

**BOARD OF LICENSE COMMISSIONERS
FOR ANNE ARUNDEL COUNTY
2660 RIVA ROAD, SUITE 360
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 own business premises.

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
any bank account 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: _____