

Board of License Commissioners
410-386-2094
Fax: 410-386-2444
1-888-302-8978
MD Relay Service 7-1-1/800-735-2258



Office of Administrative Hearings
Carroll County Government
225 North Center Street
Westminster, Maryland 21157-5194

By order of the Board of License Commissioners, no alcoholic beverage application will be accepted unless complete and includes the following documents:

- ___ Application Fee - \$500.00 (made payable to Commissioners of Carroll County)
- ___ Application (pages 1-9)
- ___ Criminal Background Request/Fingerprint receipt for each applicant
- ___ Certificate and Workman's Compensation Insurance Policy Number
- ___ Lease/Purchase Agreement or Sales Contract
- ___ **Complete** Motor Vehicle Administration Driver's Record (each applicant)
- ___ Menu if for restaurant type operation
- ___ Plans showing exact area to be licensed including floor plan and parking area
- ___ Diagram showing clearly the location of other licenses and the classes of those licenses in the applicant's market area
- ___ Each applicant, on a separate sheet, must submit name, address, phone number (**Cell Phone Numbers Preferred**), and how many years acquainted, for 10 character references. The qualifying resident applicant references must be Carroll County residents.

Additional Forms to be filed by Corporate Applicants

- ___ Articles of Incorporation, Corporate Charter, By-Laws
- ___ State Certificate of approval from State Department of Assessments and Taxation
- ___ Corporate minutes and resolutions
- ___ Copies of stock certificates
- ___ Stock sheet showing total amount of outstanding stock and the amount and class owned by each stockholder who owns more than 5% of the outstanding stock showing name, address and phone number of each officer and director and each stockholder owning more than 5% of the stock

Additional Forms to be filed by Transfer Applicants

- ___ Copy of sales contract between transferor and transferee
- ___ Bulk Sales Transfer Affidavit (Application to Comptroller)

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******* ATTENTION CUSTOMERS*******

To all Liquor License Applicants:

Effective April 15, 2012, the FBI will no longer accept paper fingerprint cards. All applicants are required to go to one of the authorized fingerprinting services or directly to CJIS to fill out an application for Criminal Background Check and have digital fingerprints taken:

**CJIS is located at: 6776 Reisterstown Road
Reisterstown Road Plaza
Baltimore, MD 21215**

You may contact them for directions and hours of operation at 410-585-3687.

Please note, when you arrive you must give them the following Authorization Number so that results are sent back to our office.

**ATTENTION: Jo Vance, Administrative Hearings Coordinator
ORI-MD930160Z, AUTHORIZATION #9500010111
Carroll County Liquor Board
225 North Center Street, Room 113
Westminster, MD 21157**

THE BOARD OF LICENSE COMMISSIONERS
OF CARROLL COUNTY, MARYLAND

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1. Application for a liquor license shall be submitted on forms provided, in accordance with the Rules and Regulations of the Board of License Commissioners for Carroll County and Article 2B of the Annotated Code of Maryland. The applicants have sole responsibility for ensuring that the application is complete, accurate and that they comply with the law.
2. The application form must be complete in every detail and all the required documents submitted **BEFORE** a hearing will be scheduled.
 - a. Show complete mailing address.
 - b. Signature(s) will be notarized where required.
 - c. The 15 real estate owners and registered voters signatures must be legible and as shown on voter's registration records.
 - d. Show complete Trade Name and Corporate Name.
3. Individual Applicant:
 - a. Must be resident of Carroll County at the time of filing application and have been a resident for two years prior to filing of the application. Must remain a resident for at least nine (9) months of the year.
 - b. Must be the sole owner of the business for which the license is being applied.
4. Partnership Application:

All partners must be residents of Carroll County, and must have resided in Carroll County for two years prior to filing of the application. Must remain residents for at least nine (9) months of the year.
5. Corporate and Club Application:
 - a. All of the individuals applying for a license on behalf of a corporation must have a pecuniary interest in the corporation. "Pecuniary interest" is defined as ownership of at least ten percent (10%) of the outstanding common stock of the corporation which is entitled to vote at any stockholder meeting for which the actual consideration paid was \$5,000.00.
 - b. If the application is for a Corporation, the license shall be applied for and issued to three (3) of the officers of that corporation as individuals, unless the corporation has less than three officers. At least one (1) of the individuals shall have resided in the County for (2) two years next preceding filing of the application. All applicants must have pecuniary interest in the corporation. The license shall remain valid only as long as the resident applicant continues to remain a resident of the County, and the Corporation remains as viable entity.

