OFFICE USE ONLY
Date Received: _____
Staff Initials: _____

License Number: _____
Class: _____
Type: _____
Date Issued: _____

WORCESTER COUNTY BOARD OF LICENSE COMMISSIONERS
STATE OF MARYLAND - ALCOHOLIC BEVERAGES LAW

APPLICATION FOR A CLASS CHOOSE FROM DROPDOWN LICENSE

TYPE OF APPLICATION CHOOSE FROM DROPDOWN

OFFICE USE ONLY:

Application for: Individual ☐ Partnership ☐ Corporation ☐ Unincorporated Association ☐ Limited Liability Company ☐

This application for an alcoholic beverage license is made by the undersigned individuals, under penalty of perjury, in accordance with the Alcoholic Beverages Article of the Annotated Code of Maryland.

SECTION A:

1. Retail Sales Tax Number: _____ 2. Business Phone No. _____

3. If a corporation, state corporation name and trade name: _____

If other than corporation, state trade name to be used: _____

4. Address of place to be licensed: _____

A. Nearest intersecting street: _____

B. Tax District where located: Choose from Dropdown Is this an application for a new license YES ☐ or NO ☐

C. Is this a transfer from a present licensee? YES ☐ or NO ☐ From Whom: _____

_____

(This Board must be furnished releases by the State Comptroller's Office approving the bulk sales transfer and clearing all tax accounts before any license will be transferred)

D. Are you represented by an attorney? Name: _____

Phone Number: _____ Address: _____

E. Describe premises to be licensed: _____

F. If this is a new or proposed building or a building not previously licensed, a copy of the plans must be filed with this application or presented at the the time of the hearing.

5. State name and address of owner of record premises: _____

_____

SECTION B:

The applicant(s) is/are citizen(s) of the United States and if making an application on behalf of a corporation or limited liability company, one applicant must serve as the Resident Agent. That individual must (i) be a resident of Worcester County at the time the application is filed; and (ii) remain a resident of Worcester County for the duration of time the license is in effect. The Resident Agent must hold at least 10% of the outstanding stock unless applying for a Class "B" Beer, Wine and Liquor license, in which case the Resident Agent must hold some percentage of the outstanding stock. **Supporting signatures on the application must be collected by the Resident Agent and only by the Resident Agent.**

6. Applicant (s)

Applicant A

Full Legal Name (First, Middle, Last) | Telephone Number | Email Address

Residence Full Address: (Street,City, State, County & Zip Code) | Period of Residency

Place of Birth (City & State or Country) | Date of Birth | M/F Sex

Are you a United States Citizen? YES ☐ or NO ☐ If answer is NO give details:

Applicant B

Full Legal Name (First, Middle, Last) | Telephone Number | Email Address

Residence Full Address: (Street,City, State, County & Zip Code) | Period of Residency

Place of Birth (City & State or Country) | Date of Birth | M/F Sex

Are you a United States Citizen? YES ☐ or NO ☐ If answer is NO give details:

Applicant C

Full Legal Name (First, Middle, Last) | Telephone Number | Email Address

Residence Full Address: (Street,City, State, County & Zip Code) | Period of Residency

Place of Birth (City & State or Country) | Date of Birth | M/F Sex

Are you a United States Citizen? YES ☐ or NO ☐ If answer is NO give details:

Applicant D

Full Legal Name (First, Middle, Last) | Telephone Number | Email Address

Residence Full Address: (Street, City, State, County & Zip Code) | Period of Residency

Place of Birth (City & State or Country) | Date of Birth | M/F Sex

Are you a United States Citizen? YES ☐ or NO ☐ If answer is NO give details:

SECTION C:

Each applicant must answer every question in this section. For each item, select YES **or** NO as it applies **to** that specific applicant**.**

7. Have you ever been:	Applicant A	Applicant B	Applicant C	Applicant D
A. Convicted of a misdemeanor?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
B. Adjudged guilty of violating Alcoholic Beverage laws by a court, administrative agency or Board of License Comm.?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
C. Adjudged guilty of violating gambling laws?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
D. Adjudged guilty of any offense against U.S. laws?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
If so when and where?				
E. Convicted of a felony or offered a plea of nole contendere to a felony indictment?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

8. Have you ever?	Applicant A	Applicant B	Applicant C	Applicant D
A. Have you ever held a license for the sale of alcoholic beverages?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
If Yes, state when and where:				
B. If so, has such license been suspended or revoked?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
If answer is yes, give full details:				
C. If so,were you ever found in violation of any alcoholic beverage law?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
9. Have you ever applied for an alcoholic beverage license in the State of Maryland?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
If answer is yes, state when and where:				

