

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 & Zip: _____ Phone #: _____ Election Dist. & 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 & Construction of Building(s): _____ Size & 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: _____
- 7- 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: _____
- 8- 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: _____
- 9- 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: _____
- 10- 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: _____
- 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 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: _____
- 12- 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: _____
- 13- 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: _____
- 14- 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: _____
- 15- 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: _____
- 16- 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: _____
- 17- 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: _____
- 18- 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 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: _____
- 19- 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: _____
- 20- 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: _____
- 21- 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)	COMPLETE ADDRESS (That includes both PO Box #'s and Street Address)	Length of Time Acquainted With Applicants			
RV	PO			1	2	3	4
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)				
		(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			
RV	PO			1	2	3	4
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)				
		(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: _____

**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 #: 9700075184	
ORI # (if required): MD015013Z	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"/> Government Licensing or Certification-STATE&FBI <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
Address: 400 High Street
City, State, Zip code: Chestertown, MD 21620