

Board of Liquor License Commissioners for Baltimore City

2024 Special Sunday Application

(1) Name of Licensee(s):

(a) _____

(b) _____

(c) _____

(2) Corporate Name: _____

(3) Trade Name: _____

(4) Contact Phone Number: _____

(5) Address of Establishment: _____

Zip Code: _____

(6) Current Permanent License Number: _____

Please check the Sundays for which you are applying

12/01/24 _____

12/08/24 _____

12/15/24 _____

12/22/24 _____

12/29/24 _____

Number of Sunday(s): _____ **X \$120.00 = \$** _____

Licensee(s) Signature(s):

Note: No Changes in licensees or corporate name may be made on this application.

Please make check/money order(s) payable to: **Director of Finance**

Please mail or drop off application
and full payment to:

**Board of Liquor License Commissioners for Baltimore City
200 St. Paul Place, Suite 2300
Baltimore, Maryland 21202**