

Application for Alcoholic Beverages License

Board of Liquor License Commissioners for Baltimore City

CLASS TYPE: _____ LICENSE AT THE LOCATION: _____ IF TRANSFER LOCATION: _____

CORPORATE/LLC/LLP/PARTNERSHIP NAME: _____ TRADE NAME: _____

ATTORNEY FOR THE APPLICANT: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____

INDICATE TYPE OF LICENSE APPLICATION: TRANSFER NEW EXPANSION OF PREMISES SUBSTITUTE AMENDMENT(S)

Describe Part of Premises to be Used: _____ Will you offer delivery of food and/or alcohol? Yes No

Will Live Entertainment be provided? Yes No What Kind? _____

Will Outdoor Table Service Be Provided? Yes No Off Premise Catering of Food and Alcohol? Yes No

Please note that as per Art. 2B §10-202(a)(iv)(I) that an application for the issuance or transfer is not complete unless the applicant has obtained zoning approval from the City of Baltimore Do you have a Zoning Approval DHCD? Yes No If yes, please attach. If no, please give timeframe for obtaining letter of approval: _____

WORKER'S COMPENSATION INFORMATION - INSURANCE CARRIER _____ POLICY OR BINDER #: _____

1. Applicant A

(full name) (telephone no.) E-mail (**Required**)

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

(Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: _____

Check: Yes No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?
 Yes No Are you a registered voter in the City of Baltimore?

2. Applicant B

(full name) (telephone no.) E-mail (**Required**)

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

(Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: _____

Check: Yes No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?
 Yes No Are you a registered voter in the City of Baltimore?

3. Applicant C

(full name) (telephone no.) E-mail (**Required**)

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

(Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

If applicable, address of Property on which tax is paid in your individual name: _____

Check: Yes No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?
 Yes No Are you a registered voter in the City of Baltimore?

1. Has the applicant(s) 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 any State, including Maryland? Yes No If yes, mark applicant and provide explanation in adjacent space provided.

Applicant A B C

2. State whether the applicant(s) has ever been adjudged guilty of any offense against the laws of the State of Maryland or the United States. Yes No If yes, mark applicant and explain.

Applicant A B C

3. Has the applicant(s) ever held a license for the sale of alcoholic beverages in the State of Maryland? Yes No If yes, explain.

Applicant A B C

4. Has the applicant(s) ever had a liquor license suspended or revoked? Yes No If yes, explain in adjacent space.

Applicant A B C

5. Does the applicant(s) have a pecuniary interest in any other alcoholic beverage business or business for which a license has been applied for, granted, and issued? Yes No If yes, explain in adjacent space.

Applicant A B C

6. Is your spouse or child a licensee, in this jurisdiction or any other, and does he or she have any financial interest in any other alcoholic beverage business? Yes No If yes, explain.

Applicant A B C

7. Is there now, or will there be, during the continuance of the license applied for, any other person financial interested in said license or business to be conducted thereunder? Yes No If yes, explain in the adjacent space provided.

8. Is the licensed premises presently open and operating?
 Yes No If no, please provide information requested in adjacent space provided.

Closure Date:

Explanation:

9. Do any of the applicant(s) have any indebtedness or other financial obligations to any manufacturer, brewer, distiller, or wholesaler at the time of making this application?
 Yes No If Yes, please provide information as to the applicant(s) indebted, the amount of indebtedness, and the name of the manufacturer, brewer, distiller, or wholesaler in the adjacent space provided.

Name and Address of the owners of the premise/landlord: _____ Phone Number: _____

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 located at _____, Baltimore, City with a Zip Code of _____, which is named in the present application made to Board of Liquor License Commissioners of Baltimore City 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 Liquor License Commissioners of Baltimore City, its duly authorized agents and employees, and any peace officer of the City of Baltimore and State of Maryland, 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 _____ in the year 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 citizens, real estate owners and registered voters in the City of Baltimore in which the business covered by the present application is to be conducted, certify that the qualifying applicant(s) is/are personally known to us and has been a resident or a taxpayer of Baltimore City and a resident of the State of Maryland for 2 years preceding this application.

Names	Address	Signature	DOB (Month/Year)	Length of time Acquainted with the Applicant(s)

FOR OFFICE USE ONLY

DATE FILED: _____ NEW/TRANSFER/EXPANSION - \$500.00 PAID: POSTING DATE: _____

SUBSTITUTE APPLICATION FEE - \$250.00 PAID PRINT NAME OF BLLC STAFF _____ INITIALS _____

Board of Liquor License Commissioners For the City of Baltimore, 231 East Baltimore Street, 6th Floor, Baltimore, Maryland 21202
Phone: 410-396-4377 Fax: 410-396-4382

Status of Application	
Approved: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date: _____	
BLLC Initials: _____	
Withdrawn: Yes <input type="checkbox"/>	
No <input type="checkbox"/>	
Date: _____	
BLLC Initials: _____	

Please present/draw a Floor Plan/Rendering of the Licensed Premises here. If you have a professionally drafted rendering, please attach it to the application.