

**GARRETT COUNTY
STATE OF MARYLAND
ALCOHOLIC BEVERAGES DIVISION**

APPLICATION FOR A Special Class "C" Per Diem BWL LICENSE
(License Class and Type)

For the use of: (Check One)

An Individual(s) ; Partnership ; Corporation ; Unincorporated Association ; LLC

To the Board of License Commissioners, Licensing Authority for Garrett County.

Date _____, 20____.

Application is made by the undersigned under the provisions of the Alcoholic Beverages Article, as amended, title "Alcoholic Beverages," for a Special Class "C" Per Diem BWL License, and the applicant(s) submit(s) and certify(ies) to the following information required by the Article:

**1 - Applicant(s) (Elsewhere in this form reference to applicants is designated as (a), (b) and (c).
Furnish additional information in letterform and attach to this application.)**

(a)

Name	Residence Address
Date of Birth Sex	City State Zip
Place of Birth	Period of Time at this Residence
Driver's License Number	Phone Number

(b)

Name	Residence Address
Date of Birth Sex	City State Zip
Place of Birth	Period of Time at this Residence
Driver's License Number	Phone Number

(c)

Name	Residence Address
Date of Birth Sex	City State Zip
Place of Birth	Period of Time at this Residence
Driver's License Number	Phone Number

2 - If this application is for an individual or a partnership, state whether the applicant(s) is/are a citizen(s) of the United States and has/have been for two years next preceding the filing of this application a resident(s) of the aforesaid County. If the applicant(s) is/are applying as a qualifying individual for a Corp. or LLC, state whether the applicant(s) is a registered voter and taxpayer in said County and has/have been for two years next preceding the filing of this application a resident of aforesaid County. (AB § 21-1401)

3 - State trade name of the applicant(s) and the location where license is desired. If the location has no street or highway number, definite description to readily determine the exact location must be given. Fill in line (c) if the Post Office is different from the town address on line (b), and Telephone Number (d). The Central Registration Number (e), is the same as your Sales and Use Tax Identification Number.

4 - Describe the premises to be covered under the license applied for. If only a part of a building or buildings in desired as the premises, a definite detailed description of the same must be given. (Attach Floor Plan or diagram showing all areas to be covered by license for sale consumption, storage, etc.)

5 - Name and address of the owner of the building in which the premises to be licensed are located (Statement of owner of premises required in connection with the Alcoholic Beverages Law is included elsewhere in this application. Required in all cases, although the owner may be the applicant.)

6 - State whether the applicant has had a license for the sale of alcoholic beverages within the State of Maryland or elsewhere. If answer on line (a) for any applicant is "yes" furnish dates, location, and kind of license on lines opposite.

7 - State whether the applicant has been convicted of a felony, or has been adjudged guilty of violating the laws governing the sale of any alcoholic beverages or for the prevention of gambling in the State of Maryland or adjudged guilty of any offense against the laws of the United States. If answer on line (a) for any applicant is "yes" use lines opposite giving date of convictions, names of defendants, crimes or offenses, and the Courts of convictions.

8 - State whether the applicant has had a license for the sale of alcoholic beverages denied or revoked. If answer on line (a) for any applicant is "yes" furnish details on lines opposite.

9 - State whether applicant is financially interested in any other place of business in the Garrett County or the State of Maryland, where, or for which, a license had been applied for, granted or issued under Article 2B. If answer on line (a) for any applicant is "yes" furnish details on lines opposite.

ALL QUESTIONS MUST BE ANSWERED BELOW

2 - Check number to correspond with name(s) listed above under (a), (b) and (c).

(Answer "Yes" or "No")

- (a) _____
- (b) _____
- (c) _____

- 3 -** (a) _____
Trade Name
- (b) _____
Address
- (c) _____
Town & County
- (d) _____
Phone Number
- (e) _____
Central Registration Number

- 4 -** (a) _____
Size, type and construction of building(s)
- (b) _____
Size and Description of Lot

- 5 -** (a) _____
Name of Owner of Building
- (b) _____
Address of Owner of Building
- (c) _____
Any Other Description

- 6 -** (a) Applicant (a) _____ (b) _____ (c) _____
Answer "Yes" or "No"
- _____
- _____

- 7 -** (a) Applicant (a) _____ (b) _____ (c) _____
Answer "Yes" or "No"
- _____
- _____
- _____
- _____

- 8 -** (a) Applicant (a) _____ (b) _____ (c) _____
Answer "Yes" or "No"
- _____
- _____

- 9 -** (a) Applicant (a) _____ (b) _____ (c) _____
Answer "Yes" or "No"
- _____
- _____

10 - State whether any person(s) except the applicant(s) is, or will be, in any way financially interested in the license applied for or in the business to be conducted there under during the continuance of the license, if issued.

11 - State whether the applicant will, if granted a license, conform to all laws and regulations relating to the business in which the applicant proposes to engage

12 - The license for which this application is made to cover the period beginning _____ and ending _____ from date hereof, and the applicant(s) tender herewith the sum of \$_____ for expenses in connection with publication. Please circle below if you have a *Republican Newspaper* account to be billed.
YES / NO

10 - (a) Applicant (a) _____ (b) _____ (c) _____
Answer "Yes" or "No"

11 - (a) Applicant (a) _____ (b) _____ (c) _____
Answer "Yes" or "No"

12 - Special Class "C" BWL Temporary License applied for:

- Two-Day \$ 50.00
 - Six-Day \$150.00
 - Twelve-Day \$300.00
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EXTRACT FROM LAW: If any signed statement, report, affidavit, or oath, required under any of the provisions of this Article shall contain any false statement, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties provided by law for that crime.

