

**AFFIDAVIT FOR MARYLAND CONTACT**

I, HEREBY CERTIFY THE FOLLOWING:

1. I have agreed to serve as the Maryland Contact for \_\_\_\_\_, (the “**Licensee**”) the holder of liquor license issued by the Board of License Commissioners for Washington County, Maryland (the “**Liquor Board**”).

2. I agree to accept service of process (i.e. receive notifications) from the Liquor Board on behalf of the Licensee. Upon receipt of any notification from the Liquor Board, I agree to promptly notify the Licensee, and forward a copy of the notification received from the Liquor Board to the Licensee. I understand that service of process on me from the Liquor Board shall constitute service of process on the Licensee.

3. **I am a  licensed Attorney with the State of Maryland,  licensed Certified Public Accountant with the State of Maryland, or  authorized agent of a Maryland Insurance Company. My office is registered and in good standing with the Maryland State Department of Assessments and Taxation.**

4. I agree that all service of process (i.e. notifications) from the Liquor Board may be served upon me personally at the following address located within the State of Maryland:

---

---

---

---

---

I agree to promptly notify the Liquor Board if the foregoing address should change.

5. I agree that I shall provide the Liquor Board with thirty (30) days advance written notice in the event that I should elect to resign as the Maryland Contact for the Licensee.

6. I acknowledge that I shall be required to complete a yearly form provided by the Liquor Board in connection with the Licensee’s renewal application. I agree to promptly complete this form upon receipt from the Liquor Board.

7.  I am **NOT** currently serving as a Contact Person for any other licensee holding a liquor license issued by the Liquor Board.

**I AM** currently serving as a Maryland Contact for other licensee(s) holding liquor license(s) issued by the Liquor Board; the names and addresses of each licensee is listed below. An Exhibit may be attached if additional space is required.

---

---

---

---

*I hereby swear and affirm under the penalty of perjury that the answers and responses made on this Affidavit of Maryland Contact to be the truth and nothing but the truth. I understand that if I am found guilty and convicted of making any false answers and/or responses in connection with this Affidavit of Maryland Contact, I may be subject to the penalties provided by law for this crime. (Annotated Code of Maryland, Article 2B, Section 16-501 and Criminal Law Article, Section 9-101).*

\_\_\_\_\_(SEAL)

Printed Name: \_\_\_\_\_

**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 foregoing statement to be his/her/their act.

Witness my hand and official seal.

(SEAL)

\_\_\_\_\_  
My Commission Expires \_\_\_\_\_