signature
--	-----------------------------	-------------------------	---------------

23 Approving Supervisor Rank and Name OIC SEITLER	Sequence No. E524	Assignment CD	Signature
---	-----------------------------	-------------------------	---------------

24 RMS Data Entered By	Sequence No.	Date	Time	25 Reviewed	26 Reported To
------------------------	--------------	------	------	-------------	----------------

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

ARREST/CASE DISPOSITION REPORT
Form 407/05
1160-28-78

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident	Attempt	2 Complaint Number
CDS VIOLATION	<input type="checkbox"/>	131F13368
3 Location of Offense / Incident (Street Address, Zip)		Page 1 of 1
10 CUSTOM HOUSE		
4 Original Report Date / Time	5 Date / Time of This Report	
6-28-13 0130 HRS	6-28-13 0130 HRS	

Arrest Case Disposition

Person Property Miscellaneous Vehicle Custody

6 Unit	7 Post of Occurrence	8 Reporting Area	9 Street Code	10 CAD Number	11 Crime Code	12 Crime Classification	13 Follow-up	14 Seized Evidence / Submitted Property Involved
1A13	115			204			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15 Case Status		16 Case Disposition		17 Multiple Clearances		18 Related Case/Complaint Numbers		
<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed		<input type="checkbox"/> Not Cleared <input checked="" type="checkbox"/> Cleared		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

19 Complainant / Victim	Name (Last, First, MI), or Firm Name if Business	Residence / Address (include City, County, State, Zip)	Sex	Race	Age	DOB
	P/O J. DOLLARD	500 E. BALTIMORE ST BALTO MD 21202	M	W	27	

20 Copies Forwarded To

21 Arrestor / Defendant	Name	Nickname(s)	Address	
	DAVIS, RONALD K.		1603 ENGLISH OAK RD PARKVILLE MD 212	
Sex	Race	Age	Weight	Additional Physical Description
M	B	26	03.97	
Warrant Number	Arrest Number	Soundex Number	SID Number	Custody Number
	13708863			

22 Charges	Primary Charge	Disposition
	CDS MARI 1 0573	ARRESTED
Additional Charge	Disposition	Additional Charge
CDS MARI > 10 GR 1 1836	ARRESTED	
Additional Charge	Disposition	Additional Charge
Additional Charge	Disposition	Additional Charge
Additional Charge	Disposition	Additional Charge

23 Court Data	Court Location	Trial Date	Trial Time	Case Number
Judge	Assistant State's Attorney			

24 Arresting Officer	Name	Sequence Number	Assignment
	P/O J. DOLLARD	1803	CD

25 Summoned Officers	Name	Sequence Number	Assignment

26 Narrative

CBIF# BIN1336449BC

27 Reporting Officer Name (PRINT CLEARLY)	Sequence No.	Assignment	Signature			
P/O J. DOLLARD	1803	CD				
28 Approving Supervisor Rank and Name	Sequence No.	Assignment	Signature			
OIC SEITLER	E524	CD				
29 RMS Data Entered By	Sequence No.	Date	Time	30 Reviewer	31 Approved By	32 Referred To

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

**POLICE DEPARTMENT
BALTIMORE, MARYLAND**

1 Crime / Incident COMMON ASSAULT	Attempt <input type="checkbox"/>	2 Complaint Number 631E3938
3 Location of Offense / Incident (Exact Street Address) 10 CUSTOM HOUSE		Page 1 of 2
4 Date / Time Occurred 08 JUN 13 2100 Lb.	5 Date / Time Reported 08 JUN 13 2100	

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

6 Unit 1C12	7 Post of Occurrence III	8 Reporting Area	9 Street Code	10 CAD Number 2861	11 Location Given by Dispatcher OV	12 Companion Report No.
13 Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed	14 Case Disposition <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	15 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	16 Crime Code	17 Crime Class / Section YES	18 Describe Location of Offense or Type of Premise NIGHT CLUB	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 KAMARA OLUWA PULU OVO	Residence / Address (Include City, County, State, Zip) 100E W 21ST ST BROW MD 21218	Race F	Age 20
Where Employed or School Attending (Include City Located) NORMA JEANIS	Occupation BARTENDER	Hours of Employment VARIABLE	Residence Phone
21 Injuries and Location on Body SCRATCH ON RIGHT CHEEK + R KNOE	Victim's Condition 90 ON	Victim Hospitalized Facility <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	22 Victim / Assailant Relationship CO WORKER

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

25 Witness Name (Last, First, MI)	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
-----------------------------------	--	-----------------	-------------

26 Suspect	Arrest Number
------------	---------------

27 Trademarks of Suspect(s) (Action / Conversation) MINUTE FRUIT	28 Point of Entry	29 Location Last Seen	30 Manner of Escape	31 Direction of Escape
32 Weapon / Means of Attack HANDS	33 Method Used to Commit Crime AGGRAVATION	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 / 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 Rpt. 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
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45 Detective Notified	Sequence No.	Assignment	Unit Number	Date	Time	48 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3 of fm / SAs
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52 Copies Forwarded To
Lig Board

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

ON 08 JUN 13 AT APPROX 2100 HOURS, MS OLUWA KAMARA REPORTED TO THIS OFFICER THAT MINUTES AGO, SHE WAS INSIDE OF NORMA JEANIS (10 CUSTOM HOUSE) GOT INTO A VERBAL ARGUMENT WITH HER CO-WORKER, WHO IS THE BARTENDER. AN AGGRAVATION ENSUED, VICTIM STATED THAT [REDACTED] FISTS STRUCK HER ONCE ON HER FACE --

53 Reporting Officer Name (PRINT CLEARLY) LIO MANKATHA	Sequence No. F23	Assignment CD	Signature
54 Approving Supervisor Rank and Name M-SEITLER	Sequence No. F524	Assignment C-D	Signature
55 RMS Data Entered By DMS	Sequence No. 5511	Date 6/13/13	Time
56 Reviewer AS	57 Referred To		

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

1 Crime / Incident COMMON ASSAULT	Attempt <input type="checkbox"/>	2 Complaint Number 131F 3938
3 Location of Offense / Incident (Street Address, Zip) 10 CUSTOM HOUSE		Page 2 of 2
4 Date / Time of This Report 08 JUN 13 2110G	5 Arrest / Custody Number	
6 Unit C12	7 Post of Occurrence 111	8 Reporting Area
9 Street Code	10 CAD Number 2861	11 Original Report Date / Time
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 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 4E

19 Complainant / Victim Name (Last, First, MI) or Firm Name if Business: **KAMARA, OLUWA PULU OVA 100E 20th ST BALTIMORE MD**
 Residence / Address (Include City, County, State, Zip): **2121P F B 25 D 893**
 Sex: **F** Race: **B** Age: **25** DOB: **10-893**

20 Copies Forwarded To: **Log Book**

Continuation Sections Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence, property, lot property inventory number(s) when applicable. (3) Record of activity and all developments in case subsequent to test 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.

