

# 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 due form of law that the information therein is true.

**WITNESS MY HAND AND OFFICIAL SEAL**

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Seal

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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 due form of law that the information therein is true.

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Seal

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The applicant(s) named in this renewal application and made oath in due form of law that the information therein is true.

**WITNESS MY HAND AND OFFICIAL SEAL**

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Seal

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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 \_\_\_\_\_

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Address

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City

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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, 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 (OUR, MY) hand AND SEAL \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

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**Property Owner Sign or Name of Corporation/LLC**

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**If owned by a corporation, member or manager must sign**

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Notary

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Residence of property owner

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### **RENEWAL APPLICATION (office use only)**

#### **APPROVED BY**

**Date filed** \_\_\_\_\_

\_\_\_\_\_

**Date advertised** \_\_\_\_\_

\_\_\_\_\_

**Date Issued** \_\_\_\_\_

\_\_\_\_\_