

**STATE OF MARYLAND, ALCOHOLIC BEVERAGE DIVISION**

Kent County, Local Licensing Authority

License Modification Application

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 License Modification, and the Applicant(s) submit and certify to the following information required by the Article:

**Submit the completed License Modification Application with a written request on business letterhead AND a legal document that demonstrates the Applicant(s) stock or membership ownership interest in the business entity.**

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

**ALL QUESTIONS MUST BE ANSWERED BELOW**

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.

Answer "Yes" or "No": \_\_\_\_\_

If "Yes" explain: \_\_\_\_\_

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.

Answer "Yes" or "No": \_\_\_\_\_

If "Yes" explain: \_\_\_\_\_

**NEW 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 as specified in the Kent County Guide To License Modification Request. 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 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: \_\_\_\_\_

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)

# The Board of License Commissioners of Kent County

P. THOMAS MASON  
PRESIDENT  
CHESTERTOWN, MD

RONALD H. FITHIAN  
MEMBER  
ROCK HALL, MD

ROBERT N. JACOB, JR.  
MEMBER  
WORTON, MD

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

[www.kentcounty.com/alcoholic-beverage](http://www.kentcounty.com/alcoholic-beverage)

SHELLEY L. HELLER  
COUNTY ADMINISTRATOR

THOMAS N. YEAGER  
COUNTY ATTORNEY

J. TERRY OBER, INSPECTOR  
KENT ALCOHOL AND TOBACCO  
ENFORCEMENT

Dear Applicant

Re: Fingerprinting

The Board of License Commissioners of Kent County requires applicants for alcoholic beverages licenses to be fingerprinted, for 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 \$50.00 per applicant, checks should be made payable to the County Commissioners of Kent County, Maryland.

Submit the LIVESCAN pre-registration application with payment to the address below:

KATE Office  
Attention: Inspector  
400 High Street  
Chestertown, MD 21620

As soon as your pre-registration application and payment are processed, you will be contacted directly to arrange an appointment to be fingerprinted at the Kent County Government Center, 400 High Street, Chestertown, MD 21620. **You must bring photo identification with you the day of your appointment.** All new liquor license applicant(s) must be fingerprinted prior to the hearing date.

You may request a copy of your identification record by providing a current state issued photo 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 record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34, and are available upon request. You are granted seven days to correct the record or decline.

Sincerely,

*J. Terry Ober*

J. Terry Ober, Inspector  
Kent Alcohol and Tobacco Enforcement

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

**Mail Response to:**

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

Name: **S. Martin Hale**

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Address: **400 High Street**

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

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