CAUSLY A MINOR SCROTCH.
THIS OFFICER REVIEWED TWO CLOSED CIRCUIT CAMERAS WITH THE GENERAL MANAGER MR WALTER ROBINSON (412-388-1111).
THIS OFFICER OBSERVED ON THE CAMERA AN AGITATED OLUWA KAMARA PICKY FIGHT WITH MS FERRIS WITH OTHER TRYING TO SEPARATE THE TWO PARTIES. AT ON POINT MS KAMARA WAS TRYING TO CLIMB UP THE BAR AREA, BUT SHE FELL DOWN UNDER THE BAR AREA.
THIS OFFICER OBSERVED MINOR SCROTCH ON VICTIMS RIGHT CHEEK AND RIGHT KNEE. MS KAMARA WAS - NORMAL AND IN GOOD CONDITION.
OL & ISSUES AND ADVISED.
CROSS COMPLAINT FILED AGAIN BOTH OTHER.
MS KAMARA WAS ADVISED TO ASK SUMMONS / WARRANT AT COURT COMMISSIONER.
MS KAMARA STAYS TONIGHT [REDACTED] PENDING HER IN THE PAST

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): **LIV MAY-CH** Sequence No.: **773** Assignment: **CD** Signature: _____

23 Approving Supervisor Rank and Name: **M. SEITLER** Sequence No.: **EGU4** Assignment: **C-D** Signature: _____

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

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Assault on Police	Attempt <input type="checkbox"/>	2 Complaint Number 141G04923
3 Location of Offense / Incident (Exact Street Address) 10 Custom House Ave		Page 1 of 3
4 Date / Time Occurred 7/11/14 1640 hours	5 Date / Time Reported Same as #4	
6 Unit 4517	7 Post of Occurrence 111	8 Reporting Area
9 Street Code	10 CAD Number 2278	11 Location Given by Dispatcher On View
12 Companion Report No. N/A	13 Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed	
14 Case Disposition <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		15 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premise City Street
19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business Sgt. J. Klein	Residence / Address (Include City, County, State, Zip) 500 E. Baltimore Street Baltimore, MD	Sex M	Race	Age	DOB
Where Employed or School Attending (Include City Located) BPD	Occupation Police Officer	Hours of Employment/Residence Phone Varies	Other Phone 410-396-2411	Sobriety	
21 Injuries and Location on Body None	Victim's Condition Good	Victim Hospitalized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Facility N/A	22 Victim / Assailant Relationship Stranger	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

24 Reporting Person Name (Last, First, MI) P/O Crespo, J.	Sex F	Race	Age	DOB	Address (Include City, County, State, Zip) 500 E. Baltimore Street 21201	Residence Phone	Other Phone 4103962411
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) Mozeke 3rd, Clifton	Address (Include City, County, State, Zip) 2920 E. Monument Street 21205			Sex M	Race B	Age 36	DOB	Height 6'2"	Weight 250
Complexion dark	Hair Color/Length/Style black/short	Hat	Eyes brown	Facial Hair	Teeth	Shirt/Coat grey tank top			
Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)						Arrest Number	

27 Trademarks of Suspect(s) (Action / Conversation) suspect resisted arrest/assaulted officer	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 <input type="checkbox"/>	Victim <input type="checkbox"/>	Stolen <input type="checkbox"/>	Towed <input type="checkbox"/>	Other <input type="checkbox"/>	Tag Number	State	Expiration	Vehicle Year/Make	Model	Body Style/Color	Mileage	
Vehicle Identification Number (VIN)						Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Spare Tire in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No

37 Registered Owner Name (Last, First, MI)	Sex	Race	Age	DOB	Address (Include City, County, State, Zip)		
38 Recovered by	39 Method of Theft	40 Evidence of Stripping / Tampering			41 Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No	42 Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No	43 Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
44 Tow Information	Location Towed From	Location Towed To	Towed by	Tow Truck Operator Signature			

45 Detective Notified	Sequence No.	Assignment	Unit Number	Date	Time	46 Medical Examiner Notified	Date	Time
47 Crime Lab Technician Name Figueroa	Unit Number 5828	Time 1700hrs	48 Hot Desk Person Notified			Time		
49 Communications Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50 Citywide Broadcast <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time	51 Victim Assistance/Incident Information Form(s) Provided <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Arrested		

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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.							
<p>Mode When Assault Occurred: mobile patrol Type: two officer unit, uniformed patrol Activity: on-view arrest with back-up assistance Injury Severity: No injuries sustained on the officers behalf</p> <ol style="list-style-type: none"> Narrative to follow on page 2 Suspect transported via Suspect was tased; three prongs punctured the skin Suspect was tased four different times: twice by Sgt. Klein, twice by Officer Crespo Suspect assaulted officer while resisting arrest 								
Continued <input checked="" type="checkbox"/>								

53 Reporting Officer Name (PRINT CLEARLY) Crespo, J.	Sequence No. J078	Assignment CD	Signature
54 Approving Supervisor Rank and Name Lt. Olson	Sequence No. G383	Assignment CD	Signature
55 RMS Data Entered By	Sequence No.	Date	Time
56 Reviewer	57 Referred To		

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Assault on Police	Attempt <input type="checkbox"/>	2 Complaint Number 141G04923
3 Location of Offense / Incident (Street Address, Zip) 10 Custom House Ave		Page 2 of 3
4 Date / Time of This Report 7/11/14 2040 hours		5 Arrest / Custody Number 14114185
6 Unit 4517	7 Post of Occurrence 111	8 Reporting Area
9 Street Code	10 CAD Number 2278	11 Original Report Date / Time 7/11/14 1640 hours
12 Offense / Incident Changed From N/A		

Continuation Follow Up

Person Property Miscellaneous Vehicle Missing Person Custody

13 Case Status <input 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 type="checkbox"/> Not Cleared	Explain	16 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	17 Crime Code	18 Crime Classification
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19 Complainant / Victim Sgt. J. Klein	Name (Last, First, MI), or Firm Name if Business	Residence / Address (Include City, County, State, Zip) 500 E. Baltimore Street Baltimore, MD	Sex M	Race	Age	DOB
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6. Lt. Olson (G383) was notified immediately afterwards
7. Maryland General Hospital
8. Narrative as follows:

Property Seized/Submitted:
1 brown cigarello containing green plant material, suspected marijuana (schedule II)
1 bag containing varies clothing items
1 2011 burgundy Ford Edge SUV (Crime Lab Bay)

On 7/11/14 at approx. 1640 hours, Sgt. Klein (I380) and Officer Crespo (J078) were operating a marked patrol vehicle in full uniform in the area of Baltimore St. and Gay St. This area is known for its CDS activity and violence.

While at the location a call came out over the radio from City Watch operator Hardesty, in reference to a possible aggravated assault suspect. The aggravated assault occurred on 7/7/14 in the 400 Blk. of E. Baltimore St. and was recorded under CC#141G2968 and involved the use of a knife. Officers were advised that the suspect from the aggravated assault that occurred on 7/7/14 was able to flee the area in a burgundy Ford SUV of an unknown model. The individual matching the description was in the Unit Blk. of Custom House Ave. The description given was a black male wearing black hat, grey tank top, black and white scarf on his head, and a red shirt around his neck.

Klein and Crespo answered up and responded to the location to identify the possible suspect and detain him for questioning per Central District DDU. Upon arrival in the Unit Blk. of Custom House Ave, officers observed a black male matching the description standing in front of Norma Jeans bar. The possible suspect, later identified as Mr. Clifton Mozeke III (M/B/36 DOB: 03 78) was standing with his back to the street and the patrol vehicle. Mr. Mozeke was engaged in conversation with several other individuals at the location. Officers exited their vehicle and Klein approached Mozeke. Klein immediately smelled the pungent odor of what he believed to be marijuana coming from the area around Mr. Mozeke and the individuals that were gathered with Mr. Mozeke. Klein made contact with Mr. Mozeke from behind and instructed Mr. Mozeke to put his hands behind his back. With Mr. Mozeke's hands behind his back, Klein started to explain to Mr. Mozeke why he was stopped. Before Klein could fully explain, Mr. Mozeke looked back and stated, "Oh, Shit". Mr. Mozeke immediately pulled his right arm away from Klein, and then with his right arm elbowed Klein on the right side of the chest. Mr. Mozeke then pulled away from Klein. A struggle then ensued as Klein and Crespo gave Mr. Mozeke verbal commands to stop resisting and to get on the ground. Mr. Mozeke refused their commands and continued to pull away from Klein and Crespo. Klein and Crespo then warned Mr. Mozeke that he would be tased if he continued to resist. Mr. Mozeke refused to comply and stated without hesitation "tase me then", Crespo then deployed her departmental issued Taser in the direction of Mr. Mozeke. The prongs of Crespo's Taser appeared to strike a red towel Mr. Mozeke was holding causing them to be ineffective. Klein then deployed his Taser, and again it appeared that the prongs were unsuccessful in making full contact with Mr. Mozeke's skin and outer garments due to Mr. Mozeke holding a red towel and a black and white scarf. While still giving verbal commands to Mr. Mozeke to get on the ground, Klein reloaded his Taser and deployed it a second time.