	Applicant A	Applicant B	Applicant C	Applicant D
10. What percentage of financial interest do you have in business?	☐ %	☐ %	☐ %	☐ %
11. Are you financially interested in any other alcoholic beverage business in which a license has been applied for, granted or issued?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
If so give details:				
12. Is your spouse a licensee and do they have any financial interest in any other alcoholic beverage business in the State of Maryland ?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
If so give details:				

13. Is there now, or will there be, during the continuation of the license applied for, any other person financially interested in said license or the business to be conducted ? **Applicant A:** YES ☐ OR NO ☐ **Applicant B**:YES ☐ OR NO ☐ **Applicant C**:YES ☐ OR NO ☐ **Applicant D:**YES ☐ OR NO ☐

If so, state name , address , telephone number , age , percent of interest and state whether an interest is held in any other alcoholic beverage license:

14. A. Does any manufacturer, brewer, distiller or wholesaler have any financial interest in the premises or business to be conducted under this license?

B. Will any such interest be hereafter conveyed or granted to any such manufacturer, brewer, distiller or wholesaler?

15. Do you now have, or will you hereafter have, any indebtedness or other financial indebtedness , directly or indirectly to any manufacturer, brewer,distiller or wholesaler other than for purchase of alcoholic beverages ?

Applicant A YES ☐ OR NO ☐ **Applicant B:** YES ☐ OR NO ☐ **Applicant C:** YES ☐ OR NO ☐ **Applicant D**: YES ☐ OR NO ☐

16. A. If granted a license, will you conform to all laws and regulations relating to the business in which you propose to engage ?

Applicant A: Agree : ☐ **Applicant B:** Agree : ☐ **Applicant C:** Agree : ☐ **Applicant D:** Agree: ☐

B. If granted a license, do you agree to keep current State and Local tax obligations including, but not limited to , state and use tax, withholding tax and admissions **?** **Applicant A:** Agree: ☐ **Applicant B**: Agree: ☐ **Applicant C:** Agree: ☐ **Applicant D:** Agree: ☐

I/We consent to the Board of License Commissioners being furnished with a copy of my /our arrest record, if any, by any state,local, or federal law enforcement of judicial agency. **Applicant A**: Consent: ☐ **Applicant B**: Consent: ☐ **Applicant C:** Consent: ☐ **Applicant D:** Consent: ☐

Section D:

I/We hereby authorize the Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners of Worcester County, its duly authorized agents and employees, any peace officer of Worcester County, to inspect without warrant, the premises upon which said business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours, ***and further state that I/We have personally obtained the signatures of the ten citizens to the certificate which is a part hereof. (Extract from the law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury, and upon indictment and conviction thereof shall be subject to the penalties provided by the law for that crime.)***

Give Name(s) and Address(s) of officers:

Name	Title	Residence Address

If applicant is a Corporation, President or Vice President must sign:

____
(Signature of President or Vice President)

All Applicants must sign:

1. ____ (Signature of Applicant A)
2. ____ (Signature of Applicant B)
3. ____ (Signature of Applicant C)
4. ____ (Signature of Applicant D)

STATE OF ______________________ COUNTY OF ____________________________TO WIT:

THIS CERTIFIES, That on the _____ day of ____________________ , 20 _____, before the subscriber, a Notary Public of the State of ____________________

personally appeared __________________________________ the applicant named in the foregoing application and made oath in due form of law that the statements therein are true to the best of their knowledge and belief.

WITNESS my hand and notarial seal. __________________________________ SEAL
(*NOTARY PUBLIC SIGNATURE)*

STATE OF ______________________ COUNTY OF ____________________________TO WIT:

THIS CERTIFIES, That on the _____ day of ____________________ , 20 _____, before the subscriber, a Notary Public of the State of ____________________

personally appeared __________________________________ the applicant named in the foregoing application and made oath in due form of law that the statements therein are true to the best of their knowledge and belief.

WITNESS my hand and notarial seal. __________________________________ SEAL
(*NOTARY PUBLIC SIGNATURE)*

STATE OF ______________________ COUNTY OF ____________________________TO WIT:

THIS CERTIFIES, That on the _____ day of ____________________ , 20 _____, before the subscriber, a Notary Public of the State of ____________________

personally appeared __________________________________ the applicant named in the foregoing application and made oath in due form of law that the statements therein are true to the best of their knowledge and belief.

