



**MODE OF OPERATION**

4a. Describe the mode of operation \_\_\_\_\_  
\_\_\_\_\_

4b. Is the business to be conducted under this license tied in any manner to a franchise agreement, chain store operation or supermarket? \_\_\_\_\_

4c. Seating Capacity? \_\_\_\_\_ Is there a bar? \_\_\_\_\_ If "Yes" how many seats? \_\_\_\_\_

4e. Hours and days of operation

	<b>Opening Times</b>	<b>Closing Times</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

4f. Will entertainment be presented to the public? \_\_\_\_\_ If "Yes" describe in detail the type of entertainment, the days and the hours that entertainment will be provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROVIDE COPY(IES) OF ANY AND ALL AGREEMENTS/CONTRACTS** relative to the operation of the sale business to be conducted under the alcoholic beverage license (inclusive of managerial agreements, sale contracts, and any agreements which place the alcoholic beverage license as security, collateral, etc.)

**APPLICANT OFFICIAL DECLARATION**

I/We the applicant and/or stockholder do hereby make oath that the statements made on this application are true and accurate. And further that I/we understand that fraudulent statements made on this application shall be considered perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**STATE OF MARYLAND** \_\_\_\_\_ **SS:**

I hereby certify that on this \_\_\_\_\_ date of \_\_\_\_\_, \_\_\_\_\_ personally appeared \_\_\_\_\_ and made oath of having personal knowledge of the above statement that they are true and correct.

WITNESS my hand and official seal.

My Commission expires \_\_\_\_\_

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

**STATE OF MARYLAND** \_\_\_\_\_ **SS:**

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

**STOCK OWNERSHIP AFFIDAVIT – For Corporations and Limited Liability Companies**

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We the officers of the Corporation or members of the LLC, do hereby make oath that \_\_\_\_\_ is an officer of the Corporation or member of the LLC qualified to act as Resident Agent for the purpose of obtaining this license, and is the owner of 10% of the outstanding corporate stock or ownership of the LLC that has been issued, and is recorded in the books and records of the Corporation/LLC and represents a proportionate share of the total equity, assets, and net worth of the corporation and that there exists no collateral agreements, promises, restrictions, or commitments, regarding the change of ownership of the stock or future endorsements, assignment, transfer, pledge or change of ownership of aforesaid stock.

LIST ALL OTHER CORPORATE OFFICERS/MEMBERS WHO ARE NOT APPLICANTS:

\_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_  
Signature of Applicant

3. \_\_\_\_\_  
Signature of Applicant

2. \_\_\_\_\_  
Signature of Applicant

4. \_\_\_\_\_  
Signature of Applicant

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My Commission expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

**STATE OF MARYLAND** \_\_\_\_\_ **SS:**

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

**TRANSFER OF LOCATION OR OWNERSHIP OF LICENSE**

- (a) Transfer of Location and/or Transfer of Ownership from \_\_\_\_\_
- (b) Has Bulk Sale Permit been applied for from Comptroller? Yes (\_\_\_) No (\_\_\_)

I, We \_\_\_\_\_ of t/a \_\_\_\_\_ do hereby make oath in due form of law that (I)(We) have fully complied with all provisions of law and all regulations during the time that the Class \_\_\_\_\_ license has been in effect, and that no indictments or complaints are pending against (me)(our) employees in any court of this State, or before the Board of license Commissioners, and that (I)(We) do hereby consent to the transfer of said license to \_\_\_\_\_

\_\_\_\_\_  
Transferor(s)

\_\_\_\_\_  
Transferor(s)

\_\_\_\_\_  
Transferor(s)

\_\_\_\_\_  
Transferor(s)

**STATE OF MARYLAND** \_\_\_\_\_ **SS:**

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WITNESS my hand and official seal.

My Commission expires \_\_\_\_\_

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

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My Commission expires \_\_\_\_\_

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

**STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH  
ALCOHOLIC BEVERAGE LAWS OF MARYLAND**

I HEREBY ATTEST, that I am an owner of the property named in this application made to the Board of License Commissioners for Calvert County and consent 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 of Calvert County, its duly authorized agents and employees, and any peace officer of Calvert 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.

\_\_\_\_\_  
Owner/Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Owner/Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

**STATE OF MARYLAND** \_\_\_\_\_ **SS:**

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My Commission expires \_\_\_\_\_

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

STOCK/UNITS NUMBER AUTHORIZED \_\_\_\_\_

NUMBER OF SHARES/UNITS HELD \_\_\_\_\_

STOCK NUMBER ISSUED \_\_\_\_\_

PERCENT OF SHARES/UNITS HELD \_\_\_\_\_

**STOCKHOLDERS/AUTHORIZED PERSON/MEMBER AFFIDAVIT**

(Corporation, Limited Liability Companies)

\_\_\_\_\_  
Name Title Email Address

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Period of Residence in Calvert County Home Phone Number Office Phone Number

\_\_\_\_\_  
Date of Birth Sex Place of Birth

United States Citizen (\_\_\_\_) Permanent Resident of the United States (\_\_\_\_)

