

INDIVIDUAL/APPLICANT AFFIDAVIT

(Owner, Sole Proprietor, Partners)

Name Title e-mail Address

Address Zip Code

Period of Residence Home Telephone Number Office Telephone Number

Date of Birth Sex Place of Birth Social Security No.

Yes () No ()
Naturalized Year Where Naturalized Petition Number

Place of Employment Address of Employment Length of Employment

1. Have you ever been convicted of a felony? Yes () No ()
 2. Have you been found in violation of the laws governing the sale of any alcoholic beverages? Yes () No ()
 3. Have you been found in violation of 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 you 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

STOCK NUMBER AUTHORIZED _____

NUMBER OF SHARES HELD _____

STOCK NUMBER ISSUED _____

PERCENT OF SHARES HELD _____

STOCKHOLDERS/AUTHORIZED PERSON/MEMBER AFFIDAVIT

(Corporations, Limited Liability Companies)

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

1. a. How many shares of stock have been issued to you? # _____ %
- b. What is the dollar value per share of stock issued to you?
- c. What was the consideration given for each share of stock?
2. Have you ever been convicted of a felony? Yes () No ()
3. Have you been found in violation of the laws governing the sale of any alcoholic beverages? Yes () No ()
4. Have you been found in violation of the laws for the prevention of gambling? Yes () No ()
5. 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**
6. State whether you have had a license for the sale of alcoholic beverages denied or revoked. Yes () No () if yes, please detail _____
7. Have your ever held a license for the sale of alcoholic beverages and if so in what State and at what location? yes() No ()
8. 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 _____
9. As a stockholder how much time will you spend on the licensed premises? _____
10. What profit will you derive in proportion to the percentage of stock ownership? _____
11. 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.

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WITNESS my hand and official seal.

My Commission expires: _____

Notary Public