

Case File Address:
(Office Use Only)

Application for Alcoholic Beverages License Board of Liquor License Commissioners for Baltimore City – Financial Form

(This form must be filed with Alcoholic Beverage License Application. One Form shall be filled out per licensee)

Applicant Name: _____

Address: _____ How Long: _____

Date of Birth (Month/Year): _____ Marital Status: _____ Dependents: _____

Most Recent Employer: Address: _____

Position or Title and Gross Annual Income: _____

How Long Employed: Type of Business: _____

Prior Employers (last 10 years): _____

Name and Address: _____

Position or Title and Gross Annual Income: _____

Name and Address: _____

List any and all Business Interests and Any Other Sources of Income: _____

List All Banks with Whom You Do Business: (Savings, Checking, Loan): _____

Rent or Own Dwelling and Type of Dwelling: _____

If Owned, Give Approx. Value: _____ List Any and All Outstanding Debts: _____

Purchase Price of Business/Terms/Source of Funds: _____

I UNDERSTAND THAT FALSIFICATION OF THE INFORMATION ON THIS FORM MAY CONSTITUTE GROUNDS FOR DENIAL OR REVOCATION OF THE LICENSE. I

Hereby authorize the Board of License Commissioners, or any of its officers, to examine my bank accounts or any accounts established in connection with this business, and to examine and secure copies of any business records or documents established in connection with this business, but not limited to, those on file with any bookkeeper or with the above-named bank(s). I have also read all of the above and declare under penalty of perjury that each and every statement is true and correct.

SIGNATURE OF APPLICANT: _____

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.

Signature: _____ [Notary Seal] My Commission expires _____

Printed Name: _____

DO NOT SCAN AS PART OF FILE / DO NOT ALTER