

**INDIVIDUAL /APPLICANT AFFIDAVIT**  
(Owner/Sole Proprietor/Partner)

Name	Title	e-mail Address
Address		Zip Code
Period of Residence	Home Telephone Number	Office Telephone Number
Date of Birth	Sex	Place of Birth
Yes ( ) No ( ) Naturalized	Year	Where Naturalized
Place of Employment	Address of Employment	Length of Employment

1. Hve you ever been convicted of a felony? Yes ( ) No ( )
  2. Have you been adjudged guilty of violating the laws governing the sale of any alcoholic beverages? Yes ( ) No ( )
  3. Have you been adjudged guilty of violating the laws for the prevention of gambling? Yes ( ) No ( )
  4. Have you been adjudged guilty of any offense against the law of the United States? Yes ( ) No ( )
- If you answered yes to any of the above, please detail** \_\_\_\_\_
5. State whether you have had a license for the sale of alcoholic beverages denied or revoked. Yes ( ) No ( ) if yes, please detail \_\_\_\_\_
  6. Have your ever held a license for the sale of alcoholic beverages and if so in what State and at what location? yes( ) No ( )
  7. Are you financially interested in any other place of business that has an alcoholic beverage license in the County? Yes ( ) No ( ) if yes, please detail \_\_\_\_\_
  8. How much time will you spend on the licensed premises? \_\_\_\_\_
  9. Have you read the Rules and Regulations of the Board? \_\_\_\_\_

The undersigned applicant being of full age, hereby certifies that no manufacturer, brewer, distiller or wholesaler, directly or indirectly, has any financial interest in the premises or business of the applicant(s) and that we will not hereafter convey or grant to any manufacturer, brewer, distiller or wholesaler any interest, except as otherwise permitted by Article 2B of the Annotated Code of Maryland; and that we have, at the time of making this application, no indebtedness or other financial obligation, directly or indirectly, to any manufacturer, brewer, distiller or wholesaler other than for the purchase of alcoholic beverages.

\_\_\_\_\_  
Signature

STATE OF MARYLAND, \_\_\_\_\_ SS:

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ personally appeared \_\_\_\_\_ and made oath of having personal knowledge of the above statement and that they are true and correct.

WITNESS my hand and official seal.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public