

**STATE OF MARYLAND**  
**ALCOHOLIC BEVERAGES DIVISION**

APPLICATION(S) FOR A \_\_\_\_\_ LICENSE  
(License Class and Type)

For the use of: (Check One)

An Individual(s)  ; Partnership  ; Corporation  ; Unincorporated Association  ; LLC

To the Board of License Commissioners, Licensing Authority for Garrett County.

Date \_\_\_\_\_, 20\_\_ .

Application is made by the undersigned under the provisions of Article 2B, as amended, title "Alcoholic Beverages," for a \_\_\_\_\_ License, and the applicant(s) submit(s) and

(License Class and Type)

certify(ies) to the following information required by the Article:

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**1 - Applicant(s) (Elsewhere in this form reference to applicants is designated as (a), (b) and (c).  
Furnish additional information in letterform and attach to this application.)**

**(a)**

_____ Name	_____ Residence Address
_____ Date of Birth    Sex    Race	_____ City                      State                      Zip
_____ Place of Birth	_____ Period of Time at this Residence
_____ Drivers License Number	_____ Phone Number

**(b)**

_____ Name	_____ Residence Address
_____ Date of Birth    Sex    Race	_____ City                      State                      Zip
_____ Place of Birth	_____ Period of Time at this Residence
_____ Drivers License Number	_____ Phone Number

**(c)**

_____ Name	_____ Residence Address
_____ Date of Birth    Sex    Race	_____ City                      State                      Zip
_____ Place of Birth	_____ Period of Time at this Residence
_____ Drivers License Number	_____ Phone Number

**2 -** If this application is for an individual or a partnership, state whether the applicant(s) is/are a citizen(s) of the United States and has/have been for two years next preceding the filing of this application a resident(s) of the aforesaid County. If the applicant(s) is/are applying as a qualifying individual for a Corp. or LLC, state whether the applicant(s) is a registered voter and taxpayer in said County and has/have been for two years next preceding the filing of this application a resident of aforesaid County. (Art. 2B, § 9-101)

**3 -** State trade name of the applicant(s) and the location where license is desired. If the location has no street or highway number definite description to readily determine the exact location must be given. Fill in line (c) if the Post Office is different from the town address on line (b), and Telephone Number (d). The Central Registration Number (e), is the same as your Sales and Use Tax Identification Number.

**4 -** Describe the premises to be covered under the license applied for. If only a part of a building or buildings in desired as the premises, a definite detailed description of same must be given. (Attach Floor Plan or diagram showing all areas to be covered by license for sale consumption, storage, etc.

**5 -** Name and address of the owner of the building in which the premises to be licensed are located (Statement of owner of premises required in connection with the Alcoholic Beverages Law is included elsewhere in this application. Required in all cases, although the owner may be the applicant.) and kind of license on lines opposite.

**6 -** State whether the applicant has had a license for the sale of alcoholic beverages within the State of Maryland or elsewhere. If answer on line (a) for any applicant is "yes" furnish dates, location, and kind of license on lines opposite.

**7 -** State whether the applicant has been convicted of a felony, or has been adjudged guilty of violating the laws governing the sale of any alcoholic beverages or for the prevention of gambling in the State of Maryland or adjudged guilty of any offense against the laws of the United States. If answer on line (a) for any applicant is "yes" use lines opposite giving date of convictions, names of defendants, crimes or offenses, and the Courts of convictions.

**8 -** State whether the applicant has had a license for the sale of alcoholic beverages denied or revoked. If answer on line (a) for any applicant is "yes" furnish details on lines opposite.

**9 -** State whether applicant is financially interested in any other place of business in the Garrett County or the State of Maryland, where, or for which, a license had been applied for, granted or issued under Article 2B. If answer on line (a) for any applicant is "yes" furnish details on lines opposite.

**ALL QUESTIONS MUST BE ANSWERED BELOW**

**2 -** Check number to correspond with name(s) listed above under (a), (b) and (c).

**(Answer "Yes" or "No")**

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_

- 3 -** (a) \_\_\_\_\_  
Trade Name
- (b) \_\_\_\_\_  
Address
- (c) \_\_\_\_\_  
Town & County
- (d) \_\_\_\_\_  
Phone Number
- (e) \_\_\_\_\_  
Central Registration Number

- 4 -** (a) \_\_\_\_\_  
Size, type and construction of building(s)
- (b) \_\_\_\_\_  
Size and Description of Lot

- 5 -** (a) \_\_\_\_\_  
Name of Owner of Building
- (b) \_\_\_\_\_  
Address of Owner of Building
- (c) \_\_\_\_\_  
Any Other Description

- 6 -** (a) Applicant (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
Answer "Yes" or "No"
- \_\_\_\_\_
- \_\_\_\_\_

- 7 -** (a) Applicant (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
Answer "Yes" or "No"
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 8 -** (a) Applicant (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
Answer "Yes" or "No"
- \_\_\_\_\_
- \_\_\_\_\_

- 9 -** (a) Applicant (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
Answer "Yes" or "No"
- \_\_\_\_\_
- \_\_\_\_\_

10 - State whether any person(s) except the applicant(s) is, or will be, in any way financially interested in the license applied for or in the business to be conducted there under during the continuance of the license, if issued.