- c. The qualifying resident applicant must own at least 10 percent of the business for which actual consideration paid was \$5,000.00. Attach a copy of receipt for actual consideration.
 - d. If the application is for a Close Corporation, at least one of the stockholders must apply for the license and he/she must qualify the same as an individual licensee.
 - e. If the application is for a club, three (3) of the officers must apply as “b” above. Officers of the clubs are exempt from the pecuniary interest requirement.
6. Forms to be submitted by all applicants:
- a. Application
 - b. Check for advertising - \$500.00, made payable to Carroll County Commissioners
 - c. “Financial Information Sheet” for each applicant
 - d. Certificate and Workmen’s Compensation Insurance Policy Number
 - e. “Police Questionnaire Form” for each applicant
 - f. Lease/Purchase Agreement or Sales Contract or other document giving applicant the right to use the premises to be licensed
 - g. Menu if for restaurant type operation
 - h. Plans showing exact area to be licensed to include parking lot, and floor plans
 - i. Certified copy of each applicant’s complete driving record
 - j. A diagram showing clearly the location of other licenses and the classes of those licenses in the applicants market area
7. Additional forms to be filed by Corporate Applicants
- a. Articles of Incorporation
 - b. Certificate of Good Standing dated within 30 days of application or State Certificate of approval from State Dept. of Assessments and Instructions for Application for Alcoholic Beverage License Taxation
 - c. Copy of relevant corporate minute and resolutions
 - d. Copies of Stock Certificates
 - e. A stock sheet showing the total amount of outstanding stock with the name, address and phone number of **each** officer, director and stock holder owning more than 5% of the stock
8. Additional forms to be filed by Transfer Applicants
- a. Copy of sales contract between transferor and transferee
 - b. Bulk Sales Transfer Application (may be submitted at time of hearing)
 - c. Two copies of actual inventory of alcoholic beverages (may be submitted at time of hearing)
 - d. Check for Comptroller of the Treasury (Bulk Sales) for \$200.00 (to be submitted directly to the Comptroller)
 - f. Affidavit of Commercial Law - Title 6 (may be submitted at hearing)
 - g. In addition to the advertising fee of \$500.00, there is a \$350.00 Transfer Fee to be paid upon issuance of the new license.
9. Additional forms for upgrading to Class B or D License.
- a. Six (6) Month Sales Report (Food Sales vs. Alcoholic Beverage Sales)
 - b. Payroll information (cooks, waitresses, bartenders, etc.)

- c. Floor plan showing seating capacity
10. Approval of any license to be issued must have **prior** approval from the Health Department and Permits and Inspections.
 - a. These agencies will be notified by the Liquor Board upon receipt of the application.
 - b. If the initial inspection is not passed or cannot be performed, it is the applicant's responsibility to reschedule the inspection.
 - c. A license will not be issued until all approvals have been obtained.
 11. Taxing Agencies: The applicant and business must not owe any taxes.
 12. Hearings are normally held the second Wednesday of the month. Allow 4-6 weeks for processing of application. Applicants scheduled for a hearing are notified at least ten (10) days in advance.
 13. All prospective licensees shall attend the hearing. In the case of transfer, both Transferor(s) and the prospective Transferee(s) must attend the hearing unless excused for a good cause.
 14. Applicants are required to have at least three (3) property owners who are registered voters from the election precinct in which the business is located present at the hearing.
 15. Applicants are requested to have at least 2-3 character witnesses for each applicant present at the hearing.
 16. Each applicant, on a separate sheet, must submit name, address, phone number, and how many years acquainted, of 10 character references. The qualifying resident applicant(s) references **must be Carroll County residents**.
 17. If you need assistance, or have any questions, please call the Board Office at (410) 386-2094.

THE BOARD OF LICENSE COMMISSIONERS FOR CARROLL COUNTY
(the "Board")

Application is made by the undersigned for an alcoholic beverage license under the provisions of Article 2B of the Annotated Code of Maryland and the Rules and Regulations of the Board; together with the advertising fee of \$500.00 made payable to the **Carroll County Commissioners**, 225 North Center Street, Westminster, Maryland 21157, (410) 386-2094. If more space is needed, please attach additional sheet.