\_\_\_\_\_  
Place of Employment Address of Employment Length of Employment

1. a. How many share of stock/units of ownership have been issued to you? # \_\_\_\_\_ % \_\_\_\_\_

b. What is the dollar value per share of stock/units of ownership? \_\_\_\_\_

c. What was the consideration given for each share or unit? \_\_\_\_\_

2. Have you ever been convicted of a felony? Yes (\_\_\_\_) No (\_\_\_\_)

3. Have you been adjudged guilty of violating the laws governing the sale of any alcoholic beverages? Yes (\_\_\_\_) No (\_\_\_\_)

4. Have you been adjudged guilty of violating the laws for the prevention of gambling? Yes (\_\_\_\_) No (\_\_\_\_)

5. Have you been adjudged guilty of any offense against the law of the United States? Yes (\_\_\_\_) No (\_\_\_\_)

**If you answered yes to any of the above, please explain in detail** \_\_\_\_\_

6. State whether you have had a license for the sale of alcoholic beverages denied or revoked. Yes (\_\_\_\_) No (\_\_\_\_) **If yes, please explain in detail** \_\_\_\_\_

7. Have you ever held a license for the sale of alcoholic beverages, if so in what State and location? Yes (\_\_\_\_) No (\_\_\_\_)

8. Are you financially interested in any other place of business that has an alcoholic beverage license in the County?

Yes (\_\_\_\_) No (\_\_\_\_) **If yes, please explain in detail** \_\_\_\_\_

9. As a stockholder, how much time will you spend on the licensed premises? \_\_\_\_\_%

10. What profit will you derive in proportion to the percentage of stock ownership? \_\_\_\_\_

11. Have you read the Rules and Regulations of the Board? Yes (\_\_\_\_) No (\_\_\_\_)

The undersigned applicant hereby certifies that no manufacturer, brewer, distiller, or wholesaler, directly or indirectly, has any financial interest in the premises or business of the applicant(s) and that we will not hereafter convey or grant to any manufacturer, brewer, distiller or wholesaler any interest, except as otherwise permitted by Article 2B of the Annotated Code of Maryland; and that we have, at the time of making this application, no indebtedness or other financial obligation, directly or indirectly, to any manufacturer, brewer, distiller, or wholesaler other than for the purchase of alcoholic beverages.

\_\_\_\_\_  
Signature

**STATE OF MARYLAND** \_\_\_\_\_ **SS:**

I hereby certify that on this \_\_\_\_\_ date of \_\_\_\_\_, \_\_\_\_\_ personally appeared \_\_\_\_\_ and made oath of having personal knowledge

of the above statement that they are true and correct.

WITNESS my hand and official seal.

My Commission expires \_\_\_\_\_

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

**INDIVIDUAL/APPLICANT AFFIDAVIT**

(Owner/Sole Proprietor/Partner)

\_\_\_\_\_  
Name Title Email Address

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Period of Residence in Calvert County Home Phone Number Office Phone Number

\_\_\_\_\_  
Date of Birth Sex Place of Birth

United States Citizen (\_\_\_\_) Permanent Resident of the United States (\_\_\_\_)

\_\_\_\_\_  
Place of Employment Address of Employment Length of Employment

- 1. Have you ever been convicted of a felony? Yes (\_\_\_\_) No (\_\_\_\_)
- 2. Have you been adjudged guilty of violating the laws governing the sale of any alcoholic beverages? Yes (\_\_\_\_) No (\_\_\_\_)
- 3. Have you been adjudged guilty of violating the laws for the prevention of gambling? Yes (\_\_\_\_) No (\_\_\_\_)
- 4. Have you been adjudged guilty of any offense against the law of the United States? Yes (\_\_\_\_) No (\_\_\_\_)

**If you answered yes to any of the above, please explain in detail** \_\_\_\_\_

5. State whether you have had a license for the sale of alcoholic beverages denied or revoked. Yes (\_\_\_\_) No (\_\_\_\_) **If yes, please explain in detail** \_\_\_\_\_

6. Have you ever held a license for the sale of alcoholic beverages, if so in what State and location? Yes (\_\_\_\_) No (\_\_\_\_)

7. Are you financially interested in any other place of business that has an alcoholic beverage license in the County? Yes (\_\_\_\_) No (\_\_\_\_) **If yes, please explain in detail** \_\_\_\_\_

8. As a stockholder, how much time will you spend on the licensed premises? \_\_\_\_\_%

9. What profit will you derive in proportion to the percentage of stock ownership? \_\_\_\_\_

10. Have you read the Rules and Regulations of the Board? Yes (\_\_\_\_) No (\_\_\_\_)

The undersigned applicant hereby certifies that no manufacturer, brewer, distiller, or wholesaler, directly or indirectly, has any financial interest in the premises or business of the applicant(s) and that we will not hereafter convey or grant to any manufacturer, brewer, distiller or wholesaler any interest, except as otherwise permitted by Article 2B of the Annotated Code of Maryland; and that we have, at the time of making this application, no indebtedness or other financial obligation, directly or indirectly, to any manufacturer, brewer, distiller, or wholesaler other than for the purchase of alcoholic beverages.

\_\_\_\_\_  
Signature

**STATE OF MARYLAND** \_\_\_\_\_ **SS:**

I hereby certify that on this \_\_\_\_\_ date of \_\_\_\_\_, \_\_\_\_\_ personally appeared \_\_\_\_\_ and made oath of having personal knowledge of the above statement that they are true and correct.

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My Commission expires \_\_\_\_\_  
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