11 - State whether the applicant will, if granted a license, conform to all laws and regulations relating to the business in which the applicant proposes to engage

12 - State whether the applicant knows the persons who have signed the certificates (which are included as a part of this application) to be owners of real estate and registered voters of the precinct in which the business is to be conducted and has personally known them for the length of time indicated.

13 - State what business the applicants have been engaged in for at least a year prior to submitting this application.

14 - The license for which this application is made is to cover the period beginning \_\_\_\_\_ and ending June 30th next from date hereof, and the applicant(s) tender herewith the sum of \$ 52.00 for expenses in connection with publication.

**EXTRACT FROM LAW:** If any signed statement, report, affidavit, or oath, required under any of the provisions of this Article shall contain any false statement, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties provided by law for that crime.

10 - (a) Applicant (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
Answer "Yes" or "No"

11 - (a) Applicant (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
Answer "Yes" or "No"

12 - (a) Applicant (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
Answer "Yes" or "No"

13 - (a) Applicant (a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_

<b>Fees Received</b>	
\$ _____	Ck# _____
\$ _____	Ck# _____
By: _____	

If License is to be issued for the use of a Corporation, LLC, Partnership, Association or Club, list the name and address of same.

Corporation, LLC, Partnership, Association or Club Name			Phone Number	
Address	City	State	Zip	

If Corporation, LLC, Partnership, Association or Club, complete the following - list all officers / members.

Name	Title	Full Residence Address	Date of Birth	Phone Number
Name	Title	Full Residence Address	Date of Birth	Phone Number
Name	Title	Full Residence Address	Date of Birth	Phone Number
Name	Title	Full Residence Address	Date of Birth	Phone Number

**APPLICANT SIGNATURES**

\* Note-- If President or Vice-President is one of the applicants, he must also sign as an applicant.

\*(a) \_\_\_\_\_  
Signature of President/Vice President

An individual applicant should sign on line (b)  
Or individuals on line (b), (c), and (d).

(b) \_\_\_\_\_  
Signature of Applicant

Partner applicants should sign on lines (b) and (c) and  
the third partner if one, sign on line (d)

(c) \_\_\_\_\_  
Signature of Applicant

Authorized members of a LLC should sign on lines (b),  
(c), and (d)  
(CORPORATION SEAL)

(d) \_\_\_\_\_  
Signature of Applicant

**NOTARY APPLICANT SIGNATURES**

STATE OF MARYLAND \_\_\_\_\_ ss:  
THIS CERTIFIES, That on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before the subscriber, a  
\_\_\_\_\_ of the State of Maryland, 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 official seal.  
(SEAL)

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

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

(I,WE) HEREBY CERTIFY, That (I am, We are) the owner(s) of the property named in the foregoing application made to the aforesaid licensing authority for said county under the Alcoholic Beverages Law of Maryland and assent to the granting of the license applied for, and hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners (if any) of said 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 (my, our) hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WITNESS: \_\_\_\_\_ (SEAL)

\_\_\_\_\_ (SEAL)

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**NOTARY  
OWNER OF PREMISES**

STATE OF MARYLAND \_\_\_\_\_ ss:

THIS CERTIFIES, That on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before the subscriber, a

\_\_\_\_\_ of the State of Maryland, personally appeared \_\_\_\_\_

and acknowledged the execution of the foregoing statement to be \_\_\_\_\_ act.

WITNESS my hand and official seal.

(SEAL) \_\_\_\_\_

The following certificate must be signed by at least 10 qualifying persons. Election District \_\_\_\_\_ Precinct \_\_\_\_\_

We, the undersigned reputable citizens, real estate owners and registered voters in the precinct 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 a 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.

**Please be sure to print clearly or type each individual's full name on the line below the signature.**

NAME		
Line (a) Signature Line (b) Printed/Typed Full Name	On Line (a) Indicate Address of Voting Residence On Line (b) Indicate Address of Property Owned	Indicate which Applicant you are acquainted with and for what length of time.
(a)	(a)	
(b)	(b)	
(a)	(a)	
(b)	(b)	
(a)	(a)	
(b)	(b)	
(a)	(a)	
(b)	(b)	
(a)	(a)	
(b)	(b)	
(a)	(a)	
(b)	(b)	
(a)	(a)	
(b)	(b)	
(a)	(a)	
(b)	(b)	
(a)	(a)	
(b)	(b)	
(a)	(a)	
(b)	(b)	
(a)	(a)	
(b)	(b)	
(a)	(a)	
(b)	(b)	