

Case File Address:
(Office Use Only)

Application for Alcoholic Beverages License Board of Liquor License Commissioners for Baltimore City – Financial Form 2020

(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 and/or License _____ Contract Terms of Purchase: _____
Source of Funds for the Purchase of the Business and/or License: _____

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 financial
form 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