

Application Fee  
\$500.00 (non-refundable)

# State of Maryland County of Caroline



## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Type of License:  New  Transfer  Upgrade  Other

For the use of:  An Individual  Partnership  Corporation  Unincorporated Association  LLC

Class of License Desired:  A  B  B -BB  C  D  GC  H  Caterer  
 Special Event Venue (BWL)  Barbershop/Beauty Salon (BW)

Type:  Beer  Beer and Light Wine (up to 22%)  Beer, Wine & Liquor

Days:  6-Day  7-Day

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

Date: \_\_\_\_\_, 20 \_\_\_\_\_

Application is made by the undersigned under the provisions of the Alcoholic Beverages and Cannabis Article of the Annotated Code of Maryland, as amended, and the applicant(s) submit(s) and certify(ies) to the following information required by the Article:

### A. APPLICANT INFORMATION

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Legal Residence \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
 \_\_\_\_\_ S.S. #: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Naturalized At:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
 Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
 Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Are you currently a resident of the State of Maryland? Check:  Yes  No

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Legal Residence \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
 \_\_\_\_\_ S.S. #: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Naturalized At:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
 Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
 Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Are you currently a resident of the State of Maryland? Check:  Yes  No

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Legal Residence \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
 \_\_\_\_\_ S.S. #: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Naturalized At:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
 Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
 Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Are you currently a resident of the State of Maryland? Check:  Yes  No

**B. BUSINESS INFORMATION**

Address of the Location: \_\_\_\_\_

Corporate/LLC/LLP/Partnership Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

**\*\*\* IF APPLICABLE \*\*\***

Attorney for the Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**C. PROPERTY OWNER INFORMATION**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

D. That at least one applicant for said license **is** a citizen of the United States.

At the time an application for an alcoholic beverage license is filed, at least one of the applicants shall be a resident of the State of Maryland. The license remains valid only for as long as at least one of the applicants remains a resident of the State.

The qualifying resident individual(s) **is/are**: Applicant #1 ( ), #2 ( ) and/or #3 ( ).

E. That the applicant(s) **has/have** never been convicted of a felony nor has the applicant(s) ever been adjudged guilty of violating the laws governing the sale of alcoholic beverages or for the prevention of gambling in the State of Maryland.

F. That the applicant(s) **has/have** a pecuniary interest in the business to be conducted under this license.

G. That the applicant(s), or person(s) on behalf of whom the application is filed, **is/are** not pecuniarily interested in any other place of business in Caroline County, except as otherwise permitted in this article.

H. That the applicant(s) **has/have not** had a license for the sale of alcoholic beverages revoked.

I. That the applicant(s) (**has**) (**has not**) been ever adjudged guilty of any offense against the laws of the United States (*please circle*).

J. That the applicant(s) (**has**) (**has not**) held a license for the sale of alcoholic beverages (*please circle*). If so, in what state and at what location therein: \_\_\_\_\_

K. That no person(s) except the applicant(s) **is/are** in any way pecuniarily interested in said license or in the business to be conducted thereunder during the continuance of the license applied for, and that no manufacturer, brewer, distiller, or wholesaler, directly or indirectly, has any financial interest in the premises or business of the applicant(s) will not thereafter convey or grant to any such manufacturer, brewer, distiller or wholesaler any such interest, except as otherwise permitted by the Alcoholic Beverages and Cannabis Article.

L. That the applicant(s) at the time of making this application hold no indebtedness or other financial obligations and will not thereafter incur any such indebtedness or other financial obligation, directly or indirectly, to any manufacturer, brewer, distiller or wholesaler other than for the purchase of alcoholic beverages.

M. That the applicant(s) will, if granted a license, conform to all applicable laws and regulations relating to the business in which the applicant(s) proposes to engage.

N. That the applicant(s) intends to carry on the business authorized by this license, if approved, for himself or for a firm, corporation or association and not as an agent of any other individual, or anyone else, and that if licensed he/she will not carry on such business as the agent of any other individual or any one else.

O. That the applicant(s) intends to superintend in person the management of the business, and if the license is issued to a corporation or association that \_\_\_\_\_ is hereby specified and named as the individual who will superintend or manage the said business.

