



LIQUOR CONTROL BOARD FOR HARFORD COUNTY, MD  
 16 North Main Street, Bel Air, MD 21014  
 410-638-3028 / 10-638-4970 (Fax)  
[www.hclcb.org](http://www.hclcb.org)



## AFFIDAVIT OF RESPONSIBILITY AS THE RESPONSIBLE OPERATOR APPLICANT

DATE: \_\_\_\_\_

CORPORATE / L.L.C. NAME: \_\_\_\_\_

T/A: \_\_\_\_\_

I, \_\_\_\_\_, certify that I will serve as the **Responsible Operator** for the above-named establishment. As such, I do hereby swear and confirm my understanding that as stated in the Alcoholic Beverages (AB) Article of the Annotated Code of Maryland and the Rules & Regulations of the Harford County Liquor Control Board, I am required to:

- (1) **Own a real, provable pecuniary interest in the business** to be licensed. For a Restaurant License, the minimum requirement is 10 percent. In the case of a Class A or A-1 Off Sale Only License, the minimum requirement is 25 percent.
- (2) **Be present on the licensed premises a substantial amount of time on a DAILY basis, serving as Manager or Supervisor.** This has been interpreted by the Board to constitute **a minimum of 30 hours** per week.
- (3) **Notify the Harford County Liquor Control Board in writing of any change in the status** of the Responsible Operator.

\_\_\_\_\_  
 Signature of Responsible Operator Applicant

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

My Commissioner Expires: \_\_\_\_\_