



**LIQUOR CONTROL BOARD FOR HARFORD COUNTY, MD**  
 16 North Main Street, Bel Air, MD 21014  
 410-638-3028 / 410-879-6370 / 410-638-4970 (Fax)  
[www.hclcb.org](http://www.hclcb.org)



DATE RECEIVED
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## ALCOHOLIC BEVERAGE LICENSE APPLICATION

Application is made by the undersigned for an alcoholic beverage license under the provisions of the Alcoholic Beverages (AB) Article of the Annotated Code of Maryland and each applicant submits and certifies to the following information required under said Article; together with the Application Fee.

**PLEASE ANSWER FULLY & TYPE OR PRINT NEATLY**

**(1) (a) Nature of Application:**

<input type="checkbox"/> New License	<input type="checkbox"/> Transfer of Location	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Transfer of Ownership	<input type="checkbox"/> Change in Class	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual
<input type="checkbox"/> Change of Officers Transfer	Responsible Operator: _____		

**(b) Entity on whose behalf Application is made:**

**(2) Class of License sought:** \_\_\_\_\_  Restaurant  Hotel  Tavern  Club  
 On Sale  Off Sale  6-Day  7-Day

**(3) Name of Entity referenced above (See (1-b)):** \_\_\_\_\_

**(4) Trade Name of Business:** \_\_\_\_\_

**(5) (a) Address of Premises to be licensed:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Election District)

**(b) Total Square Footage of Premises to be licensed:** \_\_\_\_\_ **(c) Total Seating (restaurants only)** \_\_\_\_\_

**(d) Building Permit Issued:**  Yes  No Permit No.: \_\_\_\_\_ Issued by: \_\_\_\_\_  
(County / Bel Air / Aberdeen / Havre de Grace)

**(6) (a) Business Telephone No:** \_\_\_\_\_ **(b) Business Email:** \_\_\_\_\_

**(7) MD Sales Tax No:**

**(8) (a) Is the Building within 1000 feet of any School or 300 feet of any place of Worship?\***  Yes  No  
\* Measurement of the required distance shall be made from the nearest point of the building of the proposed establishment for which the license is requested to the nearest point of the building of the school, church or other place of worship.

**(b) Name of Church/School:** \_\_\_\_\_ Distance from proposed Premises? \_\_\_\_\_ ft.

**(9) (a) Type of Business:** \_\_\_\_\_ **(b) Date Opening:** \_\_\_\_\_

**(10) Hours/Days Business is Open:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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**(11) (a) Are you represented by an attorney?**  Yes  No

**(b) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**Phone No:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**(12) APPLICANTS: Must be completed by each Applicant.**

**(a)** \_\_\_\_\_ (First Name / Middle Initial / Last Name) \_\_\_\_\_ (Corporate / L.L.C. Title) \_\_\_\_\_ (% Interest Held)

\_\_\_\_\_ (Home Address / City / State / Zip) \_\_\_\_\_ (County) \_\_\_\_\_ (Length of Time at this Address)

\_\_\_\_\_ (Email Address) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Cell Phone)

Citizenship: \_\_\_\_\_ (Country) If Naturalized U.S. Citizen, when & where: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Year)

Age: \_\_\_\_\_ Sex:  M  F Are you the designated Responsible Operator Licensee?  Yes  No

**(b)** \_\_\_\_\_ (First Name / Middle Initial / Last Name) \_\_\_\_\_ (Corporate / L.L.C. Title) \_\_\_\_\_ (% Interest Held)

\_\_\_\_\_ (Home Address / City / State / Zip) \_\_\_\_\_ (County) \_\_\_\_\_ (Length of Time at this Address)

\_\_\_\_\_ (Email Address) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Cell Phone)

Citizenship: \_\_\_\_\_ (Country) If Naturalized U.S. Citizen, when & where: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Year)

Age: \_\_\_\_\_ Sex:  M  F Are you the designated Responsible Operator Licensee?  Yes  No

**(c)** \_\_\_\_\_ (First Name / Middle Initial / Last Name) \_\_\_\_\_ (Corporate / L.L.C. Title) \_\_\_\_\_ (% Interest Held)

\_\_\_\_\_ (Home Address / City / State / Zip) \_\_\_\_\_ (County) \_\_\_\_\_ (Length of Time at this Address)

\_\_\_\_\_ (Email Address) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Cell Phone)

Citizenship: \_\_\_\_\_ (Country) If Naturalized U.S. Citizen, when & where: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Year)

Age: \_\_\_\_\_ Sex:  M  F Are you the designated Responsible Operator Licensee?  Yes  No

**(d)** \_\_\_\_\_ (First Name / Middle Initial / Last Name) \_\_\_\_\_ (Corporate / L.L.C. Title) \_\_\_\_\_ (% Interest Held)

\_\_\_\_\_ (Home Address / City / State / Zip) \_\_\_\_\_ (County) \_\_\_\_\_ (Length of Time at this Address)

\_\_\_\_\_ (Email Address) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Cell Phone)

Citizenship: \_\_\_\_\_ (Country) If Naturalized U.S. Citizen, when & where: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Year)

Age: \_\_\_\_\_ Sex:  M  F Are you the designated Responsible Operator Licensee?  Yes  No

**(13) APPLICANT QUESTIONNAIRE: (Must be completed by each applicant (a), (b), (c), and (d) as referenced in Question 12)**

(Attach additional sheets, if needed)

- (a) Have you ever been convicted of a felony?
- (b) Have you ever been adjudged guilty of violating alcoholic beverage laws?
- (c) Have you ever been adjudged guilty of violating gambling laws?
- (d) Have you ever been adjudged guilty of any offense against U.S. laws?
- (e) Have you ever held a license for the sale of alcoholic beverages?

