

**LIQUOR LICENSE APPLICATION  
BOARD OF LICENSE COMMISSIONERS OF HOWARD COUNTY**

**STATE OF MARYLAND**

Application is made by the undersigned for license under the provisions of Article 2B of the Annotated Code of Maryland, and there is submitted the following information required thereby, together with the application fee of \$200.00 payable to the Director of Finance for Howard County.

APPLICATION FOR THE USE OF:    AN INDIVIDUAL                      PARTNERSHIP  
   CORPORATION                      LIMITED LIABILITY COMPANY

INDICATE TYPE OF APPLICATION:    NEW            CHANGE IN CLASS            TRANSFER  
   EXTENSION OF PREMISES            CHANGE OF RESIDENT AGENT  
   OTHER

CLASS DESIRED OR PRESENT CLASS:

1. State corporate or limited liability company name:

2. Trade name to be used:

3. **Applicant A** (Qualifying Individual For Resident Agent as defined in Rules and Regulations)

(full name)                      (social security no.)                      (telephone no.)                      E-mail

(residence) Street    City    (County) State    Zip Code    (period of residency in Howard County)

(birth date)    (sex)    (place of birth)

**Check:** (all answers must be Yes)

Yes      No      Have you been a resident of Howard County for 2 years preceding this application?  
Yes      No      Are you a registered voter in Howard County?

**Applicant B**

(full name)                      (social security no.)                      (telephone no.)                      E-mail

(residence) Street    City    (County) State    Zip Code

(birth date)                      (sex)                      (place of birth)

**Applicant C**

(full name)                      (social security no.)                      (telephone no.)                      E-mail

(residence) Street    City    (County) State    Zip Code

(birth date)                      (sex)                      (place of birth)

4. Address of Place to be Licensed?                      Number and Street

Post Office    Zip Code

5. Describe Part of Premises to be Use?

Example: Restaurant=2,000 sq. ft. Lounge=  
600 sq. ft. (If this is a new building or a

Building Square Footage

Building not previously licensed, a copy of The plan must be presented at the time of the Hearing, with the desired portion to be Licensed outlined in red.)

Patio Square Footage

6. State name and address of owners of premises/landlord.

7. Is this request for:

- |  |     |    |                  |
|--|-----|----|------------------|
| a) a transfer from a present licensee? | Yes | No | From Whom        |
| b) a transfer of location?             | Yes | No | From Where       |
| c) a change in class of license?       | Yes | No | From What        |
| d) an increase in licensed area?       | Yes | No | Explain Addition |

8. 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 beverage or for gambling in the State of Maryland or adjudged guilty of any offense against the laws of the United States? If yes, explain.

Applicant A      B      C

9. State whether any of the applicants has ever been adjudged guilty of any offense against the laws of the State of Maryland. If yes, explain.

Applicant A      B      C

10. Have you ever held a license for the sale of alcoholic beverages? If yes, state when and where.

Applicant A      B      C

11. Have you ever had a liquor license suspended or revoked? If yes, give particulars.

Applicant A      B      C

12. What financial interest do you have in the business to be conducted under this license, including stock percentages, if a corporation?

Applicant A      B      C

13. Do you have a pecuniary interest in any other alcoholic beverage business or business for which a license has been applied for, granted & issues? If yes, explain.

Applicant A      B      C

14. Is your wife or husband (as the case may be) or child a licensee, and does he or she have any financial interest in any other alcoholic beverage business? If yes, explain.

Applicant A      B      C

15. The applicants agree that no manufacturer, brewer, distiller or wholesalers, directly, or indirectly, has any financial interest in the premises or business of the applicants and that applicants will not thereafter convey or grant to any such manufacturer, brewer, distiller, or wholesaler any such interest, except as otherwise permitted in this article; and that the applicant has at the time of making the application no indebtedness or other financial obligations, directly or indirectly, to any manufacturer, brewer, distiller, or wholesaler other than for the purchase of alcoholic beverages.

Applicant A      B      C

16. Is there now, or will there be, during the continuance of the license applied for, any other person financially interested in said license or business to be conducted thereunder? If yes, explain.      Applicant A                  B                  C
17. If granted a license, will you conform to all laws and regulations relating to the business in which you propose to engage?      Applicant A                  B                  C
18. State whether the applicant knows the persons who have signed the certificates on the final pages of this application.      Applicant A                  B                  C

Extract from Law: (If any affidavit or oath required under the provision 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 by law for the crime.)

Applicants – (Give name(s) and addresses – in corporation list all officers (attach list if necessary) or in Limited Liability Company list all authorized persons.)

NAME	TITLE	% OF STOCK HELD RESIDENCE
NAME	TITLE	%OF STOCK HELD RESIDENCE
NAME	TITLE	%OF STOCK HELD RESIDENCE
NAME	TITLE	%OF STOCK HELD RESIDENCE

\*Attached is a list of the names and addresses of all outstanding stockholders who on the day of this application own more than 5% of the outstanding stock of the corporation and the articles of incorporation, partnership agreement or articles of organization.

\_\_\_\_\_  
Signature of Applicant A

\_\_\_\_\_  
Signature of Applicant B

\_\_\_\_\_  
Signature of Applicant C

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

THIS CERTIFIES, THAT ON THE \_\_\_\_ OF \_\_\_\_\_, \_\_\_\_\_,  
before the subscriber a notary public of the State of Maryland, personally appeared \_\_\_\_\_

The applicant (s) names in the foregoing application, and made oath in due form of law that the statement therein are true to the best of (his, her, their) knowledge and belief.

\_\_\_\_\_  
Notary Public

(Witness my hand and seal)

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 Beverage Laws 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 \_\_\_\_\_, \_\_\_\_\_)

WITNESS: \_\_\_\_\_

STATE OF MARYLAND

THIS CERTIFIES, THAT ON \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Before the subscriber a notary public of the State of Maryland, personally appeared \_\_\_\_\_

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

(Witness my hand and seal) \_\_\_\_\_  
Notary Public

The following certificates must be signed by at least 3 persons.

We, the undersigned citizen, real estate owners and registered voters in the election district in which the business covered by the foregoing application is to be conducted, certify that the qualifying applicant \_\_\_\_\_, is personally known to us and has been a resident of Howard County for 2 years next preceding this application.

	NAME PRINT and SIGN	(a)indicate address of voting residence (b)indicate address of property owned	Length of Time Acquainted with Applicant A
Applicant A		(a)	
		(b)	
Applicant B		(a)	
		(b)	
Applicant C		(a)	
		(b)	

ARE YOU REPRESENTED BY AN ATTORNEY?    Yes    No

If so give Name:

Address:

Telephone No.

E-mail:

**FOR OFFICE USE ONLY**

DATE SUBMITTED: \_\_\_\_\_

FEE PAID: \_\_\_\_\_