P. That the applicant(s) will not sell any alcoholic beverages to any person under the age of twenty-one (21) years.

Q. That the applicant(s) **has/have** read carefully the Rules and Regulations of the Board of License Commissioners for Caroline County, and herewith agrees to abide by them. Caroline County Rules and Regulations were received on \_\_\_\_\_, 20\_\_\_\_.

- R. That this application is made for the license year, or the \_\_\_\_ months remaining in the license year ending April 30, 20 \_\_\_\_, and that the required application fee of \$ 500.00 is submitted herewith.
- S. That the applicant(s) Workmen's Compensation Binder or Policy Number is \_\_\_\_\_ with the agent for said binder of policy being \_\_\_\_\_
- T. Federal Employer Identification Number (FEIN): \_\_\_\_\_
- U. That this application must be verified by the affidavit of the applicant(s) made before a Notary Public or other person duly authorized by law to administer oaths. If any false statement is made in any part of this application, the said applicant(s) shall be deemed guilty of perjury, and upon conviction thereof, shall have his/her license revoked and the applicant(s) subjected to the penalties provided by law for that crime.

In witness of the truth of the foregoing application and the acceptance of the provisions thereof we hereunto subscribe our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Applicant(s):

- (1) \_\_\_\_\_ Title: \_\_\_\_\_
- (2) \_\_\_\_\_ Title: \_\_\_\_\_
- (3) \_\_\_\_\_ Title: \_\_\_\_\_

**\*\*\* ALL APPLICANTS MUST APPEAR BEFORE THE BOARD ON DAY OF HEARING \*\*\***

**TO BE COMPLETED BY NOTARY**

STATE OF MARYLAND, CAROLINE COUNTY, SS:

THIS CERTIFIES, that on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before the me the subscriber, a NOTARY PUBLIC of the State of Maryland, 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 his/her knowledge and belief.

WITNESS my hand and official seal. \_\_\_\_\_  
Notary Public

(SEAL) \_\_\_\_\_  
Commission Expiration Date

STATE OF MARYLAND, CAROLINE COUNTY, SS:

THIS CERTIFIES, that on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before the me the subscriber, a NOTARY PUBLIC of the State of Maryland, 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 his/her knowledge and belief.

WITNESS my hand and official seal. \_\_\_\_\_  
Notary Public

(SEAL) \_\_\_\_\_  
Commission Expiration Date

STATE OF MARYLAND, CAROLINE COUNTY, SS:

THIS CERTIFIES, that on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before the me the subscriber, a NOTARY PUBLIC of the State of Maryland, 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 his/her knowledge and belief.

WITNESS my hand and official seal. \_\_\_\_\_  
Notary Public

(SEAL) \_\_\_\_\_  
Commission Expiration Date

**STATEMENT OF OWNER OF PREMISES**

**Statement of Owner of premises as required under the Alcoholic Beverages and Cannabis Article of the Annotated Code of Maryland governing the sale of alcoholic beverages.**

**I/WE HEREBY CERTIFY**, that I/we are the owner(s) of the property named in this application made to the Board of License Commissioners for Caroline County under the Alcoholic Beverage and Cannabis Laws of Maryland and consent to the granting of the license applied for, and hereby authorize the Alcohol, Tobacco and Cannabis Commission, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Caroline County, its duly authorized agents and employees, the Maryland State Police, and any peace officer to inspect and search without warrant at any and all hours, any and all parts of the building and premises in which this business is to be conducted and do hereby further agree to the admission of any evidence discovered during any such inspection in any prosecution for the violation of the provisions of the Alcoholic Beverages and Cannabis Article, Public General Laws, Annotated Code of Maryland or any other Article, or upon hearing for revocation, suspension or restriction of the license of the person, firm, corporation, or association who has obtained a license to sell beverages in such building or premises.

WITNESS my/our hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**PROPERTY OWNER(S):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**TO BE COMPLETED BY NOTARY**

**STATE OF MARYLAND, CAROLINE COUNTY, SS:**

THIS CERTIFIES, that on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me the subscriber, a NOTARY PUBLIC of the State of Maryland, personally appeared \_\_\_\_\_ and made oath in due form of law of having personal knowledge of the above statement and that they are true and correct to the best of his/her knowledge and belief.

WITNESS my hand and official seal.

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

(SEAL)

\_\_\_\_\_  
Commission Expiration Date