<u>Fees Received</u>	
\$ _____	Ck# _____
\$ _____	Ck# _____
By: _____	

If License is to be issued for the use of a Corporation, Partnership, Association or Club, List the Name and Address of Same.

Corporation, Partnership, Association or Club Name			Phone Number	
Address	City	State	Zip	

If Corporation, Partnership, Association or Club, Complete the Following - if corporation, list all officers.

Name	Title	Full Residence Address	Date of Birth	Phone Number
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Name	Title	Full Residence Address	Date of Birth	Phone Number
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Name	Title	Full Residence Address	Date of Birth	Phone Number
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Name	Title	Full Residence Address	Date of Birth	Phone Number
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APPLICANT SIGNATURES

* Note-- If President or Vice-President is one of the applicants, he must also sign as an applicant.

*(a) _____
Signature of President/Vice President

An individual applicant should sign on line (b)
Or individuals on line (b), (c), and (d).

(b) _____
Signature of Applicant

Partner applicants should sign on lines (b) and (c) and
the third partner if one, sign on line (d)

(c) _____
Signature of Applicant

Authorized members of a LLC should sign on lines (b),
(c), and (d)
(CORPORATION SEAL)

(d) _____
Signature of Applicant

NOTARY APPLICANT SIGNATURES

STATE OF MARYLAND _____ ss:

THIS CERTIFIES, That on the _____ day of _____, 20____, before the subscriber, a
_____ of the State of Maryland, personally appeared

the applicant(s) named in the foregoing application, and made oath in due form of law that the statements therein are true to the best of (his, their) knowledge and belief.

WITNESS my hand and official seal.
(SEAL)

My Commission Expires: _____

**STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION
WITH ALCOHOLIC BEVERAGES LAW OF MARYLAND**

(I,WE) HEREBY CERTIFY, That (I am, We are) the owner(s) of the property named in the foregoing application made to the aforesaid licensing authority for said county under the Alcoholic Beverages Law of Maryland and assent to the granting of the license applied for, and hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners (if any) of said county, its duly authorized agents and employees, and any peace officer of such county, to inspect and search, without warrant, the premises upon which the 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.

WITNESS (my, our) hand(s) and seal(s) this _____ day of _____, 20____.

_____ *print owner's name*

_____ *signature of owner*

_____ *print owner's name*

_____ *signature of owner*

**NOTARY
OWNER OF PREMISES**

STATE OF MARYLAND _____ ss:

THIS CERTIFIES, That on the _____ day of _____, 20____, before the subscriber, a notary of the State of Maryland, personally appeared _____

_____ and acknowledged the execution of the foregoing statement to be _____ act.
WITNESS my hand and official seal.

(SEAL)

_____ *Print Notary's Name*

_____ *Signature of Notary*

My Commission Expires: _____

Garrett County Board of License Commissioners
SPECIAL CLASS "C" Questions / Notification of Event

Organization: _____

Applicants / Representative: _____

Hearing date & time (if applicable) _____

Type of Event(s): _____

Date & Hours: _____ Are alcohol sales stopped early? _____

Full address where license is to be used: _____

Describe the licensed premise and surroundings - both inside and outside (note outside consumption areas need to be monitored) _____

Ticket cost & number sold: _____ Estimated attendance: _____

Is the event by invitation or open to the public? _____

Will the alcohol be included in the ticket cost or will there be a cash bar or both? _____

How will you insure that event attendees do not carry-in alcohol (signage / doorman / printed on ticket / etc.) _____

Where will the alcohol be purchased? – (Retailer or Wholesaler) **NO BYOB & NO DONATED ALCOHOL:** _____

How is the alcohol serving area controlled / monitored? _____

How will the alcohol be disbursed - by a trained bartender or volunteer? _____

TIPS / TAM / ALERT Certification – How many are trained? _____ How many are not trained? _____

What size cups will be used? _____ Will there be pitchers? YES / NO what size? _____

FYI - STANDARD SERVING SIZE *regular beer 12 oz.* *malt beer 8-9 oz.* *wine 5 oz.* *80 proof distilled spirit 1.5 oz.*

Are the cups for alcohol easily distinguishable from cups for non-alcoholic beverages? _____

Will minors be present? _____

What type of carding procedures will be in place? _____

Do you have a current ID Checking Guide or other ID material available to the doorman / servers / bartenders? _____

What type of security measures are in place ? _____

Will there be entertainment (bands, DJ or other): _____

Will there be any type of gaming or gambling activities? _____

Bartenders, members or volunteers serving alcoholic beverages must be at least 21 years of age _____

It is illegal to serve a minor – It is illegal to serve a visibly intoxicated person – right to refuse service _____

Misc. notes: _____

License must be posted No BYOB No serving minors No serving visibly intoxicated persons
AB Article on-line No combining alcohol in bottles No off-premise sales * Unless Board approved AB§ 21-1105