

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

<b>INVESTOR FINANCIAL INFORMATION</b>
<b>THIS FORM MUST BE FILED WITH ALCOHOLIC BEVERAGE LICENSE APPLICATION</b>

Investor'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 \_\_\_\_\_ Stockholder \_\_\_\_\_

in the license business. If a stockholder, how many shares? \_\_\_\_\_

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 it's 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: \_\_\_\_\_