

# AFFIDAVIT

Name			
Address		City, State, Zip	
Period of Residence in State of Maryland		Email Address	
Home Telephone #		Office Telephone #	
Cell Telephone #		Sex	
Date of Birth		Place of Birth	
Citizen of the United States?		Permanent Resident of the United States?	
Place of Employment		Length of Employment	
Address			
Have you ever been convicted of a felony?		If yes, Explain	
Have you been found in violation of the laws or rules governing the sale use, or control of alcoholic beverages?		If yes, Explain	
Have you been adjudged guilty of violating the laws for the prevention of gambling?		If yes, Explain	
Have you ever held a license for the sale of alcoholic beverages and, if so, in what State and at what location?		If yes, Explain	
If so, was the business ever found in violation of the laws and rules concerning alcoholic beverages?		If yes, Explain	
State whether you have had a license for the sale of alcoholic beverages denied or revoked?		If yes, Explain	
Have you ever been employed at an establishment that sold alcoholic beverage? If so, what position(s)?		If yes, Explain	
If so, was the business ever found in violation of the laws or rules concerning alcoholic beverages?		If yes, Explain	
Are you financially interested in another business that has an alcoholic beverage license? If so, where?		If yes, Explain	
How much time will you spend on the premises?		Have you read the Rules and Regulations?	

The undersigned applicant, hereby certifies that no manufacturer, brewer, distiller or wholesaler, directly or indirectly, has any financial interest in the premises or business and that I will not hereafter convey or grant any interest, and that I have no indebtedness or other financial obligation, directly or indirectly, to any manufacturer, brewer, distiller or wholesaler other than for the purchase of alcoholic beverages. **Section 6-629 of the Alcoholic Beverage Article of the Annotated Code of Maryland: If any signed statement, report, affidavit, or oath, required under any of the provisions of this Article, shall contain any false statements, the offender shall be deemed guilty of perjury and upon conviction thereof shall be subject to the penalties by law for that Crime.**

\_\_\_\_\_  
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