For Liquor Board Use:
Application Received:
_____

License Number:
_____

STATE OF MARYLAND
ALCOHOLIC BEVERAGES LICENSE APPLICATION
Any application BEFORE this date of June 22, 2026, is void.

AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.

APPLICATION FOR A *YEARLY* CLASS _____LICENSE

The application is made by the undersigned for the above license under the provisions of Article 2B of the Annotated Code of Maryland, and there is Submitted the following information required thereby; together with
application fee of $500.00 payable to Board of License Commissioners.

Application Made on Behalf of – (Circle one below)

Partnership Corporation LLC Club

Name of Corporation/Partnership//LLC/Club: _____
Trade Name or d/b/a: _____
Business Address (No PO Box): _____
Email: (Required): _____
Federal Tax ID No: _____
Traders License No: _____ **State of Maryland Sales and Use No:** _____
County Tax No: _____

Owner of Property: _____
Owner of Property Address _____
Phone No: _____
Email: _____

One applicant on this form MUST be a Maryland Resident & a United States Citizen. If applicant isn't a MD Resident, you will need to obtain a MD Contact (see form); one applicant must be a United States Citizen

LICENSEE NAME:_____
RESIDENTAL ADDRESS:_____
PHONE NO: (Home)_____ (Cell)_____
EMAIL ADDRESS:_____
United State Citizen □ YES □ NO - Birthplace: _____
21 years of age or over □ YES □ NO - Birthdate: _____
Maryland Resident □ YES □ NO **OR see below**
Do you have an MD Contact, such as Attorney, Accountant, Broker: □ YES □ NO - If yes, who_____
Do you have any Felonies □ YES □ NO
If Applicant is Foreign Born: Place of Birth: _____
Place of Naturalization: _____
Date of Notarization: _____
Immigration Card #: _____

Have you ever been:

a. Convicted of a felony: ___Yes ___No
b. Adjudged guilty of violating the laws governing the sales of alcoholic beverages or for the prevention of gambling in the State of Maryland? ____Yes ____No
c. Adjudged guilty or received a disposition of probation before judgment (or the equivalent) of any offense against the laws of Maryland, of any other state or of the United States? ____Yes ____No

If you answered **"Yes"** to any of the foregoing questions**, on a separate sheet** list each such conviction or alternate disposition, including the date, place/jurisdiction, case number, and the disposition (including any sentence).

LICENSEE NAME:_____
RESIDENTAL ADDRESS:_____
PHONE NO: (Home)_____ (Cell)_____
EMAIL ADDRESS:_____
United State Citizen □ YES □ NO - Birthplace: _____
21 years of age or over □ YES □ NO - Birthdate: _____
Maryland Resident □ YES □ NO **OR see below**
Do you have an MD Contact, such as Attorney, Accountant, Broker: □ YES □ NO - If yes, who_____
Do you have any Felonies □ YES □ NO
If Applicant is Foreign Born: Place of Birth: _____
Place of Naturalization: _____
Date of Notarization: _____
Immigration Card #: _____

Have you ever been:

d. Convicted of a felony: ___Yes ___No
e. Adjudged guilty of violating the laws governing the sales of alcoholic beverages or for the prevention of gambling in the State of Maryland? ____Yes ____No
f. Adjudged guilty or received a disposition of probation before judgment (or the equivalent) of any offense against the laws of Maryland, of any other state or of the United States? ____Yes ____No

If you answered **"Yes"** to any of the foregoing questions**, <u>on a separate sheet</u>** list each such conviction or alternate disposition, including the date, place/jurisdiction, case number, and the disposition (including any sentence).

