Application for Pub Tour Promoter's Permit Board of Liquor License Commissioners for Baltimore City

PUB TOUR APPLICATION FEE (PAID AT SUBMISSION): (\$50.00) PUB TOUR ISSUANCE FEE (PAID WHEN PERMIT ISSUED): (\$120.00) LICENSE HOLDER PARTICIPATION FEE (\$100.00 PER LICENSEE) TOTAL AMOUNT OWED FOR LICENSE HOLDERS; DATE(S) OF EVENT: TOTAL DAYS: TOTAL COST OF PERMIT:			STAFF ONLY USE - USE AT ISSUANCE: DATE: INITIALS: FLYER □ DOT - SPECIAL EVENTS PERMIT □ PRIVATE BUSINESS □ NON-PROFIT □ IF NON-PROFIT, VERIFICATION COMPLETED		
1. Applicant (MUST BE 21 YEARS OF AGE AND AUTHORIZED WA LETTER/LD. TO APPLY FOR THE LICENSE BY THE ORGANIZATION/COMPANY)					
(Name of Organization/Company/Promoter)	(Address.)		(City/Sta	te)	(Zip)
(full name)	(telephane na.)		(date of E	Birth) E-m	ail (Require d)
(residence) Street	Apt#	City	(State	Zip Code
2. Information about the Event (FILL OUT ONLY ENTRIES THAT ARE APPLICABLE) NAME OF EVENT TOTAL ESTIMATED PERSONS IN ATTENDANCE PARTICIPATING LICENSE HOLDERS INVOLVED IN PUB-TOUR (FILL OUT BELOW, IF ADDITIONAL ENTRIES THEN USE ADDITIONAL PAGES, ALL LICENSEE SIGNATURES MUST BE NOTARIZED)					
A)(Trade Name)	(Address of Business)	(Pri	nted Name of Licensee)		(Signature)
I hereby certify that on the day of, 20, before me, the subscriber, a notary public of the State of Maryland, in and for 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:					
B)(Trade Name)	(Address of Business)	(Pri	nted Name of Licensee)		(Signature)
l hereby certify that on the day of , personally appeared	, 20, before	me, the subscr	ber, a notary public of th	e State of Maryland, i nt(s) named in this ap	n and for plication made oath in due
, 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 Sea] My Commission expires	·	
Printed Name:					
C)(Trade Name)	(Address of Business)	(Pri	nted Name of Licensee)		(Signature)
I hereby certify that on the day of	, 20, before	me, the subscr	ber, a notary public of th	e State of Maryland, i nt(s) named in this an	n and for olication made nath in due
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 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 Sea] My Commission expires	3	
Printed Name:					