

# 2019 Application for Alcoholic Beverages License Board of Liquor License Commissioners for Baltimore City

**NEW/TRANSFER/EXPANSION/AMENDMENT(S) APPLICATION FEE - \$600.00**

INDICATE TYPE OF LICENSE APPLICATION: TRANSFER  NEW  EXPANSION OF PREMISES  AMENDMENT(S)

EXPLANATION OF REQUEST: \_\_\_\_\_ CLASS TYPE: \_\_\_\_\_

*Please select one option and fill out the requested information*

**A) NEW LICENSE REQUEST:** ADDRESS OF PROPOSED LOCATION: \_\_\_\_\_

**B) TRANSFER OF OWNERSHIP ONLY:** ADDRESS OF CURRENT LICENSE: \_\_\_\_\_

**C) TRANSFER OF OWNERSHIP AND LOCATION:** CURRENT ADDRESS OF LICENSED LOCATION: \_\_\_\_\_

**TRANSFER OF OWNERSHIP AND LOCATION:** ADDRESS OF PROPOSED RELOCATION: \_\_\_\_\_

**D) AMENDMENT OR EXPANSION REQUEST:** ADDRESS OF THE LOCATION: \_\_\_\_\_

CORPORATE/LLC/LLP/PARTNERSHIP NAME: \_\_\_\_\_ TRADE NAME: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_ BUSINESS EMAIL ADDRESS: \_\_\_\_\_

ATTORNEY FOR THE APPLICANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Part of Premises Used (*Note: Floors and Areas for Storage*): \_\_\_\_\_ Outdoor Table Service Provided?  Yes  No Delivery of alcohol?  Yes  No

Live Entertainment provided?  Yes  No What Kind (*Ex. DJ, Band, Etc.*)? \_\_\_\_\_ Off Premise Catering of Food and Alcohol?  Yes  No

Zoning Receipt or Current Certificate of Occupancy Permit attached to Application?  Yes  No Estimated Seating Capacity: \_\_\_\_\_

*Please note that as per Alc. Bev. Art. § 12-1407(A)(2), an application for the issuance or transfer, is not complete unless the applicant has obtained approval and/or verification from the Baltimore Municipal Zoning Appeals (BMZA)*

### 1. Applicant A

\_\_\_\_\_  
(Full name) (Telephone no.) E-mail (Required)

\_\_\_\_\_  
(Residence) Street City State Zip Code (period of residency in Baltimore City)

\_\_\_\_\_  
(Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?

Yes  No Are you a registered voter in the City of Baltimore?

### 2. Applicant B

\_\_\_\_\_  
(Full name) (Telephone no.) E-mail (Required)

\_\_\_\_\_  
(Residence) Street City State Zip Code (period of residency in Baltimore City)

\_\_\_\_\_  
(Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?

Yes  No Are you a registered voter in the City of Baltimore?

### 3. Applicant C

\_\_\_\_\_  
(Full name) (Telephone no.) E-mail (Required)

\_\_\_\_\_  
(Residence) Street City State Zip Code (period of residency in Baltimore City)

\_\_\_\_\_  
(Month/Year of Birth) (Sex: Male or Female) (Place of Birth)

Check:  Yes  No Have you been a resident and taxpayer of the City of Baltimore for 2 years preceding this application?

Yes  No Are you a registered voter in the City of Baltimore?

1. Has the applicant(s) been adjudged guilty of a felony in the State of Maryland or any other?  Yes  No - If yes, indicate applicant and explain.

Applicant A  B  C

2. Has the applicant(s) been adjudged guilty of violating the laws governing the sale of any alcoholic beverage or for gambling in any State, including Maryland?  Yes  No - If yes, mark applicant and provide explanation in adjacent space provided.

Applicant A  B  C

3. State whether the applicant(s) has ever been adjudged guilty of any offense against the laws of the State of Maryland, any other State within the United States, or against the United States (Federal Crime)?  Yes  No - If yes, mark applicant and explain.

Applicant A  B  C

4. Has the applicant(s) ever had a license for the sale of alcoholic beverages in the State of Maryland?  Yes  No If yes, mark applicant and explain (address of location, dates that the applicant was a licensee, and the trade name).

