



PERSONAL FINANCIAL INFORMATION

This form must be completed by each individual applicant and filed with the Alcoholic Beverage License Application.

(1) (a) Applicant Name: _____

(b) Home Address: _____ **(c) How Long:** _____
(Street Address / City / State / Zip)

(d) Date of Birth: _____ **(e) Social Security No.:** _____ **(f) Marital Status:** _____

(g) Name of Spouse: _____ **(h) No. of Dependents:** _____

(2) (a) Most Recent Employer: _____

(b) Employer Address: _____
(Street Address / City / State / Zip)

(c) Position / Title: _____ **(d) Gross Annual Income:** _____

(e) Type of Business: _____ **(f) Length of Employment:** _____

(3) List Any & All Business Interests and Other Sources of Income:

Business Interest / Source	Income
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

(4) List All Banks with Whom You Do Business:

Bank Name	Type of Account
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

(5) OWNERSHIP INTEREST: (Proof of Ownership Interest must be attached)

(a) Type of Business Ownership:

Stockholder: _____% L.L.C. Member: _____% Individual Proprietor: _____% Partner: _____%

(b) Total purchase price for my stock or interest and/or initial capital investment in the business: \$ _____

Of this amount, \$ _____ will be in cash, and additional monies in the amount of \$ _____

has been or will be derived from the following sources: _____

(6) CAPITAL INVESTMENT FOR START-UP OF THE BUSINESS: (Proof of Total Capital Investment must be attached)

(a) Total Capital Investment (Combined): \$ _____

(b) My personal contribution toward the total investment for the start-up of the business will be \$ _____.

Of this amount, \$ _____ will be in cash, and additional monies in the amount of \$ _____

has been or will be derived from the following sources: _____

**I UNDERSTAND THAT FALSIFICATION OF THE INFORMATION ON THIS FORM MAY
CONSTITUTE GROUNDS FOR DENIAL OR REVOCATION OF THIS LICENSE.**

I hereby authorize the Liquor Control Board for Harford County, Maryland, or any of its officers, to examine my bank accounts established in connection with this business, and to examine and secure copies of any business records or documents established in connection with the business, including, but not limited to, those on file with my bookkeeper or the above-named bank(s). I have also read all the above and declare under penalty of perjury that each and every statement is true and correct.

Date: _____

Signature: _____

State of _____

County of _____

I hereby certify that on this _____ day of _____, in the year of _____, before

me, a notary public of the State of _____, in and for _____ County,

personally appeared: _____, the **above-named** Applicant, and made oath in due form of law that the matters and facts contained in said form are true and correct.

Witness my hand and official seal:

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____

SEAL