

**BOARD OF LICENSE COMMISSIONERS  
FOR ANNE ARUNDEL COUNTY, MARYLAND**

**APPLICATION FOR ALCOHOLIC BEVERAGES LICENSE CLASS: \_\_\_\_\_**

Outdoor Dining

*If transfer, formerly trading as:* \_\_\_\_\_

For the use of: (Check one)

Individual       Partnership       LLC       Corporation       Unincorporated Association

To the Board of License Commissioners  
Anne Arundel County, State of Maryland

Date: \_\_\_\_\_

Application is made by the undersigned under the provisions of Alcoholic Beverages and Cannabis Article, Annotated Code of Maryland, for the above license, and the applicant (s) submit (s) and certify (ies) to the following information required by the Article:

1. Applicant(s)

(1) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Naturalized at: \_\_\_\_\_ Year: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Naturalized at: \_\_\_\_\_ Year: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Naturalized at: \_\_\_\_\_ Year: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. The applicant(s) (is, are) a citizen(s) or permanent resident(s) of the United States. The applicant(s) (if applying as a qualifying individual for a corporation, unincorporated association, or LLC) (is, are) a resident of the State of Maryland at the time of the filing of this application. The license remains valid only for as long as the resident applicant remains a resident of the State.

The applicant (s) thus qualified (is, are):  1     2     3 (Check number to correspond with name (s) listed above)

If not a resident of Anne Arundel County, Maryland, the Applicant(s) appoint \_\_\_\_\_  
to serve as resident agent and accept service on behalf of the applicant(s).

3. Corporate name if applicable: \_\_\_\_\_

4. The trade name if applicable (s) is: \_\_\_\_\_

and the location and address where license is desired is: \_\_\_\_\_

5. Describe premises: Lot size: \_\_\_\_\_

Square feet of area and type of building applied for: \_\_\_\_\_

6. The name of the owner of the premises described above: \_\_\_\_\_

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7. The applicant (s) (has, have) never been convicted of a felony.  True  False
8. The applicant (s) (has, have) never been adjudged guilty of violating the laws governing the sale of alcoholic beverages or for the prevention of gambling in the State of Maryland as follows.  True  False  
If false, State name(s) of applicant, date, and offense: \_\_\_\_\_
9. (Has, have) the applicant (s) ever held a license for the sale of alcoholic beverages.  Yes  No  
If yes, in what state, at what location, and name of license establishment: \_\_\_\_\_
10. The applicant (s) (has, have) not had a license for the sale of alcoholic beverages revoked.  True  False
11. The applicant (s) (has, have) a financial interest in the business to be conducted under said license.  True  False
12. The applicant (s) (is, are) not financially interested in any other place of business in the county, counties or Baltimore City where, or for which, a license has been applied for, granted or issued under Alcoholic Beverages and Cannabis Article, Annotated Code of Maryland.  True  False
13. No person except the applicant (s) is in any way peculiarly interested in the license applied for or in the business to be conducted there under during the continuance of the license, if issued.  True  False
14. The applicant (s) (has, have) not been adjudged guilty of any offense against the laws of the State or of the United States.  
 True  False
15. No manufacturer, brewer, distiller, or wholesaler, directly or indirectly, has any financial interest in the premises or business of the applicant.  True  False
16. The applicant (s) will not convey or grant to any manufacturer, brewer, distiller, or wholesaler any financial interest, except as otherwise permitted in the Alcoholic Beverages and Cannabis Article, Annotated Code of Maryland.  
 True  False
17. The applicant (s) (has, have) at the time of filing this application no indebtedness or other financial obligation and will not incur any such indebtedness or other financial obligation, directly or indirectly, to any manufacturer, brewer, distiller or wholesaler other than for the purchase of alcoholic beverages.  True  False
18. The applicant (s) will, if granted a license, conform to all laws and regulations relating to the business in which the applicant (s) propose (s) to engage.  True  False
19. The applicant(s) hereby submit(s) a duly executed and acknowledged statement from the premises owner where the proposed business will operate. This statement expresses consent for the issuance of the requested license, granting authority to the State Comptroller, Executive Director of the Alcohol, Tobacco, and Cannabis Commission, and the Board of License Commissioners of the respective county where the business is situated. Additionally, this authorization extends to their duly authorized deputies, inspectors, clerks, agents, and employees, as well as any peace officer within the county. This authorization allows for the inspection and search, without the need for a warrant, of both the business premises and any and all parts of the building where the business will be conducted, at any time and without limitations.  True  False

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**EXTRACT FROM LAW: If any affidavit or oath required under the provisions of the 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.**

**Name(s), title(s), and address(es) of applicants:**

(Name)	(Title)	(Home Address)
(Name)	(Title)	(Home Address)
(Name)	(Title)	(Home Address)

\*Note: If President or Vice-President is one of the applicants, they must also sign as an applicant.

\*1. \_\_\_\_\_  
(Signature of President or Vice President)

1. \_\_\_\_\_  
(Signature of applicant)

2. \_\_\_\_\_  
(Signature of applicant)

3. \_\_\_\_\_  
(Signature of applicant)

THE STATE OF MARYLAND

COUNTY OF \_\_\_\_\_

I hereby certify that on the \_\_\_\_\_, before me, the subscriber, a notary public of the State of Maryland, in and for \_\_\_\_\_ (here insert name of the county or City of Baltimore for which notary is appointed), personally appeared \_\_\_\_\_ (name(s) of person(s) swearing) and made \_\_\_\_\_ (oath or affirmation) in due form of law that the matters and facts set forth in the \_\_\_\_\_ (here describe document to which the person(s) is or are swearing) are true.  
As witness, my hand and notarial seal.

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

Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

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Notary Public Signature

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Print Name: \_\_\_\_\_

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As witness, my hand and notarial seal.

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

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Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH  
ALCOHOLIC BEVERAGES LAW OF MARYLAND

(I, WE) HEREBY CERTIFY, that (I am, we are) the owner (s) of the property known as

\_\_\_\_\_

Named in the foregoing application made to the State Comptroller under the Alcoholic Beverages Law of Maryland; that (I, we) hereby authorize the State Comptroller, Executive Director of the Alcohol, Tobacco, and Cannabis Commission, and the Board of License Commissioners of the respective county where the business is situated. Additionally, this authorization extends to their duly authorized deputies, inspectors, clerks, agents, and employees, as well as any peace officer within the county. This authorization allows for the inspection and search, without the need for a warrant, of both the business premises and any and all parts of the building where the business will be conducted, at any time and without limitations.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

THE STATE OF MARYLAND

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As witness, my hand and notarial seal.

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

Print: \_\_\_\_\_

My commission expires: \_\_\_\_\_