

**STATE OF MARYLAND, ALCOHOLIC BEVERAGE DIVISION**

Kent County, Local Licensing Authority

**Check Type of License Desired:**

**CLASS A**

Beer, Wine, Liquor \_\_\_\_\_  
 Beer and Wine \_\_\_\_\_  
 Beer \_\_\_\_\_  
 Wine \_\_\_\_\_

*BWLT-Tasting*

Beer \_\_\_\_\_  
 Wine \_\_\_\_\_  
 Beer and Wine \_\_\_\_\_  
 Beer, Wine, Liquor \_\_\_\_\_

**CLASS B**

Beer, Wine, Liquor \_\_\_\_\_  
 Beer and Wine \_\_\_\_\_  
 Beer \_\_\_\_\_

Bed and Breakfast (BWL) \_\_\_\_\_  
 Country Inn (BWL) \_\_\_\_\_  
 Brewery (B) \_\_\_\_\_  
 Wine Shop and Lounge (W) \_\_\_\_\_  
*Caterer's Privilege* \_\_\_\_\_  
 Other \_\_\_\_\_

**CLASS C**

Beer, Wine, Liquor \_\_\_\_\_

**CLASS D**

Beer, Wine, Liquor \_\_\_\_\_  
 Beer \_\_\_\_\_  
 Brewery (B) \_\_\_\_\_

**SPECIAL THEATRE**

Beer, Wine, Liquor \_\_\_\_\_

For the use of: (Check one) An Individual ( ) ; Partnership ( ) ; Limited Liability Company ( ) ; Corporation ( )

To the Board of License Commissioners, Licensing Authority for Kent County. Dated \_\_\_\_\_, 20\_\_.

Application is made by the undersigned under the provisions of the Annotated Code of Maryland, Alcoholic Beverages Article, for a \_\_\_\_\_ (Class and Type) License, and the Applicant(s) submit and certify to the following information required by the Article:

Applicant(s) elsewhere in this form referenced to applicant is designated as (1) (2) (3) and (4). **Please Print.**

(1) \_\_\_\_\_  
 Name Address  
 \_\_\_\_\_  
 Birth Date Sex Place of Birth Period of Residence in Kent Co. Phone No.

(2) \_\_\_\_\_  
 Name Address  
 \_\_\_\_\_  
 Birth Date Sex Place of Birth Period of Residence in Kent Co. Phone No.

(3) \_\_\_\_\_  
 Name Address  
 \_\_\_\_\_  
 Birth Date Sex Place of Birth Period of Residence in Kent Co. Phone No.

(4) \_\_\_\_\_  
 Name Address  
 \_\_\_\_\_  
 Birth Date Sex Place of Birth Period of Residence in Kent Co. Phone No.

**ALL QUESTIONS MUST BE ANSWERED BELOW**

<p>State trade name of the business and the location where the license is desired. If the location has no street or highway number a definite description to determine the exact location must be given.</p>	<p>Trade Name: _____                  Corp. Name*: _____                  *(Must Attach the Articles of Incorporation to Application)                  Address: _____                  Town &amp; Zip: _____                  Phone #: _____                  Election Dist. &amp; Precinct: _____</p>
<p>Describe the premises to be covered under the license applied for. (The last page to this application is to sketch the premises.)</p>	<p>Size, Type &amp; Construction of Building(s): _____                  _____                  Size &amp; Description of Lot: _____                  Any Additional Descriptions: _____</p>
<p>Name and address of the owner of the building in which the premises to be licensed. (The signature of the owner of the premises is required in connection with the Alcoholic Beverages Laws and is included elsewhere in this application. Required in all cases, regardless if the owner may be the applicant.)</p>	<p>Name of Owner of Premises: _____                  Address of Owner of Premises: _____                  _____                  Any Additional Descriptions: _____</p>
<p>No person other than the applicant(s) is interested in the license or in the business to be conducted thereunder during the continuance of the license applied for. And no manufacturer, brewer, distiller, or wholesaler, directly or indirectly, has any financial interest in the premises or business of the applicant(s) and that the applicant will not thereafter convey or grant to any manufacturer, brewer, distiller or wholesaler any such interest, except as otherwise permitted.</p>	<p>Answer "Yes" or "No": _____                  If "Yes" explain: _____                  _____</p>
<p>The applicant(s) has at the time of the application no indebtedness or other financial obligations and will not thereafter incur any such indebtedness or other financial obligation, directly or indirectly, to any manufacturer, brewer, distiller or wholesaler other than for the purchase of alcoholic beverages.</p>	<p>Answer "Yes" or "No": _____                  If "Yes" explain: _____                  _____</p>