Applicant A  B  C

5. Has the applicant(s) ever had a liquor license suspended or revoked?  Yes  No If yes, mark applicant and explain.

Applicant A  B  C

6. Does the applicant(s) have a financial interest in any other alcoholic beverage business or business for which an alcoholic beverage license has been applied for, granted, and issued?  Yes  No If yes, mark applicant and explain (address of location and trade name).

Applicant A  B  C

7. Do the spouses or children of any of the applicant(s) have a financial interest in any other alcoholic beverages license or business in Baltimore City or any other jurisdiction in the State of Maryland?  Yes  No If yes, mark applicant and explain (address of location and trade name).

Applicant A  B  C

8. Are you financially interested in any other alcoholic beverages license applied, granted or issued?  Yes  No If yes, please explain.

Applicant A  B  C

9. Is the licensed premise currently open and operating?  Yes  No If no, then provide date of last day of operation of the establishment.

10. Do any of the applicant(s) – personally or through an entity – have any indebtedness or other financial obligations to any manufacturer, brewer, distiller, or wholesaler at the time of making this application?  Yes  No If yes, please explain. If yes, please provide information as to the applicant(s) indebted – personally or through an entity – the amount of the indebtedness, and the name of the manufacturer, brewer, distiller, or wholesaler?

Applicant A  B  C

**11. Please list the following information for the Manager of the establishment to be licensed:**

Name	Address	Phone	Email

Applicants Applying as Business Entities - (Give name(s) and addresses - in Corporation list all officers (attach list if necessary) or in Limited Liability Company/Partnerships list all authorized persons.) *Please note that all licensees MUST have a FINANCIAL INTEREST in the license applied for as per Alc. Bev. Art. § 4-109 (a)(11). If necessary, please attach a list of the names and address of all outstanding stock holders who at the time of application own any stock of the corporation and the articles of incorporation, partnership agreement or articles of organization.*

- 1) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD: \_\_\_\_\_
- 2) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD: \_\_\_\_\_
- 3) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD: \_\_\_\_\_
- 4) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_ %OF STOCK HELD: \_\_\_\_\_

***\*Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof, shall be subject to penalties provided by Law for that crime.***

**CERTIFICATE OF APPLICANTS:** At least one applicant whose signature appears below certifies that he/she has been a resident and taxpayer of Baltimore City, Maryland for at least two years preceding the filing of this application. Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as to the rules and regulations of the Board of License Commissioners for Baltimore City, and hereby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, The Board of License Commissioners for Baltimore City, its duly authorized agents and employees, and any peace officer of Baltimore City or the State of Maryland to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said business is to be conducted.

\_\_\_\_\_  
Signature of Applicant 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 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 Applicant 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 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 Applicant 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 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: \_\_\_\_\_

Name and Address of the owners of the premise/landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH ALCOHOLIC BEVERAGES LAW OF MARYLAND**

(I, WE) \_\_\_\_\_ HEREBY CERTIFY, That (I am, we are) the owner(s) of the property located at \_\_\_\_\_, Baltimore, City with a Zip Code of \_\_\_\_\_, which is named in the present application made to Board of Liquor License Commissioners of Baltimore City under the Alcoholic Beverage Laws of Maryland and assent to the granting of the license applied for, and hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners of Baltimore City, its duly authorized agents and employees, and any peace officer of the City of Baltimore and State of Maryland, 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 Landlord

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 landlord/property owner named in this 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.

Notary Signature: \_\_\_\_\_ [Notary Seal] My Commission expires \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

**The following certificates must be signed by at least 3 persons.**

**We, the undersigned citizens, real estate owners and registered voters in the City of Baltimore in which the business covered by the present application is to be conducted, certify that the qualifying applicant(s) is/are personally known to us and has been a resident or a taxpayer of Baltimore City and a resident of the State of Maryland for 2 years preceding this application.**

Names	Address	Signature	DOB (Month/Year)	Length of time Acquainted with the Applicant(s)

Board of Liquor License Commissioners for the City of Baltimore  
1 North Charles Street, Suite 1500, Baltimore, Maryland 21201  
Phone: 410-396-4377 Fax: 410-396-4382

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

**\*Please present/draw a Floor Plan/Rendering of the Licensed Premises here. If you have a professionally drafted rendering, please attach it to the application.\***

