

STATE OF MARYLAND

Application For Renewal of Retail Alcoholic Beverage License

Mandatory Email Address: _____

Business Phone Number: _____ License Number: _____ Date: _____

8 Digit MD Sales & Use Tax Number: _____ Is there a tips or tam employee for the business? O Yes O No
Is your Trader's License current? O Yes O No Is your Health Permit current? O Yes O No

Personal Property # _____

To The BOARD OF LICENSE COMMISSIONERS FOR ALLEGANY COUNTY: Application is made by the undersigned under the provisions of the Alcoholic Beverage Laws of the Annotated Code of MARYLAND as amended, for a renewal of the license now held and the applicant(s) submit(s) and certifies to the following:

1. Class of license desired: _____

2. Do you have a Special Pouring Permit? O Yes O No

3. Do you have Sunday Sales? O Yes O No
All facts and information contained in the original application as submitted are true and unchanged. O True O False

4. What offense or offenses, in this state or of the United States, have you been convicted of during the present license year ending April 30, 2026? _____

Email Address: _____

5. Applicant's business trade name is: _____

Corporation name: _____

Address of premises: _____

Describe premises: _____

6. The license for which this application is made to cover the period beginning May 1, 2026 and ending April 30th next year from the date hereof and the applicant(s) tender herewith the sum of \$100.00 or expenses in connection with the Publication the notice for this application. Checks payable to ALLEGANY COUNTY TAX AND UTILITY OFFICE.

7. PRINT License(s) Give name(s), Residence(s), Home phone number. (Include town and zip)

a.	_____	_____	_____
	Name	Home Address	Phone
b.	_____	_____	_____
	Name	Home Address	Phone
c.	_____	_____	_____
	Name	Home Address	Phone
d.	_____	_____	_____
	Name	Home Address	Phone

8. Signature of Licensee from above list:

A _____ B _____

C _____ D _____

9. List the Officers I the Corporation or LLC (Even if they are not on the license)

1. _____ Title _____

2. _____ Title _____

3. _____ Title _____

4. _____ Title _____

EX'IR.ACT FROM SECTION 186 OF ARTICLE 2B OF THE LAW: If any signed statement, affidavit or oath required under the Provisions of this Act shall contain any false statement, 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.

(Note: All Signatures must be Notarized on the back of this form) Notary is available in the Liquor Board Office.

State of Maryland, Allegany County
This Certifies, that on the _____ day of _____, _____, Before the subscriber, a Notary Public of the State of _____, personally appeared _____
The applicant(s) named in this renewal application and made oath in doe form of law that the information therein is true.

WITNESS MY HAND AND OFFICIAL SEAL

Seal

Notary

State of Maryland, Allegany County
This Certifies, that on the _____ day of _____, _____, Before the subscriber, a Notary Public of the State of _____, personally appeared _____
The applicant(s) named in this renewal application and made oath in doe form of law that the information therein is true.

WITNESS MY HAND AND OFFICIAL SEAL

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This Certifies, that on the _____ day of _____, _____, Before the subscriber, a Notary Public of the State of _____, personally appeared _____
The applicant(s) named in this renewal application and made oath in doe form of law that the information therein is true.

WITNESS MY HAND AND OFFICIAL SEAL

Seal

Notary

Statement of owner of premises required in connection with alcoholic beverages law.

(I, We) Hereby Certify, That (I am, We are) the owner(s) of the property know as _____
Business Name

Address City Zip

Named in the foregoing application made to the aforesaid licensing authority for said county under the Alcoholic Beverages Law of Maryland:

(I, We) assent to the granting of the license applied for and that (I, We) hereby authorize the State Comptroller, his duty authorized deputies, inspectors and clerks, the Board of License Commissioners (if any) of Allegany County, it's 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 (OUR, MY) hand AND SEAL _____ THIS _____ DAY OF _____, _____

Property Owner Sign or Name of Corporation/LLC

If owned by a corporation, member or manager must sign

Notary

Residence of property owner

RENEWAL APPLICATION (office use only)

APPROVED BY

Date filed _____

Date advertised _____

Date Issued _____
