

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

Class Type: \_\_\_\_\_ Address: \_\_\_\_\_  
 Corp Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_  
 Attorney: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Contract Purchaser     Death of Licensee     Secured Creditor     Other  
 Name of licensee being REMOVED: \_\_\_\_\_  
 Reason for change: \_\_\_\_\_  
 (If due to death please attach copy of death certificate see below)  
 Is the individual being removed the qualifying City Resident  Yes  No  
 (If removing city resident this individual must be replaced)

**Staff Use Only:**  
 Date: \_\_\_\_\_  
 Initials: \_\_\_\_\_  
 Death Certificate  
 Corporate Info  
 Letter of Admin  
 Transfer Authorization  
 Compliance  
 Criminal Background

**\*\*\*The Substitute Application is not complete unless BLLC Staff receive a CJIS receipt indicating the substitute applicant has been fingerprinted\*\*\***

### Licensee Information

#### 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)  
 If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
**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?**

#### 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)  
 If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
**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?**

#### 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)  
 If applicable, address of Property on which tax is paid in your individual name: \_\_\_\_\_  
**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?**

Board of Liquor License Commissioners for the City of Baltimore, 231  
 East Baltimore Street, 6<sup>th</sup> Floor, Baltimore, Maryland 21202  
 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.

# Substitute Application for Alcoholic Beverages License

## Board of Liquor License Commissioners for Baltimore City

**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 renewal 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 renewal 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 renewal 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: \_\_\_\_\_

### Frequently Asked Questions – BLLC Substitute Application Questions

**1. When should I use the Substitute Application?**

*Answer: A substitute application is required to be filed when there are changes in the pertinent information contained in any application filed with the Board shall be reported to the Board in a timely manner. This includes, but is not limited to, a change of name, a change of telephone number, a change of address, a death of a licensee, dissolution of a corporation, an election or change of an officer or authorized person who is listed as an applicant or licensee.*

**2. In what situations should I file a Substitute Application?**

*Answer: A licensee is required to file a Substitute Application if one of the following substitutions of a licensee occurs under the following conditions: (1) Substitution of Corporate Officers, Authorized Persons of a Partnership or LLC, (2) Substitution of a Secured Party, (3) Substitution of a Contract Purchaser, (4) Substitution in cases of Death of a Licensee for Personal Representative of Licensee's Estate, (5) Substitution in cases of Death of a Licensee for Surviving Spouse or Partner*

**3. What documents should I bring with me to properly file my Substitute Application?**

*Answer: The required documents to be filed with your Substitute Application can vary based on the type of Substitute Application you are to file. **Please refer to Alcoholic Beverages Rule 2.03 for a full listing of the required documents you should bring when filing your Substitute Application.***

**4. How much does it cost to file a Substitute Application?**

*Answer: Any change on a licensee's application concerning the removal, addition, or substitution of a licensee shall be accompanied by a \$250 application fee and a \$200 issuance fee. All checks and/or money orders shall be made payable to the "Director of Finance." **No cash is accepted by our office.***

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Phone: 410-396-4377 Fax: 410-396-4382**

Revised: December 2017 – DO NOT ALTER FORM