**APPLICANT #1**  
**ALL QUESTIONS MUST BE ANSWERED BELOW**

*Please attach separate sheet to application if there is not sufficient room for explanation.*

- 1- State whether the applicant is a citizen of the United States and has been for two years preceding the filing of this application a resident of Kent County. If the applicant is applying as a qualifying individual for a corporation, state whether the applicant is a registered voter and a taxpayer in Kent County and has been for two years preceding the filing of this application a resident of Kent County.  
Answer "Yes" or "No": \_\_\_\_\_ If "No" explain: \_\_\_\_\_
- 2- State whether the applicant has had a license for the sale of alcoholic beverages. If answer is "yes" furnish business name, date, location and type of license.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 3- State whether the applicant has been convicted of a felony, or has been adjudge 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 Maryland or the United States. If the answer is "yes" use lines to give date of convictions, names of defendants, crimes or offenses, and the courts of convictions.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 4- State whether the applicant has had a license for the sale of alcoholic beverages denied or revoked. If answer is "yes" furnish details.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 5- State whether applicant is financially interested in any place of business in the county, where a license has been applied for, granted or issued. If answer for is "yes" furnish details.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 6- 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 in.  
Answer "Yes" or "No": \_\_\_\_\_ If "No" explain: \_\_\_\_\_

*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.*

(1) \_\_\_\_\_  
Name Title Address

(1) \_\_\_\_\_  
Signature of Applicant

STATE OF MARYLAND

This certifies, that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before the subscriber, a Notary of the State of Maryland, personally appeared the applicant(s) named in the foregoing application, and made oath in the 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)

**APPLICANT #2**  
**ALL QUESTIONS MUST BE ANSWERED BELOW**

*Please attach separate sheet to application if there is not sufficient room for explanation.*

- 1- State whether the applicant is a citizen of the United States and has been for two years preceding the filing of this application a resident of Kent County. If the applicant is applying as a qualifying individual for a corporation, state whether the applicant is a registered voter and a taxpayer in Kent County and has been for two years preceding the filing of this application a resident of Kent County.  
Answer "Yes" or "No": \_\_\_\_\_ If "No" explain: \_\_\_\_\_
- 2- State whether the applicant has had a license for the sale of alcoholic beverages. If answer is "yes" furnish business name, date, location and type of license.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 3- State whether the applicant has been convicted of a felony, or has been adjudge 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 Maryland or the United States. If the answer is "yes" use lines to give date of convictions, names of defendants, crimes or offenses, and the courts of convictions.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 4- State whether the applicant has had a license for the sale of alcoholic beverages denied or revoked. If answer is "yes" furnish details.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 5- State whether applicant is financially interested in any place of business in the county, where a license has been applied for, granted or issued. If answer for is "yes" furnish details.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 6- 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 in.  
Answer "Yes" or "No": \_\_\_\_\_ If "No" explain: \_\_\_\_\_

*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.*

(2) \_\_\_\_\_  
Name Title Address

(2) \_\_\_\_\_  
Signature of Applicant

STATE OF MARYLAND

This certifies, that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before the subscriber, a Notary of the State of Maryland, personally appeared the applicant(s) named in the foregoing application, and made oath in the 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)

**APPLICANT #3**  
**ALL QUESTIONS MUST BE ANSWERED BELOW**

*Please attach separate sheet to application if there is not sufficient room for explanation.*

