

(10) 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: _____ If Naturalized U.S. Citizen, when & where: _____
(Country) (City) (State) (Year)

Age: _____ Sex: M F Are you the designated Harford County Resident Licensee? Yes No
Length of time as Harford County Resident: _____ Year(s)

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

Age: _____ Sex: M F Are you the designated Harford County Resident Licensee? Yes No
Length of time as Harford County Resident: _____ Year(s)

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

Age: _____ Sex: M F Are you the designated Harford County Resident Licensee? Yes No
Length of time as Harford County Resident: _____ Year(s)

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

Age: _____ Sex: M F Are you the designated Harford County Resident Licensee? Yes No
Length of time as Harford County Resident: _____ Year(s)

(11) APPLICANT QUESTIONNAIRE: (Must be completed by each applicant (a), (b), (c), and (d) as referenced in Question 10)

(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
---	---	---	---

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

(a) %	(b) %	(c) %	(d) %
(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

 (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
---	---	---	---

 (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
---	---	---	---

 (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
(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

Will any such interest hereafter be conveyed or granted to the above?

- (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
(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

- (m)** If granted a license, will you conform to all laws and regulations relating to the business in which you propose to engage?

(12) If application is made on behalf of a **CORPORATION**, state:

(a) Name of Corporation: _____

(b) Address of Corporation: _____
(Street Address / City / State / Zip)

(c) Incorporated under the laws of: _____ Month: _____ Year: _____

(d) Authorized Capital: _____ No. of Shares Authorized: _____ No. of Shares Issued: _____

(e) List **ALL** Stockholders: (Attach separate sheet, if needed.)

Name: _____ Percentage/Shares: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

Name: _____ Percentage/Shares: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

Name: _____ Percentage/Shares: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

Name: _____ Percentage/Shares: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

(f) List **ALL** Corporate Officers: (Attach separate sheet, if needed.)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

(13) If application is made on behalf of a **LIMITED LIABILITY COMPANY (L.L.C.)**, state:

(a) Name of Limited Liability Company (L.L.C.): _____

(b) Address of L.L.C.: _____
(Street Address / City / State / Zip)

(c) Organized under the laws of: _____ Month: _____ Year: _____

(d) Ownership Interest of **ENTIRE** L.L.C.: (Attach separate sheet, if needed.)

Name: _____ Percentage: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

Name: _____ Percentage: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

Name: _____ Percentage: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

Name: _____ Percentage: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

(14) If application is made on behalf of a **PARTNERSHIP**, state:

(a) Name of Partnership: _____

(b) Address of Partnership: _____
(Street Address / City / State / Zip)

(c) Date Partnership formed: _____ In what state? _____

(d) Ownership Interest of **ALL** General and/or Limited Partners: (Attach separate sheet, if needed.)

Name: _____ Percentage: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

Name: _____ Percentage: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

Name: _____ Percentage: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

Name: _____ Percentage: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

(15) OWNER OF PROPERTY INFORMATION:

(a) Name of Property Owner: _____

Address: _____
(Street Address / City / State / Zip) (Phone Number)

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

(1) Date lease was made: _____ Date lease expires: _____

(2) State Renewal options, if any: _____

(16) 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 10.

(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