APPLICATION FOR ALCOHOLIC BEVERAGES LICENSE CLASS: ___ Outdoor Dining If transfer, formerly trading as: _____ For the use of: (Check one) \Box Corporation □Individual ☐ Partnership \Box LLC ☐ Unincorporated Association To the Board of License Commissioners Anne Arundel County, State of Maryland Date: _____ Application is made by the undersigned under the provisions of Alcoholic Beverages and Cannabis Article, Annotated Code of Maryland, for the above license, and the applicant (s) submit (s) and certify (ies) to the following information required by the Article: 1. Applicant(s) Name: ______ Address: _______

Date of Birth: ______ Naturalized at: ______ Year: ______

Place of Birth: ______ Sex: ______ (1) Name: Email: Phone Number: (2) Name: Address: Date of Birth: Naturalized at: Year: Place of Birth: ______ Sex: _____ Phone Number: Email: (3) Name: Place of Birth: ______ Sex:_____ Phone Number: Email: The applicant(s) (is, are) a citizen(s) or permanent resident(s) of the United States. The applicant(s) (if applying as a qualifying individual for a corporation, unincorporated association, or LLC) (is, are) a resident of the State of Maryland at the time of the filing of this application. The license remains valid only for as long as the resident applicant remains a resident of the State. The applicant (s) thus qualified (is, are): $\Box 1 \quad \Box 2 \quad \Box 3$ (Check number to correspond with name (s) listed above) If not a resident of Anne Arundel County, Maryland, the Applicant(s) appoint to serve as resident agent and accept service on behalf of the applicant(s). 3. Corporate name if applicable: The trade name if applicable (s) is: _____ and the location and address where license is desired is: 5. Describe premises: Lot size: Square feet of area and type of building applied for:

6. The name of the owner of the premises described above:

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7.	The applicant (s) (has, have) never been convicted of a felony. \Box True \Box False
8.	The applicant (s) (has, have) never been adjudged guilty of violating the laws governing the sale of alcoholic beverages or for the prevention of gambling in the State of Maryland as follows. \Box True \Box False If false, State name(s) of applicant, date, and offense:
	(Has, have) the applicant (s) ever held a license for the sale of alcoholic beverages. ☐Yes ☐No If yes, in what state, at what location, and name of license establishment:
10.	The applicant (s) (has, have) not had a license for the sale of alcoholic beverages revoked. \Box True \Box False
11.	The applicant (s) (has, have) a financial interest in the business to be conducted under said license. True
12.	The applicant (s) (is, are) not financially interested in any other place of business in the county, counties or Baltimore City where, or for which, a license has been applied for, granted or issued under Alcoholic Beverages and Cannabis Article, Annotated Code of Maryland. □True □False
13.	No person except the applicant (s) is in any way financially interested in the license applied for or in the business to be conducted there under during the continuance of the license, if issued. \Box True \Box False
14.	The applicant (s) (has, have) not been adjudged guilty of any offense against the laws of the State or of the United States. \Box True \Box False
15.	No manufacturer, brewer, distiller, or wholesaler, directly or indirectly, has any financial interest in the premises or business of the applicant. \Box True \Box False
16.	The applicant (s) will not convey or grant to any manufacturer, brewer, distiller, or wholesaler any financial interest, except as otherwise permitted in the Alcoholic Beverages and Cannabis Article, Annotated Code of Maryland. □ True □ False
17.	The applicant (s) (has, have) at the time of filing this application no indebtedness or other financial obligation and will not incur any such indebtedness or other financial obligation, directly or indirectly, to any manufacturer, brewer, distiller or wholesaler other than for the purchase of alcoholic beverages. True
18.	The applicant (s) will, if granted a license, conform to all laws and regulations relating to the business in which the applicant (s) propose (s) to engage. \Box True \Box False
19.	The applicant(s) hereby submit(s) a duly executed and acknowledged statement from the premises owner where the proposed business will operate. This statement expresses consent for the issuance of the requested license, granting authority to the State Comptroller, Executive Director of the Alcohol, Tobacco, and Cannabis Commission, and the Board of License Commissioners of the respective county where the business is situated. Additionally, this authorization extends to their duly authorized deputies, inspectors, clerks, agents, and employees, as well as any peace officer within the county. This authorization allows for the inspection and search, without the need for a warrant, of both the business premises and any and all parts of the building where the business will be conducted, at any time and without limitations. \Box True \Box False