- 1- State whether the applicant is a citizen of the United States and has been for two years preceding the filing of this application a resident of Kent County. If the applicant is applying as a qualifying individual for a corporation, state whether the applicant is a registered voter and a taxpayer in Kent County and has been for two years preceding the filing of this application a resident of Kent County.  
Answer "Yes" or "No": \_\_\_\_\_ If "No" explain: \_\_\_\_\_
- 2- State whether the applicant has had a license for the sale of alcoholic beverages. If answer is "yes" furnish business name, date, location and type of license.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 3- State whether the applicant has been convicted of a felony, or has been adjudge 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 Maryland or the United States. If the answer is "yes" use lines to give date of convictions, names of defendants, crimes or offenses, and the courts of convictions.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 4- State whether the applicant has had a license for the sale of alcoholic beverages denied or revoked. If answer is "yes" furnish details.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 5- State whether applicant is financially interested in any place of business in the county, where a license has been applied for, granted or issued. If answer for is "yes" furnish details.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 6- 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 in.  
Answer "Yes" or "No": \_\_\_\_\_ If "No" explain: \_\_\_\_\_

*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.*

(3) \_\_\_\_\_  
Name Title Address

(3) \_\_\_\_\_  
Signature of Applicant

STATE OF MARYLAND

This certifies, that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before the subscriber, a Notary of the State of Maryland, personally appeared the applicant(s) named in the foregoing application, and made oath in the 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)

**APPLICANT #4**  
**ALL QUESTIONS MUST BE ANSWERED BELOW**

*Please attach separate sheet to application if there is not sufficient room for explanation.*

- 1- State whether the applicant is a citizen of the United States and has been for two years preceding the filing of this application a resident of Kent County. If the applicant is applying as a qualifying individual for a corporation, state whether the applicant is a registered voter and a taxpayer in Kent County and has been for two years preceding the filing of this application a resident of Kent County.  
Answer "Yes" or "No": \_\_\_\_\_ If "No" explain: \_\_\_\_\_
- 2- State whether the applicant has had a license for the sale of alcoholic beverages. If answer is "yes" furnish business name, date, location and type of license.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 3- State whether the applicant has been convicted of a felony, or has been adjudge 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 Maryland or the United States. If the answer is "yes" use lines to give date of convictions, names of defendants, crimes or offenses, and the courts of convictions.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 4- State whether the applicant has had a license for the sale of alcoholic beverages denied or revoked. If answer is "yes" furnish details.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 5- State whether applicant is financially interested in any place of business in the county, where a license has been applied for, granted or issued. If answer for is "yes" furnish details.  
Answer "Yes" or "No": \_\_\_\_\_ If "Yes" explain: \_\_\_\_\_
- 6- 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 in.  
Answer "Yes" or "No": \_\_\_\_\_ If "No" explain: \_\_\_\_\_

*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.*

(4) \_\_\_\_\_  
Name Title Address

(4) \_\_\_\_\_  
Signature of Applicant

STATE OF MARYLAND

This certifies, that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before the subscriber, a Notary of the State of Maryland, personally appeared the applicant(s) named in the foregoing application, and made oath in the 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)

The following certificates must be signed by at least ten persons.

We, the undersigned reputable citizens, **real estate owners and registered voters** in the District and Precinct in which the business covered by the foregoing application is to be conducted certify that each of us has been personally acquainted with the applicant for the length of time indicated after our respective names; that we have examined the application of the applicant and that we have good reason to believe that all of the statements contained in said application are true, and that we are familiar with the premises upon which the proposed business is to be conducted and we believe such premises are suitable for the conduct of the business of a retail dealer in alcoholic beverages, and that we are of the opinion that the applicant is a suitable person to obtain the license applied for. **Only one person per household.**

(For Office Use Only)		SIGNATURE (Also Print Name)	<b>COMPLETE</b> ADDRESS (That includes both PO Box #'s and Street Address)	Length of Time Acquainted With Applicants			
				1	2	3	4
RV	PO						
X	X	(a) Signature	(a) Address of Voting Residence				
		(b) Printed Full Name	(b) Address of Property Owned				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				

The following certificates must be signed by at least ten persons.