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) Crespo, J.	Sequence No./Assignment J078	CD	Signature
23 Approving Supervisor Rank and Name Lt. Olson	Sequence No./Assignment G383	CD	Signature

24 RMS Data Entered By	Sequence No.	Date	Time	25 Reviewer	26 Referred To
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POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident Assault on Police	Attempt <input type="checkbox"/>	2 Complaint Number 141G04923
3 Location of Offense / Incident (Street Address, Zip) 10 Custom House Ave		Page 3 of 3
4 Date / Time of This Report 7/11/14 2040 hours		5 Arrest / Custody Number 14114185
6 Unit 4517		7 Post of Occurrence 111
8 Reporting Area		9 Street Code
10 CAD Number 2278		11 Original Report Date / Time 7/11/14 1640 hours
12 Offense / Incident Changed From N/A		
13 Case Status <input 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 type="checkbox"/> Not Cleared
16 Follow-up <input 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 4517	7 Post of Occurrence 111	8 Reporting Area	9 Street Code	10 CAD Number 2278
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13 Case Status <input 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 type="checkbox"/> Not Cleared	16 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
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19 Complainant / Victim	Name (Last, First, MI), or Firm Name if Business Sgt. J. Klein	Residence / Address (Include City, County, State, Zip) 500 E. Baltimore Street Baltimore, MD	Sex M	Race	Age	DOB
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Confid Sections Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) 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.

This time the Taser prongs appeared to strike Mr. Mozeke, one in the stomach and the other in Mr. Mozeke's shorts causing him to sit back onto a bench at the location. Mr. Mozeke was able to pull at the prongs breaking the wires that attach the prongs to the Taser. For that reason the Taser was only effective for a brief moment. Klein continued to instruct Mr. Mozeke to get on the ground and that he was under arrest. Mr. Mozeke continued to refuse to comply. I observed Mr. Mozeke was able to fight through officers previous attempts to tase him due to the fact that the prongs failed in making full contact with Mr. Mozeke's skin. Because of how unsuccessful the first Tasing was, and how Mr. Mozeke continued to resist and failed to comply, Crespo tased Mr. Mozeke a second time. This time Mr. Mozeke went to his knees. Klein was then able to gain control of Mr. Mozeke and place him in hand cuffs. Mozeke continued to yell and attempt to get away from Klein. While Klein was holding Mr. Mozeke on the ground, Mr. Mozeke used his right hand and pinched Klein on the leg several times while stating, "Get off me you white fagget". Klein was forced to pry Mr. Mozeke's fingers off to avoid being pinched again. With the help of back up units, officers were able to place Mr. Mozeke in a transport vehicle without further incident. A search of Mr. Mozeke was conducted with only a set of keys to a Ford being recovered. Crespo retrieved the keys and was in search of the vehicle, since it was possibly the vehicle he may have fled in days before after the aggravated assault occurred. Mr. Mozeke refused to tell officers where the vehicle was parked, but Crespo was able to find the vehicle parked at the corner of Unit Custom House Ave and 400 Water Street. The vehicle was a burgundy colored 2011 Ford Edge bearing Maryland temporary tag of 125735T. A warrant check of Mr. Mozeke revealed that he had an open Baltimore City warrant#D140568606. Mr. Mozeke was then transported to Maryland General Hospital to be treated for the two prongs that struck his stomach and one that struck his lower abdomen. Before being released from the hospital a short time later, Mr. Mozeke was photographed by Crime Lab tech Figueroa Unit# 5828. After being interviewed, Mr. Mozeke was transported to CBIF to be charged accordingly.

A check of the ground where Mr. Mozeke was originally standing was conducted. Recovered from the ground by Klein was a brown hand rolled cigarette containing green plant material, suspected marijuana (schedule II). Klein and Crespo were unable to positively identify who was in possession of the suspected marijuana. The black and white scarf, the black hat, and red towel that Mr. Mozeke was in possession of were submitted to ECU along with the suspected marijuana by this officer. The vehicle was then towed to Crime Lab Bay in reference to the investigation under CC# 141G2968, and was followed by a patrol officer to ensure the security of the vehicle.

While this incident was taking place people were gathering around to see what was going on. The incident caused such a disturbance that people on Baltimore St. started to gather and look down the Unit Blk. of Custom House Ave. People had to be instructed to leave the location to get the crowd to disperse. Klein and Crespo then responded to the Central District and were also photographed by Crime Lab tech Figueroa Unit# 5828. Neither Klein nor Crespo sustained any injuries as a result of this incident. A found property report for the suspected marijuana was written under this same CC#. A supplement report was written for the Service of a warrant under CC#143G04486. All events occurred in Baltimore City State of Maryland.

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) Crespo, J.	Sequence No. Assignment J078 CD	Signature
23 Approving Supervisor Rank and Name Lt. Olson	Sequence No. Assignment G383 CD	Signature

24 RMS Data Entered By	Sequence No.	Date	Time	25 Reviewer	26 Referred To
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1 Crime / Incident		Attempt <input type="checkbox"/>	2 Complaint Number
Assault on Police			141G04923
3 Location of Offense / Incident (Street Address, Zip)			Page 1 of 1
10 Custom House Ave			
4 Original Report Date / Time		5 Date / Time of This Report	
7/11/14 1640 hours		7/11/14 2030 hours	
13 Follow-up		14 Seized Evidence / Submitted Property Involved	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15 Case Status		16 Case Disposition	
<input type="checkbox"/> Open <input type="checkbox"/> Closed		<input type="checkbox"/> Not Cleared <input type="checkbox"/> Cleared	
17 Multiple Clearance		18 Related Case/Complaint Numbers	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Arrest Case Disposition

Person Property Miscellaneous Vehicle Custody

6 Unit	7 Post of Occurrence	8 Reporting Area	9 Street Code	10 CAD Number	11 Crime Code	12 Crime Classification	13 Follow-up	14 Seized Evidence / Submitted Property Involved
4517	111			2278			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

15 Case Status	16 Case Disposition	Explain	17 Multiple Clearance	18 Related Case/Complaint Numbers
<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Not Cleared <input type="checkbox"/> Cleared		<input type="checkbox"/> Yes <input type="checkbox"/> No	

19 Complainant / Victim	Name (Last, First, MI), or Firm Name if Business	Residence / Address (Include City, County, State, Zip)	Sex	Race	Age	DOB
	Sgt. J. Klein	500 E. Baltimore Street Baltimore, MD 21201	M			

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21 Arrested / Defendant	Name	Nickname(s)	Address
	Mozeke 3rd, Clifton		2920 E. Monument Street Balt, MD 21205

Sex	Race	Age	Height	Weight	Additional Physical Descriptors
M	B	36	6'2"	250	

Warrant Number	Arrest Number	Soundex Number	SID Number	Custody Number
	14114185		2372222	