1. FOR THE USE OF: (check one)

/ /	/ /	/ /	/ /
An Individual	Partnership	Corporation	Unincorporated Association

a. Type of license applied for (Check Appropriate Space)

Class A	BWL _____	BW _____	B _____
Class B	BWL _____	BW _____	B _____
Class BC	BWL _____	BW _____	B _____
Class BR	BWL _____	BW _____	B _____
Class C	BWL _____	BW _____	B _____
Class D	BWL _____	BW _____	B _____
Class H	BWL _____	BW _____	B _____
Class HC	BWL _____	BW _____	B _____

b. Is this license for a corporation or a club? _____
If so, what is the corporate name? _____
Or the name of the club? _____

c. Under what trade name will you conduct business? _____

PLEASE PRINT OR TYPE AND ANSWER FULLY

1. APPLICANT A (Resident Applicant as required by Article 2B)

Name _____ Home Phone # _____ Bus. Phone # _____

Home Address _____ Period of Residence _____

City _____ County _____ State _____ Zip _____

Age _____ Sex _____ Maiden Name _____

Are you a citizen of the U.S.? _____ Birth Place _____

If a naturalized citizen, state when and where **and** provide Naturalization Certificate _____

Are you a registered voter in Carroll County? _____

Do you pay real estate taxes in Carroll County? _____

APPLICANT B

Name _____ Home Phone # _____ Bus. Phone # _____

Home Address _____ Period of Residence _____

City _____ County _____ State _____ Zip _____

Age _____ Sex _____ Maiden Name _____

Are you a citizen of the U.S.? _____ Birth Place _____

If a naturalized citizen, state when and where **and** provide Naturalization Certificate _____

Are you a registered voter in Carroll County? _____

Do you pay real estate taxes in Carroll County? _____

APPLICANT C

Name _____ Home Phone # _____ Bus. Phone # _____

Home Address _____ Period of Residence _____

City _____ County _____ State _____ Zip _____

Age _____ Sex _____ Maiden Name _____

Are you a citizen of the U.S.? _____ Birth Place _____

If a naturalized citizen, state when and where **and** provide Naturalization Certificate _____

Are you a registered voter in Carroll County? _____

Do you pay real estate taxes in Carroll County? _____

3. A. Are you a resident of Carroll County at the time of filing this application?

A. _____ B. _____ C. _____

If so, state district and precinct. A. _____ B. _____ C. _____

If so, state how long. A. _____ B. _____ C. _____

B. Corporate Name _____ Bus. Phone # _____

C. Trade Name _____ Type of Business _____

Address of place to be licensed (Give street number or accurate location)

Street _____ P.O. Box # _____ Phone # _____

City _____ State _____ Zip _____

D. Election District where located _____ . Is this an application for a new license? _____

E. Are you represented by an attorney? _____

Whom? _____ Telephone # _____

Firm _____ Address _____

F. Is this a transfer from a present license? _____

From Whom? _____

(This Board must be furnished a copy of the Bulk Sales Permit issued by the State Comptroller's Office, before any license will be transferred.)

G. Is this a transfer of location? _____

From Where? _____

H. Is this an upgrade of license class? _____

From what class? _____

I. Is this an increase in premises? _____ Explain _____

4. State name of owner of property _____

State address of owner of property _____

5. Have you ever been:

A. Convicted of a felony? A. _____ B. _____ C. _____

B. Adjudged guilty of violating gambling laws?
A. _____ B. _____ C. _____

C. Adjudged guilty of violating alcoholic beverage laws?
A. _____ B. _____ C. _____

D. Adjudged guilty of any offense against the laws of the United States, or any state?
A. _____ B. _____ C. _____

If so, state where and when _____

6. Have you ever held a license for the sale of alcoholic beverages?
A. _____ B. _____ C. _____

If yes, in which state, when, and where was the business located?

If so, has any such license been suspended or revoked or have you been fined or placed on probation for a violation of the liquor license restrictions?

A. _____ B. _____ C. _____

If yes, give full details _____

7. Have you ever applied for an alcoholic beverage license in Carroll County?

A. _____ B. _____ C. _____

8. What pecuniary interest if any, do you have in the business to be conducted under this license (%).

A. _____ B. _____ C. _____

9. Are you, or your business, pecuniarily interested in any other business for which an alcoholic beverage license has been applied for, granted or issued?

