2024 Renewal Application for Alcoholic Beverages License

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

(Please note that if there is a change in Vendor name you CANNOT fill out this renewal application)

Vendor Name:				
Trade/Corp Name:				
Month and Year of Birth			y State	
Business Phone:	Cell Phone:	Operating H	ours	_
Please provide copies of curre	nt documentation concernin	g the following: (1) Trader's Lic	ense; (2) Health Department	
Permit; (3) Proof of Good Stand	ling for the Ownership Entit	y (SDAT Letter); and 4) Valid Al	cohol Awareness Certification	
1. In the past license year has the indicate and explain.	vendor been adjudged guilty o	f a felony in the State of Maryland	or any other? 🗆 Yes 🗆 No - If	yes,
2. In the past license year has the v gambling in any State, including Ma		violating the laws governing the s provide explanation in adjacent sp	-	r for
3. Is the licensed premise current	y open and operating? 🗆 Yes	: □ No If no, please explain.		
I UNDERSTAND THAT FALSIFICATION OF SELL ALCOHOLIC BEVERAGES AS A VENI examine my bank accounts or any acco documents established in connection w premises for any information or items official. I have also read all of the above	OOR OF THE LEXINGTON MARKET: I unts established in connection wit ith this business, but not limited to pertaining to the operation of the	Hereby authorize the Board of License (h this business; and to examine and sec , those on file with any bookkeeper; and establishment or distribution of alcoho	Commissioners, or any of its officers, ure copies of any business records or search the entire licensed vendor lic beverages upon request by a BLLC	to .
SIGNATURE OF VENDOR:				-
STATE OF MARYLAND, City of Baltimor	B:			
l hereby certify that on the , personall application made oath in due form of	day of, 20 / appeared	_ , before me, the subscriber, a nota	ry public of the State of Maryland, ir the vendor named in this renewal	n and for
application made oath in due form of	law that the matter and facts co	ntained in said application are true ar	ıd correct.	
As witness, my hand and notarial sea	l.			
Signature:		(Notary Seal) My Commiss	sion expires	
Printed Name:				