(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, state when & where: \_\_\_\_\_

If so, has any such license been suspended or revoked? \_\_\_\_\_

- (f) Have you ever applied for an alcoholic beverage license in Harford County?

(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, state when & where: \_\_\_\_\_

If so, has any such license been suspended or revoked? \_\_\_\_\_

- (g) What financial interest do you have in the business conducted under this license?

(a) %	(b) %	(c) %	(d) %
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- (h) Are you financially interested in any other alcoholic beverage business for which a license has been applied for, granted or issued?

(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
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\_\_\_\_\_  
 (Business Name) (County) %  
 (Percentage Owned)

- (i) Is your spouse, or any other family member or relative, a licensee or have financial interest in any other licensed alcoholic beverage business?

(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
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\_\_\_\_\_  
 (Name of Individual) (Relationship to Applicant)

\_\_\_\_\_  
 (Business Name) (County) %  
 (Percentage Owned)

- (j) Is there now, or will there ever be, any other person or business entity financially interested in said license, or in the business to be conducted thereunder?

(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
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\_\_\_\_\_  
 (Name of Individual/Entity) %  
 (Percentage Owned)

- (k) Does any manufacturer, brewer, distiller or wholesaler have any financial interest in the premises or the business to be conducted thereunder?

(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Will any such interest hereafter be conveyed or granted to the above?

(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
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- (l) Do you now have, or will hereafter have, any indebtedness, directly or indirectly, to any manufacturer, brewer, distiller, or wholesaler, other than for purchase of alcoholic beverages?

(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
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- (m) If granted a license, will you conform to all laws and regulations relating to the business in which you propose to engage?

(a) <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No
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**(14) Business Entity Information (If Applicable):**

(a) Name of Business Entity: \_\_\_\_\_

(b) Business Address: \_\_\_\_\_

(c) Business Type:       Corporation               Limited Liability Company               Partnership

(d) List ALL Stockholders / Interest Holders / Partners:                      (Attach separate sheet, if needed.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_ \ \ \_\_\_\_\_  
(Street Address / City / State / Zip) (Phone Number) (Email Address)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_ \ \ \_\_\_\_\_  
(Street Address / City / State / Zip) (Phone Number) (Email Address)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_ \ \ \_\_\_\_\_  
(Street Address / City / State / Zip) (Phone Number) (Email Address)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_ \ \ \_\_\_\_\_  
(Street Address / City / State / Zip) (Phone Number) (Email Address)

**(15) TRANSFERS:**

(a) If this application is for a transfer of the current license, **all current licensees must sign below** to indicate his/her/their consent to the transfer.

Licensee 1: \_\_\_\_\_ Witness: \_\_\_\_\_

Licensee 2: \_\_\_\_\_ Witness: \_\_\_\_\_

Licensee 3: \_\_\_\_\_ Witness: \_\_\_\_\_

Licensee 4: \_\_\_\_\_ Witness: \_\_\_\_\_

(b) If this application is for a transfer of **LOCATION**, state the current licensed address (from which the license is to be transferred):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(16) OWNER OF PROPERTY INFORMATION:**

(a) Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address / City / State / Zip)

Contact Information: \_\_\_\_\_  
(Phone Number) (Email)

(b) If premises are leased, state the following:

(1) Date lease was made: \_\_\_\_\_ Date lease expires: \_\_\_\_\_

(2) Renewal options, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**(17) SPECIAL PERMISSIONS & PERMITS:** Indicate whether you wish to apply for any of the following:

- (a) Permission for service on an **outdoor patio or deck**:  Yes  No
- (b) Permission to make **retail deliveries** (Class A & A-1 Licenses only):  Yes  No  N/A
- (c) Permission to keep **cooking liquor** on the premises (Class B1 Licensees only):  Yes  No  N/A
- (d) Permission to allow **wine corkage** (Available only to Class B & Class D Licensees):  Yes  No  N/A
- (e) **Off-Site Storage Permit** (for off-premises storage of alcohol inventory; issued by the State of MD):  Yes **(attach copy)**  No
- (f) Do you currently hold a **Statewide Catering License** (Issued by the State of MD)?  Yes – License No: \_\_\_\_\_  No
- (g) **Growler Permit** (Available only to Class A – A1 – Class B with Off-Sale & Class D):  Yes **(\$50 Annual Fee)**  No  N/A
- (h) **Non-refillable Container Permit** (Available only to Class A – A1 – Class B with Off-Sale & Class D):  Yes **(\$50 Annual Fee, unless held in conjunction with a Growler Permit)**  No  N/A
- (i) **Beer & Wine (BWT) Tasting License** (Class A BW Licenses Only):  365 Days **(\$225)**  52 Days **(\$150)**  26 Days **(\$100)**  N/A
- (j) **Cordial, Beer & Wine (CBWT) Tasting License** (Class A1 BWL Licenses Only):  365 Days **(\$400)**  52 Days **(\$200)**  26 Days **(\$125)**  
 N/A
-

