

APPLICATION FOR ALCOHOLIC BEVERAGES LICENSE TALBOT COUNTY

(PLEASE PRINT OR TYPE)

Application is made by the undersigned under Chapte Beverages," Revised February 12, 2018 for a Class A	
Class B-T , Class C , Class D , Class DBR	, Class E , Class F-A , Class G
Class B-T, Class C, Class D, Class DBR _ Class GC, Class I, License and Caterer's Endo	orsement , (see attached license class list)
and the applicant(s) submit(s) and certify(ies) to the follower.	owing information as required:
Type of Entity: (CIRCLE ONE) Corporation, LLC, Part (Incorporated or Unincorporated):	tnership, Sole Proprietor, Club or Association
Corporate Entity Name	
Name of Establishment (d/b/a)	
Physical Address where license is to be used:	
Mailing Address of Establishment:	
Names of Applicants (Type or Print):	
1	
NAME	TITLE
2NAME	TITLE
PRESIDENT, VICE-PRESIDENT, MANAGING	
MEMBER	
* If President, Vice President, Managing Member is an *	k
Applicant, he/she must also sign as applicant.	President or Vice President Signature
1	
	Applicant Signature
2	
	Applicant Signature

Name	e & Telephone # of Pres	sident or Vice-President:	
Name	es and Addresses of all	other officers:	
1. Ac	ddress / County / Telepl	hone # / Years of Residency at this addre	ss of Applicant(s):
a.			
	Address of Applicant	<u> </u>	
		77 11 11	Yrs. of Residency
	<u>Telephone</u>	E-mail Address	Yrs. of Residency
b.	Address of Applicant	<u> </u>	
	riddress of rippireum	•	,
	Telephone	E-mail Address	Yrs. of Residency
2. Aı	re you a citizen of the U	United States?	
a.	Yes	_No	
b.	Yes	No	
	naturalized, when and		
a.			
b.			
4. P	lace of birth.		
a.	City/0	County	/
b.	•	•	/
υ.	City/0	County	State

5.	Are yo	Are you over 21 years of age?			
	a	Yes	No		
	b	Yes	No		
6.	Owner	r(s) of the pren	ses where the alcoholic beverages will be sold:		
	Full Na	me of Owner(of the Premises		
	Mailing	g Address of C	ner(s)		
	Telepho	one Number(s)	f Owner(s)		
7. Have you ever been convicted of a felony, misdemeanor involving moral turpitude, been guilty of violating the laws governing the sale of alcohol beverages, controlled disubstances, gambling in Maryland or any other state in the United States or foreign country					
	a	Yes	_No		
	b	Yes	_No		
	If you	answered yes,	ve details:		
0		1.1		_	
8.	-		ense for the sale of an alcoholic beverage (a) Suspended or (b) Revoked?		
		Yes			
	b	Yes	_No		
	If you	answered yes,	ve details:		
9.		ny other perso ted hereunder?	nave a financial interest in the license applied for, or in the business to be		
	a	Yes	No		
	b	Yes	No		

If you answered yes, give details:				
10. Do y Count		ial interest in any other alcoholic beverage business or license in Talbot		
a	Yes	No		
b	Yes	No		
If yo	u answered yes,	give details:		
beve	rages and, if so,	applying for the license hold or ever held a license for the sale of alcoholic in what state and at what location?		
12. Doe inter	s any manufactu	rer, brewer, distiller or wholesaler, directly or indirectly have any financial es or business of the applicants?		
b	Yes	No		
If yo	u answered yes,	give details:		
	you convey or g	rant any such interest to any manufacturer, brewer, distiller or wholesaler at application?		
a	Yes	No		
b	Yes	No		
indir		vill you incur any indebtedness or other financial obligation, directly or nufacturer, brewer, distiller or wholesaler other than for the purchase of		
a	Yes	No		
b	Yes	No		

_	ted a license v opose to engaş	•	to all laws and regulations rela	ating to the business	in which
a	Yes	No			
b	Yes	No			
			Signature of Applicant		
			Signature of Applicant		
STATE OF	F MARYLAN	ID, TALBOT CO	OUNTY to wit:		
name is su instrument	abscribed to to for the purpo	he within instru	his day of f the State and County a known to me (or satisfactorily ament, and acknowledged that ained and further acknowledged arial seal.	proven) to be the pet t he/she executed the	erson whose
(Se	al)		Notary Public		
			My commission ex	xpires:	
STATE OF	F MARYLAN	ID, TALBOT CO	OUNTY to wit:		
subscribed for the pur	to the within	, known t instrument, and	his day of f the State and County a to me (or satisfactorily proven) d acknowledged that he/she ex arther acknowledged it to be his	to be the person where	nose name is
(Se	al)		Notary Public		
			My commission ex	xpires:	

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