22 Charges	Primary Charge	Disposition
	Assault 2nd Degree	Arrested
Additional Charge	Resisting Arrest	Arrested
Additional Charge	Disorderly	Arrested
Additional Charge		
Additional Charge		

23 Court Data	Court Location	Trial Date	Trial Time	Case Number
Judge		Assistant State's Attorney		

24 Arresting Officer	Name	Sequence Number	Assignment
	Crespo, J.	J078	CD

25 Summoned Officers	Name	Sequence Number	Assignment
	Sgt. Klein, J.	I380	CD

Name	Sequence Number	Assignment

Name	Sequence Number	Assignment

Name	Sequence Number	Assignment

26 Narrative

BIN1482394BC

Continued

27 Reporting Officer Name (PRINT CLEARLY)	Sequence No.	Assignment	Signature
Crespo, J.	J078	CD	

28 Approving Supervisor Rank and Name	Sequence No.	Assignment	Signature
Sgt. Klein	I380	CD	

29 RMS Data Entered By	Sequence No.	Date	Time	30 Reviewer	31 Approved By	32 Referred To

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

POLICE DEPARTMENT
BALTIMORE, MARYLAND

Person Property Vehicle Miscellaneous

Domestic Related Gang Related Juvenile Related Hate Crime Investigative Stop

1 Crime/Incident: Towed Vehicle
2 Complaint Number: 14104923
3 Location of Offense / Incident (Exact Street Address): Unit BIK Custom House Ave
4 Date / Time Occurred: 11 July 2014 1700 hrs
5 Date / Time Reported: 5/14 # 4
11 Location Given by Dispatcher: On Line
12 Companion Report No.
13 Case Status: Open Closed
14 Case Disposition: Cleared Not Cleared
15 Follow-up: Yes No
16 Crime Code
17 Crime Classification
18 Describe Location of Offense or Type of Premise: City Street
19 Reported by Crime Watcher: Yes No

6 Unit: 1014
7 Post of Occurrence: 115
8 Reporting Area
9 Street Code
10 CAD Number: 2278
20 Complainant / Victim: Cab East LLC CO/ Heather Ann Nizer
Residence / Address (Include City, County, State, Zip): 722 Dulaney Valley Rd Towson MD 21204
Sex: Race: Age: DOB:
Where Employed or School Attending (Include City Located): Occupation: Hours of Employment: 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: P/O Cokley
Name (Last, First, MI): Sex: Race: Age: DOB: Address (Include City, County, State, Zip): 600 E. Baltimore St
Residence Phone: Other Phone:
25 Witness Parent/Guardian: Name (Last, First, MI): Address (Include City, County, State, Zip): Residence Phone: Other Phone:

26 Suspect: MOZEKE, Clifton
Name (Last, First, MI): Address (Include City, County, State, Zip): 2920 E Monument St
Sex: Race: Age: Height: Weight: 6-02 250
Complexion: med Hair Color/Length/Style: Hat: Eyes: Facial Hair: Teeth: Shirt/Coat:
Pants: Shoes: Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.): Scorpion tattoo under left eye
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: 125735T State: MD Expiration: 8/2014 Vehicle Year: Make: Ford Model: Edge Body Style: Color: Ldr Purple Mileage:
Vehicle Identification Number (VIN): 2FMDK4JC5BB06534
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): Cab East LLC Sex: Race: Age: DOB: Address (Include City, County, State, Zip): 722 Dulaney Valley Rd Towson MD 21204

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: Unit BIK Custom House Location Towed To: Headquarters Crime Lab Bay Towed by: 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:

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.

On the above date and time, the above listed vehicle was towed in reference to a aggravated assault incident. The driver of this vehicle was arrested on this date and time in reference to COS under the above listed cc#. The current vehicle has a MVA Disability Placard # 59840C that is not registered with this vehicle nor owner and it has received a parking citation for unpaid meter. I Officer Cokley followed the vehicle to Headquarters Crime Lab Bay. Aggravated Assault cc # 14102968

53 Reporting Officer Name (PRINT CLEARLY): P/O Cokley Sequence No.: 2478 Assignment: Central Signature: P/O Cokley
54 Approving Supervisor: Name and Signature: Sgt Brown Sequence No.: 1301 Assignment: CD Signature: Sgt Brown
55 RMS Date Entered By: Sequence No.: Date: Time: 56 Reviewer: 57 Referred To:

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime/Incident: Towed Vehicle Attempt 2 Complaint Number: 14102923
3 Location of Offense / Incident (Exact Street Address): Unit BIK Custom House Ave Page 1 of 1
4 Date / Time Occurred: 11 July 2014 1200 hrs 5 Date / Time Reported: 3/1 # 4
11 Location Given by Dispatcher: On View 12 Companion Report No.:
18 Describe Location of Offense or Type of Premise: City Street 19 Reported by Crime Watcher: Yes No

6 Unit: 1014 7 Post of Occurrence: 115 8 Reporting Area: 9 Street Code: 10 CAD Number: 2278
13 Case Status: Open Closed 14 Case Disposition: Cleared Not Cleared 15 Follow-up: Yes No 16 Crime Code: 17 Crime Classification: 18 Describe Location of Offense or Type of Premise: City Street 19 Reported by Crime Watcher: Yes No
20 Complainant / Victim: Cab East LLC CO/ Heather Ann Nizer Residence / Address (Include City, County, State, Zip): 722 Dulaney Valley Rd Towson MD 21204 Sex: Race: Age: DOB:
Where Employed or School Attending (Include City Located): Occupation: Hours of Employment: Residence Phone: Other Phone: Sobriety:
21 Injuries and Location on Body: Victim's Condition: Victim Hospitalized: Facility: 22 Victim / Assailant Relationship: 23 Current / Former Cohabitant: Yes No

24 Reporting Person: Name (Last, First, MI): P/O Cokley Sex: Race: Age: DOB: Address (Include City, County, State, Zip): 600 E. Baltimore St 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): MOZEKE, Clifton Address (Include City, County, State, Zip): 2920 E Monument St Sex: M Race: B Age: 3-17-78 Height: 6-02 Weight: 250
Complexion: med Hair Color/Length/Style: Hat: Eyes: Facial Hair: Teeth: Shirt/Coat: Pants: Shoes: Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.): Scorpion tattoo under left eye 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: 125735T State: MD Expiration: 8/2014 Vehicle Year: Make Model: Ford Edge Body Style: 4dr Ruple Mileage:
Vehicle Identification Number (VIN): 2FMDK4JC5BB06534 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): Cab East LLC Sex: Race: Age: DOB: Address (Include City, County, State, Zip): 722 Dulaney Valley Rd Towson MD 21204
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: Unit BIK Custom House Location Towed To: Headquarters Crime Lab Bay 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 51 Victim Assistance/Incident Information: Explain Form(s) Provided: Yes No

52 Copies Forwarded To:

Cont'd Sections: Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Describe details of incident, include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.
On the above date and time, the above listed vehicle was towed in reference to a aggravated assault incident. The driver of this vehicle was arrested on this date and time in reference to COS under the above listed cc#. The current vehicle has a MVA Disability Placard # 59840C that is not registered with this vehicle, nor owner and it has received a parking citation for unpaid meter. I Officer Cokley followed the vehicle to Headquarters Crime Lab Bay, Aggravated Assault CC # 14102923

53 Reporting Officer Name (PRINT CLEARLY): P/O Cokley Sequence No.: 348 Assignment: Central Signature: [Signature]
54 Approving Supervisor: Rank and Name: Sgt Brown Sequence No.: 1501 Assignment: CD Signature: [Signature]
55 RMS Data Entered By: Sequence No.: Date: Time: 56 Reviewer: 57 Referred To:

