

Application for Renewal of Adult Entertainment

Board of Liquor License Commissioners for Baltimore City – Renewal 2016

Establishment Information				
Corporate/ Partnership /Entity Name:				
Trade Name:		Bus Phone:		
Location address:				
Mailing Address:		City / State:	ZIP Code:	
<i>If applicable: General Manager Name:</i>				
Manager Phone:	Email:	Fax:		
Operator 1 Information				
Name:				
Current Home address:			How long?	
Phone:	E-mail:	Fax:		
City:	State:	ZIP Code:		
Date of Birth	Are you a City Resident? (YES or NO)			
<i>If not a City resident please list property owned on which taxes are paid:</i>				
Operator 2 Information				
Name:				
Current Home address:			How long?	
Phone:	E-mail:	Fax:		
City:	State:	ZIP Code:		
Date of Birth	Are you a City Resident? (YES or NO)			
<i>If not a City resident please list property owned on which taxes are paid:</i>				
Operator 3 Information				
Name:				
Current Home address:			How long?	
Phone:	E-mail:	Fax:		
City:	State:	ZIP Code:		
Date of Birth	Are you a City Resident? (YES or NO)			
<i>If not a City resident please list property owned on which taxes are paid:</i>				
Below are a series of questions regarding your operations and all questions must be answered so that your application can be deemed complete. (Mark X below)				
			Yes	No
<i>Is your corporation in "Good Standing" with the Maryland Department of Assessment and Taxation?</i>				
<i>Do you affirm that all taxes due to state and local agencies are current and up to date?</i>				
<i>Have you been convicted and/or found guilty of criminal offense and/or misdemeanor?</i>				
<i>If yes, describe:</i>	<i>When:</i>	<i>Where:</i>		

Signatures	
<p><i>I/We hereby certify that I/We are the licensed operator/s of the establishment applied for in this renewal for "Adult Entertainment" for 2016-2017. I/We hereby authorize inspectors and clerks, the Board of Liquor License Commissioners for Baltimore City, its duly authorized agents and employees, and any Maryland State Police Officer/Trooper, and any peace officer of the City of Baltimore, 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.</i></p>	
Signature of licensee:	Date:
Signature of licensee:	Date:
Signature of licensee:	Date:

AFFIDAVIT

STATE OF MARYLAND, City of Baltimore, ss:

I hereby certify that on the _____ day of _____, 20____, before me, the subscriber, a notary public of the State of Maryland, in and for _____, personally appeared _____ the applicant(s) named in this renewal application made oath in due form of law that the matter and facts contained in said application are true and correct.

As witness, my hand and notarial seal.

Name :

[Notary Seal]

My Commission expires _____

READ CAREFULLY

If any of the facts, other than age and home address have changed it will be necessary to apply for new license on the form required for a transfer and/or modification.

License Fee \$1,000.00 – Checks made payable to the Director of Finance

License period- July 1, 2016 – June 30, 2017