

BOARD OF LICENSE COMMISSIONERS
FOR ANNE ARUNDEL COUNTY



MANAGEMENT AGREEMENT APPLICATION

1. Application **MUST** be signed by Manager and ALL licensees
2. Signatures must be notarized
3. Copy of Photo ID
4. Completed application returned to this office for processing

Background check no longer needed.

REQUEST FOR APPROVAL OF AN INDIVIDUAL TO SERVE AS **MANAGER** OF PREMISES LICENSED IN ANNE ARUNDEL COUNTY FOR SALE OF ALCOHOLIC BEVERAGES

APPLICANT:

1. NAME: _____ PHONE NUMBER: _____
ADDRESS: _____ ZIP: _____ PERIOD OF RESIDENCE: _____
AGE: _____ SEX: _____ PLACE OF BIRTH: _____
DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

PRIOR ADDRESSES: (OVER LAST 5 YEAR PERIOD)

_____ NUMBER YEARS: _____
_____ NUMBER YEARS: _____
_____ NUMBER YEARS: _____

2. HAVE YOU EVER BEEN ADJUDGED GUILTY OF ANY OFFENSE AGAINST THE LAW OF THE STATE OR OF THE UNITED STATES? _____ IF SO, STATE WHEN AND WHERE: _____

3. HAVE YOU EVER HELD A LICENSE FOR THE SALE OF ALCOHOLIC BEVERAGES? _____, IF YES STATE WHEN AND WHERE: _____

4. HAVE YOU EVER APPLIED FOR AN ALCOHOLIC BEVERAGE LICENSE IN ANNE ARUNDEL COUNTY? _____ IF YES, STATE WHEN AND WHERE: _____

5. DO YOU HAVE ANY FINANCIAL INTEREST IN THIS LICENSE? _____ IF SO, GIVE DETAILS: _____

6. ARE YOU FINANCIALLY INTEREST IN ANY OTHER ALCOHOLIC BEVERAGE BUSINESS FOR WHICH A LICENSE HAS BEEN APPLIED FOR, GRANTED OR ISSUED? IF SO STATE WHEN AND WHERE: _____

7. WHAT DUTIES AND HOURS ARE YOU RESPONSIBLE FOR IN THE OPERATION OF THE BUSINESS LISTED? _____

8. IF APPROVED TO SERVE AS A MANAGER, WILL YOU CONFORM TO ALL LAWS AND REGULATIONS RELATING TO THE BUSINESS IN WHICH YOU PROPOSE TO ENGAGE AND FAMILIARIZE ALL EMPLOYEES WITH THESE LAWS, RULES AND REGULATIONS? _____

LICENSEES:

NAME: _____ TITLE: _____ PHONE NUMBER _____

NAME: _____ TITLE: _____ PHONE NUMBER: _____

NAME: _____ TITLE: _____ PHONE NUMBER: _____

CORPORATION NAME: _____ AND/OR TRADE NAME: _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

SIGNATURES OF LICENSEES:

SIGNATURE OF MANAGER:(APPLICANT)

STATE OF MARYLAND, COUNTY OF _____ SS:
THIS CERTIFIES, THAT ON THE _____ DAY OF _____, _____ BEFORE THE
SUBSCRIBER, A NOTERY OF THE STATE OF MD, PERSONALLY APPEARED _____

THE INDIVIDUAL (S) NAMED IN THE AFOREGOING, AND MADE OATH IN DUE FORM OF LAW THAT THE STATEMENTS THEREIN ARE TRUE TO THE BEST OF _____ KNOWLEDGE AND BELIEF.

WITNESS MY HAND AND OFFICIAL SEAL:

NAME: _____

SEAL: _____

EXPIRATION DATE: _____