**BOARD OF LICENSE COMMISSIONERS
FOR BALTIMORE CITY**

STATE OF MARYLAND • CITY OF BALTIMORE

6th Floor - 231 E. Baltimore Street - 21202

Telephone: 410-396-4377

NOTICE

TO: Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/a Norma Jean's
10 Custom House Avenue 21202

Date: January 15, 2013

**Licenses may be represented by
Counsel before Board**

You are hereby notified to appear before the Board of License Commissioners for Baltimore City at **2:00** o'clock AM., PM., on the **28th** day of **February, 2013**, in Room No. **215**, City Hall, Baltimore, Maryland, to show cause why your Alcoholic Beverage License and any other permits issued by this Board to you under the provisions of Article 2B of the Annotated Code of Maryland Title "Alcoholic Beverages", as amended, should not be suspended or revoked as required of this Board by Section 10-401 of said Article, following your conviction and/or violation of said law, to wit:

Violation of Rule 3.02 "Licensees shall cooperate with representatives of the Board, members of the Police Department, Health Department, Building Engineer's office, Grand Jury and representatives of other governmental agencies whenever any such persons are on official business" on November 3, 2012 (Re: Manager engaged in a profanity laced tirade while inspector was conducting a routine inspection, attempted to block inspector from going in certain areas of the business and generally was uncooperative; another employee blocked the camera view when the inspector was attempting to take pictures of activity in the establishment); **Violation of Rule 4.07** "No licensee shall serve more than two (2) ounces of liquor to one person at one time for consumption on the premises" on November 3, 2012 (Re: Liquor Board Inspector observed several large bottles of spirits from which patrons were pouring their own drinks)

New date and time of hearing set with Jason Fillippou.

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

and further to show cause why your license and permits should not be suspended or revoked to promote the peace and safety of the City of Baltimore as provided by Section 10-401 of said Article. **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 may be warranted by the evidence.**



BY ORDER OF THE BOARD OF LICENSE
COMMISSIONERS FOR BALTIMORE CITY

Chairman

BOARD OF LICENSE COMMISSIONERS

FOR BALTIMORE CITY

NOTICE

TO

2159, 25th land
Thomas Malinowski,

M + S Inc
The Home Service

10 Canton Road Ave.

Service of copy admitted at

M

this 18th day of January 2013

Amy Smith

Served by _____ of 7th District.

HON. THOMAS WARD
CHAIRMAN

HARVEY E. JONES
DANA PETERSEN-MOORE
COMMISSIONERS



MICHELLE BAILEY-HEDGEPEETH
EXECUTIVE SECRETARY

DEPUTY EXECUTIVE SECRETARY

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
FAX: (410) 396-4362

August 5, 2014

Major William Marcus and/or
Administrative Personnel
B.C.P.D. – Central District
500 E. Baltimore Street
Baltimore, Maryland 21202

Dear Major Marcus:

Please note that the Board has **rescheduled** a public hearing regarding the violation of Liquor Board Rules and Regulations. The public hearings have been scheduled on Thursday, August 21, 2014 in Room 215 of City Hall, 100 North Holliday Street. The applicable information is as follows:

Time: 1:00 pm

Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/a Norma Jean's
10 Custom House Avenue
SIC Dent
Incident report: 141F06367 of June 14, 2014

If an officer cannot appear on this date and time, please notify this office at (410) 396-4380 as soon as possible so that I may re-schedule the hearing. Please note that if an officer fails to appear, the Board may be forced to dismiss the case for lack of testimony.

Thank you for your cooperation in these matters of mutual interest.

Very truly yours,



Michelle Bailey-Hedgepeth
Executive Secretary

Accepted by: _____

Inspector Date/Time: _____

HON. THOMAS WARD
CHAIRMAN

HARVEY E. JONES
DANA PETERSEN-MOORE
COMMISSIONERS



MICHELLE BAILEY-HEDGEPEETH
EXECUTIVE SECRETARY

DEPUTY EXECUTIVE SECRETARY

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
FAX: (410) 396-4362

August 5, 2014

Major William Marcus and/or
Administrative Personnel
B.C.P.D. – Central District
500 E. Baltimore Street
Baltimore, Maryland 21202

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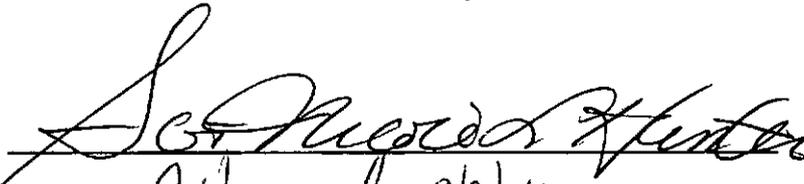
Thank you for your cooperation in these matters of mutual interest.

Very truly yours,



Michelle Bailey-Hedgepeth
Executive Secretary

Accepted by:



Inspector Date/Time:

J. Howard 8/8/14 1:50pm

STEPHAN W. FOGLEMAN
CHAIRMAN

COMMISSIONERS
ELIZABETH C. SMITH
HARVEY E. JONES



SAMUEL T. DANIELS, JR.
EXECUTIVE SECRETARY
JANE M. SCHROEDER
DEPUTY EXECUTIVE SECRETARY

STATE OF MARYLAND

BOARD OF LIQUOR LICENSE COMMISSIONERS

FOR BALTIMORE CITY

231 E. BALTIMORE STREET, 6TH FLOOR

BALTIMORE, MARYLAND 21202-3258

(410) 396-4377
FAX: (410) 396-4382

Memo

To: Inspector Umar Abdul-Hamid

From: Jane Schroeder, Deputy Executive Secretary

Date: January 16, 2013

Re: Liquor Board hearing

Please be advised that the hearing for Norma Jeans at 10 Custom House Avenue scheduled for Thursday, January 17, 2013 at 2 p.m. has been postponed until Thursday, February 28, 2013 at the same time. Since this hearing is based on your report, it is necessary that you appear to testify.

**BOARD OF LICENSE COMMISSIONERS
FOR BALTIMORE CITY**

STATE OF MARYLAND • CITY OF BALTIMORE

6th Floor - 231 E. Baltimore Street - 21202

Telephone: 410-396-4377

NOTICE

TO: Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/a Norma Jean's
10 Custom House Avenue 21202

Date: January 7, 2013

**Licensees may be represented by
Counsel before Board**

You are hereby notified to appear before the Board of License Commissioners for Baltimore City at **2:00** o'clock AM., PM., on the **17th** day of **January, 2013**, in Room No. **215**, City Hall, Baltimore, Maryland, to show cause why your Alcoholic Beverage License and any other permits issued by this Board to you under the provisions of Article 2B of the Annotated Code of Maryland Title "Alcoholic Beverages", as amended, should not be suspended or revoked as required of this Board by Section 10-401 of said Article, following your conviction and/or violation of said law, to wit:

Violation of Rule 3.02 "Licensees shall cooperate with representatives of the Board, members of the Police Department, Health Department, Building Engineer's office, Grand Jury and representatives of other governmental agencies whenever any such persons are on official business" on November 3, 2012 (Re: Manager engaged in a profanity laced tirade while inspector was conducting a routine inspection, attempted to block inspector from going in certain areas of the business and generally was uncooperative; another employee blocked the camera view when the inspector was attempting to take pictures of activity in the establishment); **Violation of Rule 4.07** "No licensee shall serve more than two (2) ounces of liquor to one person at one time for consumption on the premises" on November 3, 2012 (Re: Liquor Board Inspector observed several large bottles of spirits from which patrons were pouring their own drinks)

Please note: Any request for postponement of a scheduled hearing must be made in writing at least 72 hours prior to the scheduled hearing date and there may be a \$25 fee for the production of the new hearing notice and/or summons. If you will be represented by an attorney at this hearing, please have your attorney notify this office that he or she will be representing you. Please fax any request for a postponement to (410) 396-4382.

