

2022 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 Are you currently a resident of 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 Are you currently a resident of 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 Are you currently a resident of 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 dependent 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 is a current resident of Baltimore City, Maryland at the time of 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. If license is issued, the applicants must ensure that at least one licensee remains a resident of Baltimore City throughout the duration of this license.

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 the 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 Owner of the Property

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. We certify that the qualifying applicant(s) is/are personally known to us and is a resident of Baltimore City and a resident of the State of Maryland at the time of 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.

A large, empty rectangular box with a black border, intended for the applicant to draw a floor plan or rendering of the licensed premises. The box occupies most of the page below the instruction.