A. _____ B. _____ C. _____

If so, state where the license is located and the nature of your interest.

A. _____ B. _____ C. _____

10. a. Is your wife or husband, as the case may be, licensed?

A. _____ B. _____ C. _____

b. Does he or she have any financial interest in any other alcoholic beverages business?

A. _____ B. _____ C. _____

If so, give details _____

11. Is there now, or will there be during the continuance of the license applied for, any other person pecuniarily interested in said license or the business to be conducted thereunder?

A. _____ B. _____ C. _____

If so, state fully the circumstances _____

12. a. Does any manufacturer, brewer, distiller or wholesaler have any financial interest, direct, or indirect, in the premises or business to be conducted thereunder?

A. _____ B. _____ C. _____

b. Will any such interest be hereafter conveyed or granted to any such manufacturer, distiller, brewer, or wholesaler?

A. _____ B. _____ C. _____

13. Do you now have, or will you hereafter have, any indebtedness or other financial obligation, directly, to any manufacturer, brewer, distiller or wholesaler, other than for purchase of alcoholic beverages?

A. _____ B. _____ C. _____

14. If granted a license, will you conform to all laws and regulations relating to the business in which you propose to engage?

A. _____ B. _____ C. _____

I- We hereby authorize the Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners of Carroll County, its duly authorized agents and employees, any peace officer of the County or the State, to inspect and search, without warrant, the premises upon which said business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours, and further state that I-We have personally obtained the signatures of fifteen (15) citizens to the certification which is a part hereof.

(Extract from the law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury, and upon indictment and conviction thereof, shall be subject to the penalties provided by law for that crime.)

I HEREBY CERTIFY under penalties of perjury that the facts set forth in the foregoing document are true and correct and if ascribed to me based upon personal knowledge.

- 1. _____
- 2. _____
- 3. _____

Signature of Applicant(s)

STATE OF MARYLAND, COUNTY OF: _____

This certifies that on this _____ day of _____, 20____, before the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared the above named applicants

WITNESS my hand and official seal _____

(Signature of Notary Public)

My Commission Expires: _____

(S E A L)

(Statement of owner or owners of property required in connection with Alcoholic Beverage Laws of Maryland)

I-We-HEREBY CERTIFY, that I am/We are the owner(s) of the property known as _____ named in this application made by the above named applicants, to the Board of License Commissioners of Carroll county under the Alcoholic Beverage Laws of Maryland, for the class _____ License expiring April 30, _____; that I/We hereby authorize the State Comptroller, its duly authorized deputies, inspectors, and clerks, the Board of License Commissioners of Carroll County, the incorporated municipality within which the business is located, if any, or the State, to inspect and search without warrant, the premises upon which said business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

My/Our signature this _____ day of _____, 20_____.

Witness

Owner

Witness

Owner

NOTE: ALL PERSONS HAVING AN INTEREST IN THE PROPERTY MUST SIGN

(THE FOLLOWING CERTIFICATE MUST BE SIGNED BY AT LEAST FIFTEEN (15) PERSONS)

This IS NOT the form for Character References

We, the undersigned, **owners of real estate and registered voters of the district and precinct** in which the business is to be conducted, certify that each of us has been personally acquainted with the applicant(s) for the length of time indicated after their respective names; that we have examined the application and that we have good reason to believe that all of the statements contained therein are true; that we are of the opinion that the applicant(s) is/are suitable person(s) to obtain the license applied for, and that we are familiar with the premises upon which the proposed business is to be conducted, and believe said premises are suitable for the conduct of the business of a retail dealer in alcoholic beverages.

DO NOT SIGN UNLESS YOU ARE A REGISTERED VOTER, AND YOU OWN PROPERTY IN THE SAME DISTRICT AND PRECINCT AS THIS ESTABLISHMENT, SIGN EXACTLY AS YOUR NAME APPEARS ON YOUR VOTER CARD. NAMES AND ADDRESS OF SIGNERS MUST BE PRINTED (LEGIBLY) ABOVE THE SIGNATURE.