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

and further to show cause why your license and permits should not be suspended or revoked to promote the peace and safety of the City of Baltimore as provided by Section 10-401 of said Article. **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 may be warranted by the evidence.**

BY ORDER OF THE BOARD OF LICENSE
COMMISSIONERS FOR BALTIMORE CITY



Chairman

90 County

State of Maryland License

30753708

30001893

08754370



PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

13

CODE	UNIT	TYPE OF LICENSE	NO OF LIC	COST
71	020	TRADER'S LICENSE	1	20.00

DATE OF ISSUE
MO DAY YR
03/27/2013

MONTHS PAID
12

ISSUING FEES	2.00		AMOUNT PAID
TOTAL	22.00		22.00

THIS LICENSE MUST BE PUBLICLY DISPLAYED
AND EXPIRES ON **APRIL 30, 2014**

ISSUED BY
FRANK M. CONAWAY, CLERK OF CIRCUIT COURT
100 N. CALVERT STREET, ROOM 628
BALTIMORE, MARYLAND 21202 (410)333-3790

SHN

Certificate
OF
Award

May it be known that this Certificate has been presented to

KEVIN KLEIN

for Outstanding Achievement in
Successfully Completing the Alcohol Awareness Course
Per House Bill #400, Article 2B, Section 130A of

The Annotated Code of Maryland

PRESENTED THIS
14th DAY OF
MARCH, 2013

Expires on: March 14, 2017



John S. Murray, Certified Trainer
Alcohol Awareness Course for
Alcoholic Beverage Licensees
(410) 553-8927
Jmurrayaa@aol.com



Stephanie Rawlings-Blake
Mayor

City of Baltimore
Department of Finance
Bureau of Revenue Collections
Miscellaneous Tax and License Unit
200 N. Holliday Street, Room 3
Baltimore, Maryland 21202



Director of Finance
Revenue Collections

Miscellaneous Tax and License Unit
2013 Business License Registration Card
January 1, 2013 - December 31, 2013
AMM SEIMENT DEVIJ F ILENSI

Location
Address
Number



Location
Address
Number

MUST BE POSTED
ON PREMISES

CITY OF BALTIMORE FIRE DEPARTMENT

FIRE PREVENTION PERMIT

APPLICATION DATE 01/05/98	DATE ISSUED 02/11/13	EXPIRATION DATE 12/30/13	PERMIT NUMBER 124614
APPLICANT NAME PPG, INC. T/A NORMA JEANS	ADDRESS 0010 - 0014 CUSTOM HOUSE AVE (21202)	PHONE NUMBER 410-625-0680	
THE ABOVE NAMED INDIVIDUAL/BUSINESS HEREBY MAKES APPLICATION TO CONDUCT THE FOLLOWING BUSINESS AT THE ABOVE LOCATION PUBLIC ASSEMBLY/CAPACITY - 260			



AND FOR THE KEEPING, STORAGE, OCCUPANCY, USE, SALE, HANDLING, OR MANUFACTURE OF THE FOLLOWING:

(STATE QUANTITIES NORMALLY TO BE STORED, HOW STORED, OR USED, GIVING AMOUNTS FOR EACH KIND OR CATEGORY.)
CONTACT: PETE IRELAND

**
CHECK#: 9503

IN ACCORDANCE WITH SECTION 103.0 (PERMITS) AND SECTION(S) F105.6.34B
OF THE FIRE PREVENTION CODE OF THIS JURISDICTION.

APPLICATION RECEIVED BY FIRE OFFICIAL RICHARD S BOBLITZ, FI, FPB-32	DATE 10/11/12	FEE PAID \$ 300.00
--	------------------	-----------------------

RAC

- Chief of Fire Department

FIRE PREVENTION BUREAU:
410 E LEXINGTON ST., BALTIMORE MD. 21202
410-398-5782

BOARD OF LICENSE COMMISSIONERS
FOR BALTIMORE CITY

STATE OF MARYLAND • CITY OF BALTIMORE

6th Floor - 231 E. Baltimore Street - 21202

Lisa Ireland & Thomas Malinowski
PP & G, Inc.
T/A Norma Jean's
TO: 10 Custom House Avenue

Telephone: 410-396-4377

August 1, 2014

NOTICE

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

You are hereby notified to appear before the Board of License Commissioners for Baltimore City at _____ o'clock AM., PM., on the _____ day of _____, 20____, in Room No. _____, City Hall, Baltimore, Maryland, to show cause why your Alcoholic Beverage License and any other permits issued by this Board to you under the provisions of Article 2B of the Annotated Code of Maryland Title "Alcoholic Beverages", as amended, should not be suspended or revoked as required of this Board by Section 10-401 of said Article, following your conviction and/or violation of said law, to wit:

Violation of Adult Entertainment Rule 4 "No dancer may enter any separate room, enclosure, or screened area with any patron, unless the area is in public view at all times" (Re: May 27, 2013, Police reported that a dancer escorted a male patron to a private room in the rear of building. In the private room the dancer told police she was strangled into unconsciousness)

Violation of Rule 3.12 "Licensees shall operate their establishments in such a manner as to avoid disturbing the peace, safety, health, quiet and general welfare of the community" (Re: May 27, 2013, police reported that a dancer was strangled in a private room inside the establishment by a patron)

Violation of Rule 3.12 "Licensees shall operate their establishments in such a manner as to avoid disturbing the peace, safety, health, quiet and general welfare of the community" (Re: June 14, 2014, police found a victim beaten inside establishment by 3 patrons wielding pool sticks)

and further to show cause why your license and permits should not be suspended or revoked to promote the peace and safety of the City of Baltimore as provided by Section 10-401 of said Article. **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 may be warranted by the evidence.**

BY ORDER OF THE BOARD OF LICENSE
COMMISSIONERS FOR BALTIMORE CITY

Chairman

90 County

State of Maryland License

30893117

30001893

08754370



PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

14

CODE	UNIT	TYPE OF LICENSE	NO OF LIC	COST
71	020	TRADER'S LICENSE	1	20.00

DATE OF ISSUE
MO DAY YR
03/24/2014

MONTHS PAID
12

ISSUING FEES	2.00		
TOTAL	22.00	AMOUNT PAID	22.00

THIS LICENSE MUST BE PUBLICLY DISPLAYED
AND EXPIRES ON **APRIL 30, 2015**

ISSUED BY
FRANK M. CONAWAY, CLERK OF CIRCUIT COURT
100 N. CALVERT STREET, ROOM 628
BALTIMORE, MARYLAND 21202 (410)333-3790

SHN

Board of Liquor License Commissioners for Baltimore City

CERTIFICATION OF WORKER'S COMPENSATION INSURANCE

✓ LISA FRELAND
LICENSEE MID ATLANTIC INS

ADDRESS OF LICENSED PREMISES: 10-CUSTOM HOUSE AVE

POLICY OR BINDER NO. VBA20912500 DATE FEB 23 EXPIRES 2/2/15

INSURANCE CARRIER MID ATLANTIC INS

DO YOU HAVE EMPLOYEES?

Yes YES _____ NO
(If yes, complete above)

Lisa Ireland
Signature

This form must be filed with your Application for Renewal or presented at time you pay for License otherwise your License cannot be renewed.

Board of Liquor License Commissioners for Baltimore City

CERTIFICATION OF WORKER'S COMPENSATION INSURANCE

LICENSEE LB07-108

ADDRESS OF LICENSED PREMISES: 10 CUSTOM HOUSE

POLICY OR BINDER NO 5C P0625254 DATE 3/6 EXPIRES 11/29/14

INSURANCE CARRIER HUNT MANOR INS.

