

**BOARD OF LICENSE COMMISSIONERS
FOR ANNE ARUNDEL COUNTY
94 FRANKLIN STREET
ANNAPOLIS, MARYLAND 21401**

APPLICANT FINANCIAL INFORMATION
THIS FORM MUST BE FILED WITH ALCOHOLIC BEVERAGE LICENSE APPLICATION

Applicant's Name _____

Address _____ How Long? _____

Social Security Number _____ Date of Birth _____

Marital Status _____ Number of Dependents _____

Most Recent Employer _____ Address _____

Position of Title _____ Gross Annual Income _____

Type of Business _____ How Long Employed _____

List any business interests and any other sources of income _____

List all banks with which you do business: Type of Account:

I am or will be the owner _____ partner _____ member _____ stockholder _____

in the license business. If a stockholder/member, how many shares/percentage? _____

Lease _____ or own _____ dwelling.

My total personal contribution will be \$ _____. Of this amount \$ _____ will be

in cash and will be or has been derived from the following source(s): _____

**I UNDERSTAND THAT FALSIFICATION OF THE INFORMATION ON THIS FORM MAY
CONSTITUTE GROUNDS FOR DENIAL OR REVOCATION OF THE LICENSE.**

I hereby authorize the Board of License Commissioners, or any of its officers to examine my bank accounts or any bank accounts established in connection with this business, and to examine and secure copies of any business records or documents established in connection with the business including, but not limited to, those on file with my bookkeeper or with the above named bank(s). I also have read all the above and declare under penalty of perjury that each and every statement is true and correct.

Signature: _____

Date: _____

Witness: _____