WITNESS my hand and notarial seal. __________________________________ SEAL
(*NOTARY PUBLIC SIGNATURE)*

STATE OF ______________________ COUNTY OF ____________________________TO WIT:

THIS CERTIFIES, That on the _____ day of ____________________ , 20 _____, before the subscriber, a Notary Public of the State of ____________________

personally appeared __________________________________ the applicant named in the foregoing application and made oath in due form of law that the statements therein are true to the best of their knowledge and belief.

WITNESS my hand and notarial seal. __________________________________ SEAL
(*NOTARY PUBLIC SIGNATURE)*

Section E:

STATEMENT OF THE OWNER OF THE REAL PROPERTY (PREMISES) AT THE LOCATION WHICH THE LICENSE IS SOUGHT IN CONNECTION WITH ALCOHOLIC BEVERAGES LAW OF MARYLAND

I/WE HEREBY CERTIFY, that/we are the owner(s) of record of the property known as ____

____

named in the aforegoing application made to the Board of License Commissioners under the Alcoholic Beverage Laws of Maryland; that I/we assent to the granting of the license applied for; that I/we hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Worcester County, its duly authorized agents and employees, and any peace officer of such county to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business to be conducted, at any and all hours.

WITNESS, our/my hand(s) and seal(s) this ______ day of ________________________________ 20 _____

____ (seal) ____ (seal)

____ (seal) ____ (seal)

____ (seal) ____ (seal)

STATE OF ______________________________ COUNTY OF ____TO WIT:

THIS CERTIFIES, That on the _______ day of ____________________, 20 ____ , before the subscriber, a Notary Public of the State of ________________________

Personally appeared ____

and acknowledged the execution of the aforegoing statement to be ______________________________________ act.

WITNESS my hand and notarial seal. ____ SEAL

(Notary Public Signature)

(The following certificates must be signed by at least ten people)

SIGNATURES MUST BE OBTAINED BY THE RESIDENT AGENT, IF APPLICATION IS FOR CORPORATION.

We the undersigned reputable citizens **(real estate owners, registered voters with Worcester County and reside within the tax district in which the business covered by the aforegoing application is to be conducted)** certify that each of us has been personally acquainted with the applicant and that we have good reason to believe that all of the statements contained in said application are true, and that we are familiar with the premises upon which the proposed business is to be conducted and we believe such premises are suitable for the conduct of the business of retain dealer in alcoholic beverages, and that we are of the opinion that the applicant is a suitable person to obtain the license applied for:

(Print Name Clearly Above Signature) Name	*Address* Voting Residence	*Length of time acquainted with applicant(s). If not acquainted prior to application filing, indicate Just Met (JM)*
	Tax District ________	Applicant A. __________ Applicant B. ___________ Applicant C. __________ Applicant D. ________
________________________________	Address of property Owned	____
	Tax District ________	Applicant A. __________ Applicant B. ___________ Applicant C. __________ Applicant D. ________
________________________________	Address of property Owned	____
	Tax District ________	Applicant A. __________ Applicant B. ___________ Applicant C. __________ Applicant D. ________
________________________________	Address of property Owned	____
	Tax District ________	Applicant A. __________ Applicant B. ___________ Applicant C. __________ Applicant D. ________
________________________________	Address of property Owned	____
	Tax District ________	Applicant A. __________ Applicant B. ___________ Applicant C. __________ Applicant D. ________
________________________________	Address of property Owned	____
	Tax District ________	Applicant A. __________ Applicant B. ___________ Applicant C. __________ Applicant D. ________
________________________________	Address of property Owned	____
	Tax District ________	Applicant A. __________ Applicant B. ___________ Applicant C. __________ Applicant D. ________
________________________________	Address of property Owned	____
	Tax District ________	Applicant A. __________ Applicant B. ___________ Applicant C. __________ Applicant D. ________
________________________________	Address of property Owned	____
	Tax District ________	Applicant A. __________ Applicant B. ___________ Applicant C. __________ Applicant D. ________
________________________________	Address of property Owned	____
	Tax District ________	Applicant A. __________ Applicant B. ___________ Applicant C. __________ Applicant D. ________
________________________________	Address of property Owned	____
	Tax District ________	Applicant A. __________ Applicant B. ___________ Applicant C. __________ Applicant D. ________