

**LIQUOR LICENSE APPLICATION
BOARD OF LICENSE COMMISSIONERS OF HOWARD COUNTY
UNDER AUTHORITY OF THE
STATE OF MARYLAND**

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

Applicant A (Resident Agent as defined in the Liquor Board Rules and Regulations)

| | | |
|-----------|------------------|--------|
| | | |
| Full Name | Telephone Number | E-Mail |

| | | | |
|--------------------|---------------|-------|----------|
| | | | |
| (Residence) Street | City / County | State | Zip Code |

| | | |
|------------|-----|--|
| | | |
| Birth Date | Sex | Place of Birth (City & State or Country) |

Are you a resident of Howard County?

Are you a registered voter in Howard County?

What financial interest do you have in the business to be conducted under this license?

By initialing "Agree" here, you are confirming that you have read and understand the Rules and Regulations of the Liquor Board of Howard County and that you will conform to those Rules and all laws and regulations relating to the business in which you propose to engage. AGREE

Applicant B

| | | |
|-----------|------------------|--------|
| | | |
| Full Name | Telephone Number | E-Mail |

| | | | |
|--------------------|---------------|-------|----------|
| | | | |
| (Residence) Street | City / County | State | Zip Code |

| | | |
|------------|-----|--|
| | | |
| Birth Date | Sex | Place of Birth (City & State or Country) |

Are you a resident of Howard County?

Are you a registered voter in Howard County?

What financial interest do you have in the business to be conducted under this license?

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Applicant C

| | | |
|-----------|------------------|--------|
| | | |
| Full Name | Telephone Number | E-Mail |

| | | | |
|--------------------|---------------|-------|----------|
| | | | |
| (Residence) Street | City / County | State | Zip Code |

| | | |
|------------|-----|--|
| | | |
| Birth Date | Sex | Place of Birth (City & State or Country) |

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| | | | |
|---|--------------------------|---------------------------|-----------------------------------|
| APPLICATION FOR THE BENEFIT OF: AN INDIVIDUAL | <input type="checkbox"/> | PARTNERSHIP | <input type="checkbox"/> |
| | CORPORATION | LIMITED LIABILITY COMPANY | <input type="checkbox"/> |
| INDICATE TYPE OF APPLICATION | NEW | CHANGE IN CLASS | <input type="checkbox"/> TRANSFER |
| | EXTENSION OF PREMISES | CHANGE OF RESIDENT AGENT | <input type="checkbox"/> |

EXPLAIN - If a transfer, identify existing licensee or location, if change of class, identify existing class, if extension of premises explain addition, if other, explain.

| |
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| |

1. State CLASS of license desired, or present class

2. Business name, trade name, SDAT tax id number and CR number.

3. Address of premises to be licensed
 Street Name & Number, including suite number, if applicable

 City & Zip Code

4. Describe area of licensed premises, including square footage and type of use: restaurant, lounge, patio, etc. A copy of a floorplan must be submitted with the proposed licensed area outlined in red.

| | | |
|--|-------------------------|--|
| | Interior Square Footage | <input style="width: 90%; height: 20px;" type="text"/> |
| | Exterior Square Footage | <input style="width: 90%; height: 20px;" type="text"/> |

5. Name and address of the real property owner (not the business owner, unless the same)

6. Have you ever held a license for the sale of alcoholic beverages? If so, provide details in an attachment.

| | | |
|-----------|---|--|
| Applicant | A | <input style="width: 600px; height: 20px;" type="text"/> |
| Applicant | B | <input style="width: 600px; height: 20px;" type="text"/> |
| Applicant | C | <input style="width: 600px; height: 20px;" type="text"/> |

7. Have you been convicted of any criminal offense or given probation before judgment? If so, provide details in an attachment.

| | | |
|-----------|---|--|
| Applicant | A | <input style="width: 600px; height: 20px;" type="text"/> |
| Applicant | B | <input style="width: 600px; height: 20px;" type="text"/> |
| Applicant | C | <input style="width: 600px; height: 20px;" type="text"/> |

8. Have you ever been involved in any violations related to an alcoholic beverage license, either as an employee, licensee, or owner? If so, provide details in an attachment

| | | |
|-----------|---|--|
| Applicant | A | <input style="width: 600px; height: 20px;" type="text"/> |
| Applicant | B | <input style="width: 600px; height: 20px;" type="text"/> |
| Applicant | C | <input style="width: 600px; height: 20px;" type="text"/> |

9. Have you even been found guilty or liable for a civil violation or infraction, including traffic violations or civil citations? Please also include probation before judgments. If so, provide details in an attachment.