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EXTRACT FROM LAW: If any affidavit or oath required under the provisions of the Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon indictment and conviction thereof, shall be subject to the penalties provided by law for that crime.

ne(s), title(s), and address(es) of applicants:				
(Name)	(Title)	(Home Address)		
(Name)	(Title)	(Home Address)		
(Name)	(Title)	(Home Address)		
: If President or Vice-President is they must also sign as an applic		*1(Signature of President or Vice President)		
		1(Signature of applicant)		
		2(Signature of applicant)		
		3(Signature of applicant)		
THE STATE OF MARYLAND				
COUNTY OF				
and for	(here insert name of the	fore me, the subscriber, a notary public of the State of Maryland, in the county or City of Baltimore for which notary is appointed),		
made	_ (oath or affirmation) in due	(name(s) of person(s) swearing) and form of law that the matters and facts set forth in		
theAs witness, my hand and notarial		to which the person(s) is or are swearing) are true.		
Notary Public Signature				
Print Name:		My commission expires:		

APPLICATION FOR ALCOHOLIC BEVERAGES LICENSE CLASS:

THE STATE OF MARYLAND	
COUNTY OF	
I hereby certify that on the	, before me, the subscriber, a notary public of the State of Mai
and for	, before me, the subscriber, a notary public of the State of Mar (here insert name of the county or City of Baltimore for which notary is appoint
personally appeared	(name(s) of person(s) swearing);
made	(oath or affirmation) in due form of law that the matters and facts set forth in
	(here describe document to which the person(s) is or are swearing) are true.
As witness, my hand and notaria	ar sear.
Notary Public Signature	
Print Name:	My commission expires:
THE STATE OF MARYLAND	
	, before me, the subscriber, a notary public of the State of Mar
and for	, before the, the subscriber, a hotary public of the state of Mar (here insert name of the county or City of Baltimore for which notary is appoint
personally appeared	(name(s) of person(s) swearing) and
made	(oath or affirmation) in due form of law that the matters and facts set forth in
the_	(here describe document to which the person(s) is or are swearing) are true.
As witness, my hand and notaria	al seal.
Notary Public Signature	
Print Name:	My commission expires:
THE STATE OF MARYLAND	
COUNTY OF	
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and for	(here insert name of the county or City of Baltimore for which notary is appoint
personally appeared	(name(s) of person(s) swearing) a
	(oath or affirmation) in due form of law that the matters and facts set forth in
As witness, my hand and notaria	(here describe document to which the person(s) is or are swearing) are true.
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Print Name:	My commission expires:		
STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH ALCOHOLIC BEVERAGES LAW OF MARYLAND			
(I, WE) HEREBY CERTIFY	, that (I am, we are) the owner (s) of the property known as		
ereby authorize the State Compt. ard of License Commissioners of the state of the s	nade to the State Comptroller under the Alcoholic Beverages Law of Maryland; that croller, Executive Director of the Alcohol, Tobacco, and Cannabis Commission, and of the respective county where the business is situated. Additionally, this authorizaties, inspectors, clerks, agents, and employees, as well as any peace officer within the inspection and search, without the need for a warrant, of both the business building where the business will be conducted, at any time and without limitations.		
	(Signature)		
	(Print Name)		
	(Signature)		
	(Print Name)		
	(Signature)		
THE STATE OF MARYLAND	(Print Name)		
COUNTY OF			
the	, before me, the subscriber, a notary public of the State of Maryla (here insert name of the county or City of Baltimore for which notary is appointed (name(s) of person(s) swearing) and (oath or affirmation) in due form of law that the matters and facts set forth in (here describe document to which the person(s) is or are swearing) are true.		
As witness, my hand and notaria	al seal.		
Notary Public Signature			