**(21) SIGNATURE (S) OF APPLICANTS:**

**I/We hereby authorize** the Comptroller, his duly authorized Deputies, Inspectors and Clerks, the Liquor Control Board for Harford County, its duly authorized Agents and Employees, any Peace Officer of Harford County, to inspect, without warrant, the premises upon which said business is to be conducted, at any and all hours.  **AGREE**

**Extract from AB § 6-330 of the Annotated Code of MD:** "If any signed statement, affidavit or oath required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon indictment and conviction thereof, shall be subject to the penalties provided by law for that crime."

**I do solemnly declare and affirm under the penalties of perjury that the content of the foregoing document is true and correct to the best of my knowledge, information, and belief.**  **AGREE**

ALL APPLICANTS MUST SIGN **IN THE PRESENCE OF A NOTARY** UNDER SECTIONS (a), (b), (c), OR (d) BELOW.  
The (a), (b), (c), and (d) signatures must correspond to the person(s) listed on number 12.

(a) \_\_\_\_\_  
(Signature of Applicant)

(b) \_\_\_\_\_  
(Signature of Applicant)

(c) \_\_\_\_\_  
(Signature of Applicant)

(d) \_\_\_\_\_  
(Signature of Applicant)

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: (a) \_\_\_\_\_, (b) \_\_\_\_\_, (c) \_\_\_\_\_, and (d) \_\_\_\_\_,

the **above-named** in this Application, and made oath in due form of law that the matters and facts contained in said application are true and correct.

Witness my hand and official seal:

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_

SEAL

**(19) STATEMENT OF OWNER OF PREMISES:**

**(a)** I/We hereby certify that I am/we are the owner(s) of the property known as: \_\_\_\_\_  
(Business Name)  
\_\_\_\_\_ located at \_\_\_\_\_  
(Property Address/City/State/Zip)  
named in the foregoing Application made by \_\_\_\_\_  
(Applicant(s))  
to the Liquor Control Board for Harford County, Maryland.

**(b) PURSUANT TO AB § 4-405(b):** "The Harford County Liquor Control Board may not require a signed property owner's consent statement for a renewal application if: (1) the owner signed a comparable consent statement in connection with an original or previous license renewal; (2) the consent statement under item (1) is in effect for the term of the owner's lease with the applicant; and (3) the lease does not expire during the term of the license renewal."

**This property is currently under a signed lease with the terms indicated under Question (16) on page 4 of this application and meets the requirements of AB § 4-405(b). I/We understand that my/our signatures are not required for future renewals of the alcoholic beverage license during the term of said lease.**

**ACKNOWLEDGED** \_\_\_\_\_  **NOT APPLICABLE** (property not leased)  
(Property Owner's Initials)

**(c) Under the Alcoholic Beverage Laws of Maryland:** I/We assent to the granting of the License applied for; and that I/we hereby authorize the State Comptroller, his duly authorized Deputies, Inspectors, and Clerks; the Liquor Control Board for Harford County, its duly authorized Agents and Employees; and any Peace Officer of Harford County to inspect and search, without warrant, the premises upon which the business is to be conducted at any and all hours; and the undersigned owner further agrees that evidence uncovered during such inspection shall be admissible as evidence in any prosecution for the violation of any of the Acts or Laws heretofore mentioned.

**(d)** Date of Signature: \_\_\_\_\_

If the property is owned by a **Corporation / Limited Liability Company (L.L.C.)**, list the name of Corporation / L.L.C. for whom you have signed: \_\_\_\_\_

**ALL PERSONS HAVING AN INTEREST IN THE PROPERTY MUST SIGN IN THE PRESENCE OF A NOTARY.**

<b>(i)</b>	_____	_____
	(Signature of Property Owner)	(Printed Name of Property Owner)
<b>(ii)</b>	_____	_____
	(Signature of Property Owner)	(Printed Name of Property Owner)
<b>(iii)</b>	_____	_____
	(Signature of Property Owner)	(Printed Name of Property Owner)
<b>(iv)</b>	_____	_____
	(Signature of Property Owner)	(Printed Name of Property Owner)

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: (a) \_\_\_\_\_, (b) \_\_\_\_\_, (c) \_\_\_\_\_, and (d) \_\_\_\_\_,

**owner(s) of the above-named premises**, and made oath in due form of law that the matters and facts contained in said application are true and correct.

Witness my hand and official seal:

SEAL

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_