DO YOU HAVE EMPLOYEES?

YES NO
(If yes, complete above)

Lisa Ireland
Signature

This form must be filed with your Application for Renewal or presented at time you pay for License otherwise your License cannot be renewed.



City of Baltimore
STEPHANIE RAWLINGS-BLAKE
MAYOR
Department of Finance
Bureau of Revenue Collections
Collection Division
200 Holliday St
Baltimore, MD 21202

CLEARANCE

Date: 02/24/14

Account Number: D04809661

This is to certify that the Personal Property tax bills in the name
PP & G, INC. are paid to and
including 2013-2014

Mary Payne

Customer Service Section
Bureau of Treasury Management
Collection Division
200 Holliday St.
Baltimore, Maryland
410-396-3979

02/24/14
MP

Certificate
OF
Award

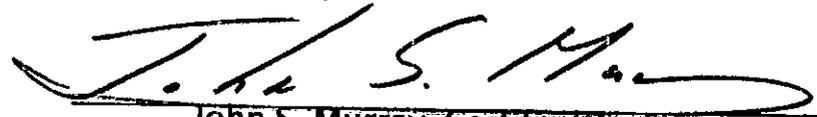
May it be known that this Certificate has been presented to
KEVIN KLEIN

for Outstanding Achievement in
Successfully Completing the Alcohol Awareness Course
Per House Bill #400, Article 2B, Section 130A of
The Annotated Code of Maryland

PRESENTED THIS
14th

DAY OF
MARCH 2013

Expires on: March 14, 2017



John S. Murray, Certified Trainer

Alcohol Awareness Course for
Alcoholic Beverage Licensees

(410) 553-8927

Jmurrayaa@aol.com

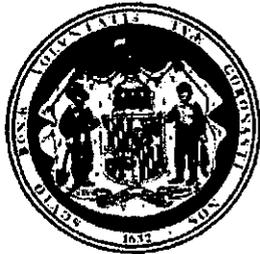
90 County

State of Maryland License

30753708

30001893

08754370



PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

13

CODE	UNIT	TYPE OF LICENSE	NO OF LIC	COST
71	020	TRADER'S LICENSE	1	20.00

DATE OF ISSUE
MO DAY YR
03/27/2013

MONTHS PAID
12

ISSUING FEES	2.00	AMOUNT PAID	
TOTAL	22.00		22.00

THIS LICENSE MUST BE PUBLICLY DISPLAYED
AND EXPIRES ON **APRIL 30, 2014**

ISSUED BY **FRANK M. CONAWAY, CLERK OF CIRCUIT COURT**
100 N. CALVERT STREET, ROOM 628
BALTIMORE, MARYLAND 21202 (410)333-3790

SHN



Stephanie Rawlings-Blate
Mayor

City of Baltimore
Department of Finance
Bureau of Revenue Collections
Miscellaneous Tax and License Unit
200 N. Holliday Street, Room 3
Baltimore, Maryland 21202



Director of Finance
Revenue Collections

Miscellaneous Tax and License Unit
2014 Business License Registration Card
January 1, 2014 - December 31, 2014
AMUSEMENT DEVICE LICENSE

Registration#
LR000388
Norma Jeans



Location:
10
Custom Ave

3/13

Ⓞ

Date: March 14, 2013

Expires On: March 14, 2017

Board of Liquor License
Commissioners for Baltimore City
231 East Baltimore Street, 6th Floor
Baltimore, Maryland 21202

Re: Heather Eff and Kevin Klein
"Norma Jean's"
10 Custom House Avenue
Baltimore, Md. 21202

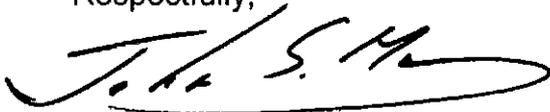
Dear Sir/Madame:

Be advised that the above referenced individual(s) successfully completed the **Alcohol Awareness Course per House Bill #400, Article 2B, Section 130A Of the Annotated Code of Maryland.**

The appropriate certificate(s) and a copy of this letter were presented to the aforementioned this date.

Thank you for your attention to this matter.

Respectfully,



John S. Murray, Certified Trainer
Alcohol Awareness Course for Alcoholic Beverage Licensees (Maryland State Certified)
8612 Sweet Autumn Drive
Baltimore, Maryland 21244-1264
(410) 553-8927 (410) 597-8055 Fax
Jmurrayaa@aol.com

C: Trainee(s)
File

STEPHAN W. FOGLEMAN
CHAIRMAN

COMMISSIONERS
ELIZABETH C. SMITH
HARVEY E. JONES



SAMUEL T. DANIELS, JR.
EXECUTIVE SECRETARY
JANE M. SCHROEDER
DEPUTY EXECUTIVE SECRETARY

STATE OF MARYLAND

BOARD OF LIQUOR LICENSE COMMISSIONERS

FOR BALTIMORE CITY

231 E. BALTIMORE STREET, 6TH FLOOR

BALTIMORE, MARYLAND 21202-3258

(410) 396-4377
FAX: (410) 396-4382

Memo

To: Inspector Umar Abdul-Hamid

From: Jane Schroeder, Deputy Executive Secretary

Date: January 7, 2013

Re: Liquor Board hearings

Please be advised that the following hearings have been scheduled for Thursday, January 17, 2013 at 2 p.m. in room 215 of City Hall:

Pole Play, 417 E. Baltimore Street
Mirage, 401 W. Baltimore Street
Norma Jean's, 10 Custom House Avenue
Diving Horse Gentleman Club, 5-11 Commerce Street

These hearing are based on reports that you have submitted and it is necessary that you appear to testify. If any of the cases are postponed, I will notify you.

90 County

State of Maryland License

30893117

30001893

08754370



PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

14

CODE	TYPE	TYPE OF LICENSE	NO OF LIC	COST
71	020	TRADER'S LICENSE	1	20.00

DATE OF ISSUE
MO DAY YR
03/24/2014

MONTHS PAID
12

ISSUING FEES	2.00		
TOTAL	22.00	AMOUNT PAID	22.00

THIS LICENSE MUST BE PUBLICLY DISPLAYED
AND EXPIRES ON **APRIL 30, 2015**

ISSUED BY
FRANK M. CONAWAY, CLERK OF CIRCUIT COURT
100 N. CALVERT STREET, ROOM 628
BALTIMORE, MARYLAND 21202 (410)333-3790

SHN

BALTIMORE CITY HEALTH DEPARTMENT ENVIRONMENTAL INSPECTION SERVICES

LICENSE

LICENSE NO.	RISK	TYPE OF FACILITY/ACTIVITY	CODE	
4669	LOW	BAR	49	
THIS CERTIFIES THAT		PP & G, NORMA JEANS NITE CLUB 10 CUSTOM HOUSE AVE BALTIMORE MD 21202	BALTIMORE CITY HEALTH DEPARTMENT 1001 1001	
SHALL COMPLY WITH THE APPROPRIATE PROVISIONS OF THE ANNOTATED CODE AND THE ANNOTATED CODE OF MARYLAND AND OTHER APPLICABLE LAWS, RULES AND REGULATIONS.				
FOOD A-001-182-117-11-0-00	LICENSE FEE \$65.00	SWIMMING POOL A-001-152-302-00-000		DATE OF ISSUE 11/19/2013
PLAN REVIEW A-001-151-302-01-000		SOLID WASTE COLLECTOR/HANDLER		DATE OF EXPIRATION 12/31/2014
TATTOO A-001-880-302		OTHER ENVIRONMENTAL A-001-630-302		
LATE FEE (AS APPLICABLE) A001-182-117-11-0-00				



