

Application for Alcoholic Beverages License

Board of Liquor License Commissioners for Baltimore City – Vendor Form – Cross Street Market

(This form must be filed with Alcoholic Beverage License Application. One Form shall be filled out per vendor)

Applicant Name: _____

Trade/Corp Name: _____

Traders License Number: _____

Home 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: _____

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: _____

List All Other Assets, Personal or Business, Not Listed Above: _____

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.

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.

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 Yes No - If yes, mark applicant and explain.

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.

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

6. Does the applicant(s) have a pecuniary 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.

[Redacted area]

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.

[Redacted area]

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

[Redacted area]

9. Is the licensed premise currently open and operating? Yes No If yes, please explain.

[Redacted area]

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?

[Redacted area]

I UNDERSTAND THAT FALSIFICATION OF THE INFORMATION ON THIS FORM MAY CONSTITUTE GROUNDS FOR DENIAL OR REVOCATION OF THE PRIVILEGE TO SELL ALCOHOLIC BEVERAGES AS A VENDOR OF THE CROSS STREET MARKET: 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 VENDOR: _____

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 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: _____

DO NOT SCAN AS PART OF FILE / DO NOT ALTER