

AFFIDAVIT FOR RESIDENTS OF MARYLAND

**PLEASE ATTACH A COLORED COPY OF DRIVERS LICENSE
TO THE BACK OF THIS APPLICATION PACKET AND PROOF OF RESIDENCY
SUCH AS WATER, ELECTRIC, GAS BILL OR LEASE OF RESIDENTAL ADDRESS.**

Date: _____

1. Full Name: _____

2. Residential Address: _____

3. City, State and Zip: _____

4. Phone Number: _____

5. Email Address: _____

6. Class of License: _____

7. Establishment Name: _____

8. Address: _____

9. City, State and Zip: _____

10. Establishment Real Property Owner: _____

11. Establishment Real Property Owned or Leased: OWNED LEASED

12. Have you ever held an alcoholic beverage license before or one now in another county?

If so: Where _____ When _____

13. Have you ever worked in an establishment licensed to sell alcoholic beverages before?

If so: Where _____ When _____

14. Will anyone other than you maintain a financial interest in the establishment?

If so: Who _____ How _____

15. Do you maintain any interest in any other alcoholic beverage establishment?

If so give name and address: _____

16. Have you ever managed or supervised any other establishment licensed to sell alcoholic beverages?

If yes: Where _____ When _____

18. Have you ever been convicted of violating any of the alcoholic beverage laws and/or the gaming laws of the State of Maryland or any other state?

If yes, what was the violation and the date it occurred: _____

19. Have you ever been convicted of violating any U.S. Statutes?

If yes, what statute and where: _____

20. Where are you currently employed? _____

21. Are you a United States Citizen? Yes No (If No, see MD Contact Form)

I solemnly affirm and declare under the penalty of perjury that my testimony in this affidavit is true and correct to the best of my knowledge information and belief.

NOTE: If signed affidavit 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 this crime. (Annotated Code of Maryland, Article 2B, Section 16-501 and Criminal Law Article, Section 9-101).

Printed Name of Licensee

Signature of Licensee

STATE OF _____

THIS CERTIFIES, That on the _____ day of _____, 20____,
before me, a notary public of the State of _____,

(Notaries write Printed Name from ID online below)

Appeared before me and I the Notary Public acknowledged the execution of the foregoing statement to be voluntary and true act.

Witness my hand and official seal.
(SEAL)

My Commission Expires _____

**ALL DOCUMENTS MUST BE NOTARIZED BEFORE BRINGING THEM IN AND
WILL NOT BE ACCEPTED IF NOT DONE CORRECTLY.**

BACKGROUND QUESTIONNAIRE
NO FELONY CONVICTIONS

Each individual applicant for an alcoholic beverage license is required to complete and submit this questionnaire with the license application. It is important that each of the questions be answered completely and accurately. All statements on this questionnaire are subject to verification.

Full Legal Name: _____
First Middle Last

Other names ever used (maiden, aliases, former names legally changed, etc.): _____

Residential Address: _____
City State Zip

Home Phone: () _____ Work Phone: () _____ Cell: () _____

Email Address: _____

Driver's license no.: _____ State of issuance: _____ Expiration: _____

Sex: Male Female United States Citizen: YES or NO Naturalized Date: _____

Height: _____ Weight: _____ Hair color _____ Eye color _____

Ethnic Origin: White Black Hispanic Asian/Pacific Islander Am. Indian/Alaskan Native
 Other _____

Date of Birth: _____ Place of Birth: _____
(mm/dd/yyyy) City State Country

List any felonies and criminal convictions, including "Probation Before Judgment" which have been placed against you. For each conviction or charge give the date, place and disposition:

CONSENT

By signing this questionnaire, I give permission to the Washington County Board of License Commissioners, its employees and agents to conduct an investigation and receive reports about my background including criminal history for the purpose of determining the accuracy of my statements made on the application for an alcoholic beverage license and my fitness to receive and alcoholic beverage license. I further authorize any person, business entity or government agency that may have relevant information to disclose the same to the Washington County Board of License Commissioners, its employees and agents.

I SOLEMNLY AFFIRM AND DECLARE UNDER THE PENALTY OF PERJURY THAT MY TESTIMONY IN THIS QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Printed Name of Licensee

Signature of Licensee

STATE OF _____

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before me, a notary public of the State of _____,

(Notaries write Printed Name from ID online below)

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WAIVER FOR RECORDS INSPECTION

(This needs to be signed by all licensees)

I / We Hereby Certify That I am / We are the licensee(s) for the property known as
TradeName: _____

Address: _____

named in the application to the Washington County Liquor Store for Washington County, under the Alcoholic Beverages Law of Maryland for a Class _____ Alcoholic Beverage License, that I / We assent to the license applied for and that I / We hereby authorize the Office of the Executive Director of the Alcohol and Tobacco Commission, or his or her designee's, the Washington County Liquor Board Commissioners, its duly authorized inspectors and employees, and any Law Enforcement Officer of Washington County to inspect and search, without a warrant, the premise upon which is said business is to be conducted, and any and all parts of the building in which said business is to be conducted at any and all hours.

Printed Name of Licensee

Signature of Licensee

STATE OF _____

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before me, a notary public of the State of _____,

(Notaries write Printed Name from ID online below)

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