POST IN A CONSPICUOUS PLACE
THIS LICENSE IS NON-TRANSFERABLE
IT IS ILLEGAL TO OPERATE UNDER THE LICENSE OF ANOTHER OWNER.
RENEW LICENSE PRIOR TO EXPIRATION TO AVOID LATE FEES AND OTHER PENALTIES.
IF OUT OF BUSINESS, RETURN THIS DOCUMENT TO: BCHD, 1001 E. FAYETTE ST. BALTIMORE, MD 21202



Certificate
of
Award

May it be known that this Certificate has been presented to

KEVIN KLEIN

for Outstanding Achievement in
Successfully Completing the Alcohol Awareness Course
Per House Bill #400, Article 2B, Section 190A of
The Annotated Code of Maryland

PRESENTED THIS

4th

DAY OF

MARCH 2013

Expires on March 14, 2017



John S. Murray, Certified Trainer

Alcohol Awareness Course for
Alcoholic Beverage Licensees

(410) 553-8927

jmurrayaa@aol.com

90 County

State of Maryland License

30996118

30001893

08754370



PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

15

DATE OF ISSUE
MO DAY YR
03/31/2015

MONTHS PAID
12

CODE	UNIT	TYPE OF LICENSE	NO OF LIC	COST
71	020	TRADER'S LICENSE	1	20.00

ISSUING FEES	2.00	AMOUNT PAID	
TOTAL	22.00		22.00

THIS LICENSE MUST BE PROMINENTLY DISPLAYED
AND EXPIRES ON **APRIL 30, 2016**

ISSUED BY
LAVINIA G ALEXANDER, CLERK OF CIRCUIT COURT
100 N CALVERT STREET, ROOM 627
BALTIMORE, MARYLAND 21202 (410)333-3790

SHN

90 County

State of Maryland License

30893117

30001893

08754370

14

PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

PP & G INC
NORMA JEANS NITE CLUB
10 CUSTOM HOUSE AVE
BALTIMORE MD 21202

CODE	UNIT	TYPE OF LICENSE	NO OF LIC	COST
71	020	TRADER'S LICENSE	1	20.00

DATE OF ISSUE
MO DAY YR
03/24/2014

MONTHS PAID
12

ISSUING FEES	2.00	AMOUNT PAID	
TOTAL	22.00		22.00

THIS LICENSE MUST BE PUBLICLY DISPLAYED
AND EXPIRES ON **APRIL 30, 2015**

ISSUED BY
FRANK M. CONAWAY, CLERK OF CIRCUIT COURT
100 N CALVERT STREET, ROOM 628
BALTIMORE, MARYLAND 21202 (410)333-3790

SHN

MAIL OR BRING TO:
FIRE PREVENTION BUREAU
410 E LEXINGTON ST.
BALTIMORE, MD 21202

MAKE CHECK OR MONEY ORDER
PAYABLE TO - DIRECTOR OF FINANCE

- Chief of Fire Department

APPLICATION RECEIVED BY FIRE OFFICIAL	ALLEN JONES, FI, FPB-24	DATE	10/06/14	FEE PAID	\$ 300.00
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CHECK#: 10461
IN ACCORDANCE WITH SECTION 103.0 (PERMITS) AND SECTION(S) F105.6.348
OF THE FIRE PREVENTION CODE OF THIS JURISDICTION.

CONTACT: PETE IRELAND
(STATE QUANTITIES NORMALLY TO BE STORED, HOW STORED, OR USED, GIVING AMOUNTS FOR EACH KIND OR CATEGORY.)

AND FOR THE KEEPING, STORAGE, OCCUPANCY, USE, SALE, HANDLING, OR MANUFACTURE OF THE FOLLOWING:



APPLICANT NAME	PPG, INC. T/A NORMA JEANS	0010 - 0014 CUSTOM HOUSE AVE (21202)	410-625-0680
APPLICATION DATE	01/05/98	DATE ISSUED	10/06/14
EXPIRATION DATE	12/30/15	PERMIT NUMBER	143189

**CITY OF BALTIMORE
FIRE DEPARTMENT
FIRE PREVENTION
INSPECTION FORM**

Certificate
OF
AWARD

May it be known that this Certificate has been presented to

KEVIN KLEIN

for Outstanding Achievement in
Successfully Completing the Alcohol Awareness Course
Per House Bill #400, Article 2B, Section 130A of
The Annotated Code of Maryland

PRESENTED THIS
14th DAY OF
MARCH 2013

Expires on: March 14, 2017



John S. Murray, Certified Trainer
Alcohol Awareness Course for
Alcoholic Beverage Licensees

(410) 553-8927
jmurrayaa@aol.com



City Of Baltimore
Miscellaneous Tax and License Unit
Device Registration

MBN001293
Music Box

2015 Norma Jean's
10 Custom House Ave



City Of Baltimore
Miscellaneous Tax and License Unit
Device Registration

PEN001294
Pool Table

2015 Norma Jeans
10 Custom House Ave



City Of Baltimore
Miscellaneous Tax and License Unit
Device Registration

PEN001295
Pool Table

2015 Norma Jeans
10 Custom House Ave.

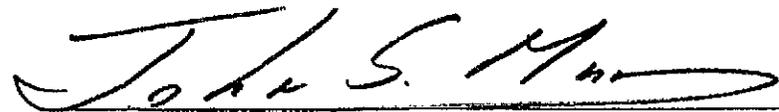
Certificate
OF
Award

May it be known that this Certificate has been presented to

LISA IRELAND

for Outstanding Achievement in
Successfully Completing the Alcohol Awareness Course
Per House Bill #400, Article 2B, Section 130A of
The Annotated Code of Maryland

PRESENTED THIS
2nd DAY OF
MARCH, 2015



John S. Murray, Certified Trainer
Alcohol Awareness Course for
Alcoholic Beverage Licensees - AP-36218

Expires on: March 2, 2019

(410) 553-8927 jmurrayaa@aol.com

**BALTIMORE CITY HEALTH DEPARTMENT
ENVIRONMENTAL INSPECTION SERVICES**

LICENSE

LICENSE NO. 4669	RISK LOW	TYPE OF FACILITY/ACTIVITY BAR		CODE 49			
<p>THIS CERTIFIES THAT</p> <p>PP & G INC NORMAN FAYNS 10 CUSTUMER HOUSE AVE BALTIMORE, MD 21202</p> <p>SHALL COMPLY WITH THE APPROPRIATE PROVISIONS OF THE BALTIMORE CITY CODE AND THE ANNOTATED CODE OF MARYLAND AND OTHER APPLICABLE FEDERAL, STATE AND LOCAL LAWS, RULES AND REGULATIONS.</p>		<p style="writing-mode: vertical-rl; transform: rotate(180deg);">BALTIMORE CITY HEALTH DEPARTMENT BUREAU OF FOOD CONTROL OFFICIAL PAID PERMIT</p>					
FOOD A001-182-117-11-0-00	LICENSE FEE \$65.00				SWIMMING POOL A-001-152-302-00-000	LICENSE FEE	DATE OF ISSUE 11/10/2014
PLAN REVIEW A-001-151-302-01-000					SOLID WASTE COLLECTOR/HAULER		
TATTOO A-001-680-302					OTHER ENVIRONMENTAL A-001-680-302		DATE OF EXPIRATION 11/10/2015
LATE FEE (AS APPLICABLE) A001-182-117-11-0-00							



**POST IN A CONSPICUOUS PLACE
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RENEW LICENSE PRIOR TO EXPIRATION TO AVOID LATE FEES AND OTHER PENALTIES.
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