

BLLC Use Only. Received by: _____
 Invoice #: _____

Application for Renewal of Alcoholic Beverages License

Board of Liquor License Commissioners for Baltimore City – Renewal 2021

License Information – Section 1		
Location Address:		
Trade Name:	Class Type:	Bus Phone:
Corporate/ Partnership /Entity Name:		
Mailing Address:	City / State:	ZIP Code:
1. Hours of Operation:	2. Provide SDAT ID# for Corporation or LLP:	
3. On what floors does your business operate?	4. Where is your alcohol stored?	
Manager Name:	Manager Email Address:	Manager Phone:
Website of Business or Facebook Page Address (If applicable):		

Licensee 1 Information		
Name:	Name Change from 2020 Yes No	
Current Home address:	How long at this address?	
City:	State:	Zip Code:
Home Phone :	Email:	Cell Phone:
Month/Year of Birth	Are you a City Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO City resident, how long?	
Please list property owned on which taxes are paid:		% Ownership of Corp/LLC:

Licensee 2 Information		
Name:	Name Change from 2020 Yes No	
Current Home address:	How long at this address?	
City:	State:	Zip Code:
Home Phone:	Email:	Cell Phone:
Month/Year of Birth	Are you a City Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO City resident, how long?	
Please list property owned on which taxes are paid:		% Ownership of Corp/LLC:

Licensee 3 Information		
Name:	Name Change from 2020 Yes No	
Current Home address:	How long at this address?	
City:	State:	Zip Code:
Home Phone:	Email:	Cell Phone:
Month/Year of Birth	Are you a City Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO City resident, how long?	
Please list property owned on which taxes are paid:		% Ownership of Corp/LLC:

General Operations Information – All questions must be answered or with an “X” below		
SECTION 2	Yes	No or N/A
1. Is the licensed premises open and operating? If not, on what date did the business close:	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the property owned by the licensee? If the property is not owned, but leased, when is the expiration date of the lease:	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any stockholder or corporate officer changes for license year 2020-2021?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe and provide information on stockholders and breakdown of their ownership interests in the license.		
4. Do you directly or indirectly own or have any interest of any kind as owner, stockholder, financially or otherwise, in any establishment to or for which a license has been issued anywhere in the State of Maryland, or are you a creditor or have made any loans to license holder? Explain: if Yes	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have Workers Compensation insurance? If yes enter policy # _____ Expiration Date _____ Insurance Carrier: _____ If No, please note, number of employee: _____ - Self Insured	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been convicted and/or found guilty for violating any local, State, or Federal criminal offense in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. If yes, describe: Licensee _____ Offense _____ When: _____ Where: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Current Alcohol Awareness Certificate? Expiration Date: _____ Licensee on Certification: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you owe any taxes on merchandise, fixtures of stock to the City or the State for FY 2020-2021 or previous years?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is your corporation in “Good Standing” with the Maryland Department of Assessment and Taxation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you affirm that all taxes due to state and local agencies are current and up to date?	<input type="checkbox"/>	<input type="checkbox"/>

Food and Other Ancillary Services – All questions must be answered or with an “X” below

SECTION 3	Yes	No or N/A
1. Do you provide live entertainment?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you provide outdoor table service?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you provide off premises catering of food and alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
4. For Class “B” Licensee’s only , does your establishment seat more than 200 people?	<input type="checkbox"/>	<input type="checkbox"/>
5. What is your occupancy capacity as per the Fire Department of Baltimore City?		
6. Do you provide delivery services of alcohol and/or food?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you provide Refillable Container Service Growler Service and/or Corkage?	<input type="checkbox"/>	<input type="checkbox"/>

If a renewal applicant holds a “B” license in the 46th legislative district, then the applicant must attach the required food form detailing the food and alcohol sales for the licensed establishment with this application. An application submitted without the proper food form shall be deemed automatically incomplete and could delay the renewal of the applicant’s license.

Signatures

I/We hereby certify that I/We are the licensed operator/s of the establishment applied for in this renewal for “Alcoholic Beverages License” for 2021-2022. I/We hereby authorize the Maryland State Comptroller, his duly authorized deputies, 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.

Signature of Licensee A: _____

I hereby certify that on the _____ day of _____, 20____, before me, the subscriber, a notary public of the State of _____ 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: _____

Signature of Licensee B: _____

I hereby certify that on the _____ day of _____, 20____, before me, the subscriber, a notary public of the State of _____ 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: _____

Signature of Licensee C: _____

I hereby certify that on the _____ day of _____, 20____, before me, the subscriber, a notary public of the State of _____ 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: _____

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. If this application is not filed or postmarked, if sent via mail, on or before March 31, 2021 to the office of Board, 1 N. Charles Street, Suite 1500, a late fee of \$50.00 per day may be imposed by the board up to a maximum of \$1,500.00 and the license will not be renewed as of May 1, 2021.

Renewal Processing Fee \$50.00

Please note that this is a public document and upon request will be provided to the general members of the public.

As per Alc. Bev. Art. §6-329(a)-(b), a person may not make a false statement when taking an oath or in any of the following documents required under State law: (a) a signed statement; (2) a report; or (3) an affidavit. A person who violates this section shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties by law for that crime.

Secondary Review: Office use only below this Line

Application is Complete: Yes No City Property Owner – Pre 2015 Yes No Reviewer’s Initials: _____ Date of Review: _____