

Case File Address:  
(Office Use Only)

## Application for Alcoholic Beverages License Board of Liquor License Commissioners for Baltimore City – Financial Form 2022

(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**