ELECTION DISTRICT AND PRECINCT OF THIS ESTABLISHMENT _____

Print name (**legibly**) above Address of Property
Signature owned & voting residence

Print _____ Address _____

Sign _____ City & State _____

Print _____ Address _____

Sign _____ City & State _____

Print _____ Address _____

Sign _____ City & State _____

Print _____ Address _____

Sign _____ City & State _____

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Sign _____ City & State _____

Print _____ Address _____

Sign _____ City & State _____

Print _____ Address _____

Sign _____ City & State _____

Print _____ Address _____

Sign _____ City & State _____

TRANSFERS: Include copy of lease, sales contract, bulk transfer affidavit. Also include a menu, if restaurant business.

IF THIS APPPLICATION IS FOR A TRANSFER FROM ANOTHER LICENSEE(S) please have said licensee(s) sign below to indicate his or their consent to the transfer and have their signatures witnessed.

WITNESS:

FOR CLUBS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS

Please provide the name and official capacity of all officers or all parties, including limited partners:

Please list the names and respective office for each person to whom this license is to be issued:

Signature _____

President or Vice President

FINANCIAL INFORMATION

This form must be filed with Alcoholic Beverage License Application

APPLICANT'S NAME _____ MARTIAL STATUS _____

SPOUSE NAME _____ NO. OF DEPENDENTS _____

HOME ADDRESS _____

_____ HOW LONG? _____

MOST RECENT EMPLOYER _____

EMPLOYER ADDRESS _____

TYPE OF BUSINESS _____ HOW LONG EMPLOYED _____

POSITION/TITLE _____

LIST ANY AND ALL BUSINESS INTERESTS AND ANY OTHER SOURCES OF INCOME

ALL BANKS WITH WHOM
YOU DO BUSINESS

TYPE OF ACCOUNT
(Savings, Checking, Loan, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

I AM OR WILL BE THE OWNER _____ PARTNER _____ STOCKHOLDER _____
IN THE LICENSED BUSINESS. IF STOCKHOLDER, HOW MANY SHARES? _____

MY PERSONAL CONTRIBUTION WILL BE \$ _____ OF THIS
AMOUNT \$ _____ WILL BE IN CASH AND WILL BE OR HAS BEEN
DERIVED FROM THE FOLLOWING SOURCE(S): _____

I UNDERSTAND THAT FALSIFICATION OF THE INFORMATION OF THIS FORM MAY CONSTITUTE
GROUNDS FOR DENIAL OR REVOCATION OF THE LICENSE.

I hereby authorize the Liquor Board for Carroll County, Maryland or any of its officers to examine my bank
accounts established in connection with this business, and to examine and secure copies of any business records or
documents established in connection with business including, but not limited to, those on file with my bookkeeper
or with the above named bank(s). I also have read all the above and declare under penalty of perjury that each and
every statement is true and correct.

Date

Signature

WITNESS _____

POLICE QUESTIONNAIRE FORM

EACH INDIVIDUAL SUBMITTING OR APPEARING ON A LICENSE APPLICATION IS ASKED TO COMPLETE THE FOLLOWING POLICE DEPARTMENT QUESTIONNAIRE AT THE TIME OF FILING THE APPLICATION.

A. FULL NAME _____

(Include middle name and any previous name)

B. ADDRESS: _____ SINCE _____

C. PLACE OF BIRTH: _____

D. HOME PHONE _____

E. LIST ANY ADDRESS USED WITHIN THE LAST 20 YEARS WITH DATES
STREET- CITY- STATE (Use another sheet if necessary)

G. LIST NAME AND ADDRESS OF ANY LIQUOR ESTABLISHMENTS THAT YOU HAVE BEEN CONNECTED WITH. (Explain relationship; license, employee, financial interest, etc.)

H. PRESENT EMPLOYMENT (SINCE): _____

I. PREVIOUS EMPLOYMENT IN CHRONOLOGICAL ORDER, INCLUDING DATES:

J. ALL CRIMINAL ARRESTS (Dates, Place, Charge, Disposition):

K. LIST PHONE NUMBER- NAMES- ADDRESSES OF ANY PERSON(S) NOT LISTED ON LICENSE APPLICATION THAT HAVE A SUBSTANTIAL INTEREST IN YOUR LICENSE

SIGNATURE

STATE OF MARYLAND, COUNTY OF: _____

This certifies that on this ____ day of _____, 20__, before the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared the above named individual and made oath in due form of law that the statements therein are true and to the best of his/her knowledge.

(SEAL)

NOTARY PUBLIC

