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

DATE RECEIVED

Corporation/Limited Liability Company

SUPPLEMENT TO THE APPLICATION NOW ON FILE FOR THE CURRENT LICENSE YEAR

This application may only be used to add or remove licensees who **are not the Majority Stockholder** [redacted] **and may not** be used to change the name of the Corporation or Limited Liability Company holding the license. 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.

PLEASE ANSWER FULLY & TYPE OR PRINT NEATLY

(1) (a) Nature of Application:
☐ Substitution of Officers ☐ Add Additional Licensee
☐ Remove a Licensee

(b) Entity on whose behalf Application is made:
☐ Corporation ☐ Limited Liability Company
☐ Partnership ☐ Individual
Responsible Operator Licensee: _____

(2) Class of License held: _____ ☐ 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) Address of Licensed Premises: _____
(Street Address)

_____
(City) (State) (Zip) (Election District)

(6) (a) Business Telephone No: _____ **(b)** Business Email: _____

(7) MD Sales Tax No: ☐☐☐☐☐☐☐☐☐

(8) Hours/Days Business is Open:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

(9) (a) Are you represented by an attorney? ☐ Yes ☐ No

(b) Name: _____

Address: _____
(Street Address) (City) (State) (Zip)

Phone No: _____ Email Address: _____

(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: _____ (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

(a) Have you ever been convicted of a felony?	**(a)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ No
(b) Have you ever been adjudged guilty of violating alcoholic beverage laws?	**(a)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ No
(c) Have you ever been adjudged guilty of violating gambling laws?	**(a)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ No
(d) Have you ever been adjudged guilty of any offense against U.S. laws?	**(a)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ No
(e) Have you ever held a license for the sale of alcoholic beverages?	**(a)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ 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)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ 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?	**(a)** %	**(b)** %	**(c)** %	**(d)** %
(h) Are you financially interested in any other alcoholic beverage business for which a license has been applied for, granted or issued?	**(a)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ 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)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ 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)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ 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)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ No
Will any such interest hereafter be conveyed or granted to the above?	**(a)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ No
(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)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ No
(m) If granted a license, will you conform to all laws and regulations relating to the business in which you propose to engage?	**(a)** ☐ Yes ☐ No	**(b)** ☐ Yes ☐ No	**(c)** ☐ Yes ☐ No	**(d)** ☐ Yes ☐ No

(12) 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) 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: _____

_____

_____

(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

SEAL

_____
Printed Name of Notary Public

My Commission Expires: _____