BOARD OF LICENSE COMMISSIONERS FOR
ANNE ARUNDEL COUNTY

AFFIDAVIT FOR SPECIAL PERMITS

The undersigned do hereby solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the following paper are true:

1. I/We are over the age of 18 and competent to testify to the matters stated below.

2. I/We are the Licensees for a Class _____ License on behalf of _____, located at _____ (the "Premises"), and certify that the following documents filed with the original License Application remain true, accurate and correct:

PLEASE CHECK THE APPROPRIATE BOXES:

☐ Financial Information Sheet(s) for Licensee(s)

☐ Location Map showing location of the Premises within the County

☐ Metes and Bounds description of the Premises

☐ Site Plan depicting the location, height, floor area and square footage of all buildings or structures, parking, number of parking spaces and any other physical features located on the Premises

☐ If applying for music, entertainment, dancing, or outdoor permits, original and five (5) copies of a registered survey showing zoning districts and labeling the area used for the activity within or outside the building. The distance of the closest part of these areas from all residentially zoned property must be shown (Must be approved by The Office of Planning and Zoning)

☐ Current legible floor plan including furniture and fixtures to scale *or* with dimensions

☐ Articles of Incorporation and Bylaws, and any amendments filed; Minutes of Stockholders meetings; Stock Certificates; List of all Stockholders if a corporation (Please provide any subsequent amendments or minutes)

Articles of Organization and Operating Agreement and amendments; all minutes and authorizations if a limited liability company (Please provide any subsequent amendments and/or minutes

Partnership Agreements and any amendments thereto if a partnership; (Please provide any subsequent amendments)

☐   Proof of residency for Resident Qualifier

☐   Alcohol Awareness Certificate; Certificate of Use; Occupancy Permit; Retail Sales License; Health Department License, and Federal Special Occupational Tax Stamp

LICENSEE(S)

1. _____ (Signature)   DATE: _____

_____ (Print name)

2. _____ (Signature)   DATE: _____

_____ (Print name)

3. _____ (Signature)   DATE: _____

_____ (Print name)