We, the undersigned reputable citizens, **real estate owners and registered voters** in the District and Precinct in which the business covered by the foregoing application is to be conducted certify that each of us has been personally acquainted with the applicant for the length of time indicated after our respective names; that we have examined the application of the applicant and that we have good reason to believe that all of the statements contained in said application are true, and that we are familiar with the premises upon which the proposed business is to be conducted and we believe such premises are suitable for the conduct of the business of a retail dealer in alcoholic beverages, and that we are of the opinion that the applicant is a suitable person to obtain the license applied for. **Only one person per household.**

(For Office Use Only)		SIGNATURE (Also Print Name)	<u>COMPLETE</u> ADDRESS (That includes both PO Box #'s and Street Address)	Length of Time Acquainted With Applicants			
				1	2	3	4
RV	PO						
X	X	(a) Signature	(a) Address of Voting Residence				
		(b) Printed Full Name	(b) Address of Property Owned				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				
		(a)	(a)				
		(b)	(b)				



**STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH  
ALCOHOLIC BEVERAGES LAWS 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 Laws 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 of Kent 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\_\_.

WITNESS: \_\_\_\_\_

OWNER: \_\_\_\_\_

OWNER: \_\_\_\_\_

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**NOTARY  
OWNER OF PREMISES**

STATE OF MARYLAND, COUNTY OF \_\_\_\_\_:

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 a true act.

WITNESS my hand and official seal.

(SEAL) \_\_\_\_\_

SKETCH OF LICENSED PREMISES

Date \_\_\_\_\_ Licensee \_\_\_\_\_

# The Board of License Commissioners of Kent County

WILLIAM W. PICKRUM  
PRESIDENT  
CHESTERTOWN, MD

RONALD H. FITHIAN  
MEMBER  
ROCK HALL, MD

WILLIAM A. SHORT  
MEMBER  
CHESTERTOWN, MD

R. Clayton Mitchell, Jr.  
Kent County Government Center  
400 High Street  
Chestertown, Maryland 21620  
TELEPHONE 410-778-7435  
FACSIMILE 410-778-7482

SHELLEY L. HERMAN  
COUNTY ADMINISTRATOR

THOMAS N YEAGER  
COUNTY ATTORNEY

ROBERT A. EDLER  
ALCOHOLIC BEVERAGE INSPECTOR

Dear Applicant

Re: Fingerprinting

The Board of License Commissioners of Kent County requires applicants for alcoholic beverages licenses to be fingerprinted, for the purpose of obtaining criminal records from the Central Repository. The Central Repository transmits fingerprints to the Federal Bureau of Investigation for a national criminal history records check. The cost is \$32.75 per applicant, checks made payable to the County Commissioners of Kent County, Maryland. The enclosed LIVESCAN pre-registration application must be submitted with payment to the Commissioners' Office.

After you have returned the pre-registration application with payment to the Commissioners' Office, contact Linda Stryholuk, Kent County Sheriff's Office, 104 Vickers Drive, Chestertown, at 410-778-5946 to arrange an appointment to be fingerprinted. **You must bring photo identification to the Sheriff's Office.** Appointments are normally scheduled on Wednesdays but are subject to change. All applicant(s) on your alcoholic beverage license must be fingerprinted prior to your hearing date.

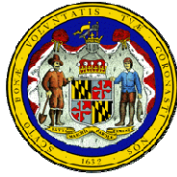
If an FBI criminal history record is obtained, you may request a copy by providing a current state issued picture ID. You will be provided the opportunity to complete or challenge the accuracy of the information in the record. Procedures for obtaining a change, correction or updating of an FBI criminal history are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34, and are available upon request. You will be afforded seven days to correct the record or decline.

Sincerely,

Robert A. Edler  
Alcoholic Beverage and Tobacco Inspector

Enclosure





**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** *(PLEASE TYPE OR PRINT CLEARLY)*

Name:			
Date of birth:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height: ft. inches	Weight: lbs.	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <i>(Please check)</i>			
Place of Birth:		Citizenship:	
Current address:			
City:		State:	ZIP Code: -
Daytime Phone:	Evening Phone:	Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: <b>9700075184</b>	
ORI # (if required): <b>MD015013Z</b>	Reason fingerprinted? Kent County Board of License Commissioners

Position Applied for : Alcoholic Beverage License

Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> <b>Government Licensing or Certification-STATE&amp;FBI</b> <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

**Mail Response to:**

*(Mailing option only available for Visa Gold Seal and/or Individual Review)*

Name: **Alcoholic Beverage and Tobacco Inspector**

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Address: **400 High Street**

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City, State, Zip code: **Chestertown, MD 21620**

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