

Business Phone No. _____

WORCESTER COUNTY
STATE OF MARYLAND
ALCOHOLIC BEVERAGES LAW

APPLICATION FOR A CLASS _____ LICENSE

For the use of:

(Check one) An Individual Partnership Corporation Unincorporated Association Limited Liability Co.

To the Board of License Commissioners Worcester County.

Date _____, 20____

Application is made by the undersigned under the provisions of Article 2B of the Annotated Code of Maryland, as amended, title "Alcoholic Beverages," for the above license, and the applicant(s) submit(s) and certify(ies) to the following information required by the Article.

Fill in all the blanks:

Applications will NOT be accepted without all Applicant information, including middle name.

1. Applicant(s)

(1) Full Name _____ Residence _____
Date of Birth _____ Period of Residence _____ in Wor. County _____
Place of Birth _____ Naturalized at _____ Year _____
Telephone Number _____ Race _____ Sex _____

(2) Full Name _____ Residence _____
Date of Birth _____ Period of Residence _____ in Wor. County _____
Place of Birth _____ Naturalized at _____ Year _____
Telephone Number _____ Race _____ Sex _____

(3) Full Name _____ Residence _____
Date of Birth _____ Period of Residence _____ in Wor. County _____
Place of Birth _____ Naturalized at _____ Year _____
Telephone Number _____ Race _____ Sex _____

2. The applicant(s) is/are citizen(s) of the United States, and (if the application is for an individual or a partnership), has/have been for two years next preceding the filing of this application (a) resident(s) of Worcester County. The applicant(s) (if applying as a qualifying individual for a corporation) is a registered voter and taxpayer in Worcester County and shall also have resided there for at least two years prior to the filing of this application. The applicant(s) thus qualified is/are: 1() 2() 3() (Check number to correspond with name(s) listed above.)

3. State the Retail Sales Tax No.: _____

4. If a corporation, state corporate name and trade name, if any: _____
If other than a corporation, state trade name to be used: _____

5. Address of place to be licensed (Give street number or accurate description): _____

A. Nearest intersecting street: _____ Approximate distance: _____ feet

B. Tax District where located: _____ Is this an application for a new license? _____

C. Is this a transfer from a present licensee? _____ 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? Whom: _____ Tel. No.: _____

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 bona fide plans must be filed with this application or presented at the time of the hearing.
6. State name and address of owner of record of premises: _____

7. Have you ever been:
- A. Convicted of a misdemeanor? 1 _____ 2 _____ 3 _____
- B. Adjudged guilty of violating alcoholic beverage laws by a court, administrative agency or Board of License Commissioners?
1 _____ 2 _____ 3 _____
- C. Adjudged guilty of violating gambling laws? 1 _____ 2 _____ 3 _____
- D. Adjudged guilty of any offense against the laws of the United States? 1 _____ 2 _____ 3 _____
If so, when and where: _____
- E. Convicted of a felony or offered a plea of nolo contendere to a felony indictment and charge was subsequently accepted by a court?
1 _____ 2 _____ 3 _____
8. A. Have you ever held a license for the sale of alcoholic beverages? 1 _____ 2 _____ 3 _____
If yes, state when and where: _____
- B. If so, has such license been suspended or revoked? 1 _____ 2 _____ 3 _____
If answer is yes, give full details: _____
- C. If so, were you ever found in violation of any alcoholic beverage law? 1 _____ 2 _____ 3 _____
9. Have you ever applied for an alcoholic beverage license in the State of Maryland? 1 _____ 2 _____ 3 _____
If answer is yes, state when and where: _____
10. What financial interests do you have in the business to be conducted under this license?
1 _____ 2 _____ 3 _____
11. Are you financially interested in any other alcoholic beverage business for which a license has been applied for, granted or issued?
1 _____ 2 _____ 3 _____
If so, give details: _____
12. Is your wife or husband, as the case may be, a licensee and does her or she have any financial interest in any other alcoholic beverage business in the State of Maryland? 1 _____ 2 _____ 3 _____
If so, give details: _____
13. Is there now, or will there be, during the continuance of the license applied for, any other person financially interested in said license or the business to be conducted thereunder? 1 _____ 2 _____ 3 _____
If so, state name, address, telephone no., age, percent of interest and state whether or not 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 beverage? _____
16. A. If granted a license, will you conform to all laws and regulations relating to the business in which you propose to engage?

- B. If granted a license, will you agree to keep current all state and local tax obligations including, but not limited to, state sales and use tax, withholding tax and admissions tax? _____

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 or judicial agency. App. #1 _____ App. #2 _____ App. #3 _____

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(es) of officers:

(name) (title) (residence)

(name) (title) (residence)

(name) (title) (residence)

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

All Applicants must sign:

(Signature of Pres. or Vice-Pres.)
1. _____
(Signature of applicant)
2. _____
(Signature of applicant)
3. _____
(Signature of applicant)

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

WITNESS my hand and notarial seal.

NOTARY PUBLIC

(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 _____

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

WITNESS my hand and notarial seal.

NOTARY PUBLIC

(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 _____

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

WITNESS my hand and notarial seal.

NOTARY PUBLIC

(Seal)

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

I/WE HEREBY CERTIFY, That I am/we the owner(s) of record of the property known as _____

named in the foregoing 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 is to be conducted, at any and all hours.

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

_____ (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 foregoing statement to be _____ act.

WITNESS my hand and notarial seal.

(Seal) _____ *NOTARY PUBLIC*

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

SIGNATURES MUST BE OBTAINED BY THE RESIDENT, 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 foregoing application is to be conducted**) certify that each of us has been personally acquainted with the applicant for the length of time indicated after our respective names; that we have examined the application of 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 retail 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 above signature)
Name

Address
Voting Residence

Length of time acquainted with applicant(s). If not acquainted prior to application filing, indicate "Just Met." *(All three blanks must be filled in.)*

Tax District _____ App. 1 _____ App. 2 _____ App. 3 _____

Address of property owned _____

Tax District _____ App. 1 _____ App. 2 _____ App. 3 _____

Address of property owned _____

Tax District _____ App. 1 _____ App. 2 _____ App. 3 _____

Address of property owned _____

Tax District _____ App. 1 _____ App. 2 _____ App. 3 _____

Address of property owned _____

Tax District _____ App. 1 _____ App. 2 _____ App. 3 _____

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Tax District _____ App. 1 _____ App. 2 _____ App. 3 _____

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Tax District _____ App. 1 _____ App. 2 _____ App. 3 _____

Address of property owned _____

Tax District _____ App. 1 _____ App. 2 _____ App. 3 _____

Address of property owned _____

Tax District _____ App. 1 _____ App. 2 _____ App. 3 _____

Address of property owned _____

Names and addresses of signers must be printed or typewritten above signatures.