

CONSENT FOR NAME REMOVAL

I _____ am requesting that my name be removed from the liquor license issued by the Board of License Commissioners for Washington County, Maryland for:

Name of Establishment:

This request is of my own volition and not subject to any enforcement or outside influences or pressures from other licensees or any other sources.

The effective date of this removal is _____ at my request.

Signature

STATE OF MARYLAND, Washington County ss:

THIS CERTIFIES, That on the _____ day of _____, 20____,
before me the subscriber, a notary public of the State of Maryland, personally appeared _____
_____ and
acknowledged the execution of the foregoing statement to be his/her voluntary and true act.

Witness my hand and official seal.

(SEAL)

My Commission Expires _____