| | | |
|-------------|-----|----|
| Applicant A | YES | NO |
| Applicant B | YES | NO |
| Applicant C | YES | NO |

10. Do you have any financial interest in any other alcoholic beverage business or license? If so, please detail in attachment.

| | | |
|-----------|---|--|
| Applicant | A | |
| Applicant | B | |
| Applicant | C | |

11. Is your spouse, child, or parent a licensee or do they have any financial interest in any alcoholic beverage business? If yes, explain.

| | | |
|-----------|---|--|
| Applicant | A | |
| Applicant | B | |
| Applicant | C | |

12. Provide the name(s) and addresses of all persons having a financial interest in the license sought.

| | | |
|------|---------|----------------|
| | | |
| NAME | ADDRESS | % of ownership |
| | | |
| NAME | ADDRESS | % of ownership |
| | | |
| NAME | ADDRESS | % of ownership |
| | | |
| NAME | ADDRESS | % of ownership |

If necessary, attach 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, the articles of incorporation, or partnership agreement of articles of organization. For a corporation, list all officers. For a Limited Liability Company, list all authorized persons.

| NAME | TITLE |
|------|-------|
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13. State law requires that individuals with a financial interest in certain types of alcohol beverage licenses not have an interest in other types of licenses. State whether you agree that no manufacturer, brewer, distiller, distributor, or wholesaler, directly, or indirectly, has any financial interest in the premises or business of the applicants and that no applicant will convey or grant to any such manufacturer, brewer, distiller, or wholesaler any such interest, except as otherwise permitted by law; 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 beverage.

| | | |
|-------------|-----|----|
| Applicant A | YES | NO |
| Applicant B | YES | NO |
| Applicant C | YES | NO |

AFFIRMATION UNDER PENALTY OF PERJURY

The Applicants hereby affirm that the statements herein are true and correct and acknowledge that if any statement or answer in this application includes false statements, the offender shall be deemed guilty of perjury and upon indictment and conviction thereof shall be subject to the penalties of law for the crime.

| |
|--------------------------|
| Signature of Applicant A |
| |
| Signature of Applicant B |
| |
| Signature of Applicant C |
| |

This Section must be completed by a Notary Public for each applicant.

STATE OF MARYLAND, County of

THIS CERTIFIES, THAT ON THE OF 20 [Date]
before the subscriber, a notary public of the State of Maryland, personally appeared

(Owner or Legal Representative), known to me, or satisfactorily proven, to be the person whose name is subscribed to the within instrument and who acknowledges that he/she/they executed the same for the purposes therein contained.

Notary Public (signature):

Print Name:

My Commission Expires:

The following certificate must be signed by at least 3 persons who reside in the election district of the license.

We, the undersigned citizens, 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 Applicant A, is personally known to us and is a resident of Howard County.

| | NAME PRINT and SIGN | Residence Street Address City, State and Zip Code | Length of Time Acquainted with Applicant A |
|----|---|---|--|
| 1. | | | |
| | | | |
| 2. | | | |
| | | | |
| 3. | | | |
| | | | |

**STATEMENT OF THE OWNER OF THE REAL PROPERTY AT THE LOCATION WHICH THE LICENSE IS SOUGHT
IN CONNECTION WITH ALCOHOLIC BEVERAGE LAW OF MARYLAND**

I HEREBY CERTIFY, that I am the owner, or its legally authorized representative, of the property named in the foregoing application made under the Alcoholic Beverage Laws of Maryland to the Board of License Commissioners of Howard County 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, its duly authorized agents and employees, and any peace officer of Howard County, to inspect and search, without warrant, the premises upon which the business is conducted, including any and all parts of the building in which the business is to be conducted, at any and all hours.

Witness (my, our) hand(s) and Seal(s) this day of , 20

| | | |
|---------------------------|----------------------|--------------------------|
| Owner | <input type="text"/> | <input type="text"/> |
| | Print Name | Signature, if Applicable |
| Legal Rep., if applicable | <input type="text"/> | <input type="text"/> |
| | Print Name & Title | Signature |

This Section must be completed by a Notary Public.

STATE OF MARYLAND, County of

THIS CERTIFIES, THAT ON THE OF , [Date]

before the subscriber, a notary public of the State of Maryland, personally appeared

(Owner or Legal Representative), known to me, or satisfactorily proven, to be the person whose name is subscribed to the within instrument and who acknowledges that he/she/they executed the same for the purposes therein contained.

Notary Public (signature):

Print Name:

My Commission Expires:

ARE YOU REPRESENTED BY AN ATTORNEY Yes No

If so, Name:

Address:

Telephone:

Email:

FOR OFFICE USE ONLY

DATE SUBMITTED:

FEE PAID