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 quilty 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? \square Yes \square No If yes, mark applicant and explain.
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.
8. Are you financially interested in any other alcoholic beverages license applied, granted or issued? Yes No If yes, please explain.
9. Is the licensed premise currently open and operating? Yes No If yes, please explain.
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?
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 abovenamed 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 vendor form 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