LICENSEE NAME:_____
RESIDENTAL ADDRESS:_____
PHONE NO: (Home)_____ (Cell)_____
EMAIL ADDRESS:_____
United State Citizen □ YES □ NO - Birthplace: _____
21 years of age or over □ YES □ NO - Birthdate: _____
Maryland Resident □ YES □ NO **OR see below**
Do you have an MD Contact, such as Attorney, Accountant, Broker: □ YES □ NO - If yes, who_____
Do you have any Felonies □ YES □ NO
If Applicant is Foreign Born: Place of Birth: _____
Place of Naturalization: _____
Date of Notarization: _____
Immigration Card #: _____

Have you ever been:

g. Convicted of a felony: ___Yes ___No
h. Adjudged guilty of violating the laws governing the sales of alcoholic beverages or for the prevention of gambling in the State of Maryland? ____Yes ____No
i. Adjudged guilty or received a disposition of probation before judgment (or the equivalent) of any offense against the laws of Maryland, of any other state or of the United States? ____Yes ____No

If you answered **"Yes"** to any of the foregoing questions**, <u>on a separate sheet</u>** list each such conviction or alternate disposition, including the date, place/jurisdiction, case number, and the disposition (including any sentence).

Applicants swear, under penalty of perjury, that one applicant is a United States citizen, and that one applicant is a resident of the State of Maryland or has a Maryland Contact (Attorney, Accountant, Broker), and that they are 21 years of age or older and have no felonies and they swear under penalty of perjury that the information provided in this application is true and correct.

EXTRACT FROM LAW: If any affidavit or oath required under the provisions of this 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.

I hereby swear, under the penalty of perjury, that the information provided in this application is true and correct.

NOTE: ***If signed statement, report, application, fingerprinting, affidavit or oath required under Maryland law contains any false statements, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties provided by law for that crime. (Annotated Code of Maryland, Article 2B, Section 16-501 and Criminal Law Article, Section 9-101).***

Witness (our, my) hand(s) and seal(s) this _____ day of _____, 20___:

Witness: _____ _____
Printed Name Signature

_____ _____
Licensee Printed Name Licensee Signature

_____ _____
Licensee Printed Name Licensee Signature

_____ _____
Licensee Printed Name Licensee Signature

NOTARY:
STATE OF _____, _____ County ss:

THIS CERTIFIES, that on the _____ day of _____, 20___, before me, a notary public, personally appeared, _____,
(Printed Name & Identification)
and acknowledged the execution of the aforegoing statement to be his/her/their act.

Witness my hand and official seal.

(SEAL)

_____
My Commission Expires _____

<u>ALL DOCUMENTS MUST BE NOTARIZED BEFORE BRINGING THEM IN.</u>
Separate copies of this page can be made for Licensee's signatures to be Notarized.

STATEMENT OF OWNER REQUIRED IN CONNECTION WITH ALCOHOLIC BEVERAGES LAWS OF MARYLAND
(THIS NEEDS TO BE FILLED OUT BY THE EXISTING OWNER OR NEW OWNERS)

Owner of Property:
Owner of Properties Address:
Phone Number:
Email:

I (We) HEREBY CERTIFY, that I am (we are) the owner(s) of the property indicated above and that I (We) assent to the granting of the license applied for, and that I (We) hereby authorize the Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for the aforesaid county, to inspect and search, without warrant, the premises upon which the business is to be conducted and any and all parts of the premises where said business is to be conducted, at any and all hours. ***(THIS APPLICATION IS FOR A YEARLY ALCOHOLIC BEVERAGE LICENSE, NOT TO BE MISINTERPRETED FOR A ONE DAY EVENT)***

Witness (our, my) hand(s) and seal(s) this _____ day of _____, 20____.

Witness: _____ _____
Printed Name Signature

_____ _____
Property Owner Printed Name Property Owner Signature

NOTARY:
STATE OF _____, _____ County ss:

THIS CERTIFIES, that on the _____ day of _____, 20___, before me, a notary public, personally appeared, _____,
(Printed Name & Identification)
and acknowledged the execution of the aforegoing statement to be his/her/their act.

Witness my hand and official seal.

(SEAL)

_____
My Commission Expires _____