

Board of License Commissioners
410-386-2094
Fax: 410-386-2444
1-888-302-8978
MD Relay Service 7-1-1/800-735-2258



Office of Administrative Hearings
Carroll County Government
225 North Center Street
Westminster, Maryland 21157-5194

By order of the Board of License Commissioners, no alcoholic beverage application will be accepted unless it is complete and includes the following documents:

- ___ Application Fee - \$500.00 (made payable to Commissioners of Carroll County)
- ___ Application (pages 1-14) with copy of drivers license (front and back) and naturalization certificate (if applicable)
- ___ Criminal Background/Fingerprint check for each applicant- **Please see instructions on next page.**
- ___ Fingerprint information form, one for each applicant, to be signed, copied, and submitted with the application.
- ___ Certificate of Workman's Compensation Insurance including the Policy Number
- ___ Building Lease/Purchase Agreement/Sales Contract
- ___ Complete Maryland (or appropriate state) Certified Motor Vehicle Administration Driver's Record (each applicant)
- ___ Menu (for restaurant type operation)
- ___ Plans showing exact area to be licensed, including floor plan, outdoor seating (if applicable), and parking area
- ___ Diagram showing clearly the location of other licenses within a ½ mile of the applicant's market area
- ___ Alcohol Awareness Certificate
- ___ Each applicant must submit **10** character references with name, address, cell phone number, and how many years acquainted. The qualifying resident applicant references must be State of Maryland residents.

Additional Forms to be filed by Corporate and LLC Applicants

- ___ Articles of Incorporation, Corporate Charter, By-Laws for INCs
- ___ Articles of Organization and Operating Agreement for LLCs
- ___ State Certificate of approval from the State Department of Assessments and Taxation
- ___ Corporate minutes and resolutions for INCs
- ___ Copies of stock certificates or proof of financial interest for LLCs
- ___ Stock sheet showing total amount of outstanding stock and the amount and class owned by each stockholder who owns more than 5% of the outstanding stock showing name, including address and phone number of each officer and director and each stockholder owning more than 5% of the stock

Additional Forms to be filed by Transfer Applicants

- ___ Copy of sales contract between transferor and transferee
- ___ Bulk Sales Transfer Affidavit (Application to Comptroller, may be submitted at the Hearing.)

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TAKE THIS PAGE WITH YOU TO BE FINGERPRINTED
******* ATTENTION CUSTOMERS*******

**Each licensee applicant must sign a Fingerprinting Disclosure Form
PRIOR to going for your fingerprints.**

**(The applicant keeps the original signed copy and provides a
copy of the signed document to the Board with their application)**

To all Liquor License Applicants:

The FBI does not accept paper fingerprint cards. All applicants are required to go to an authorized fingerprinting service or directly to CJIS to fill out an application for a Criminal Background Check and have digital fingerprints taken:

CJIS is located at: 6776 Reisterstown Road
Reisterstown Road Plaza
Baltimore, MD 21215- For directions and hours of operation: 410-585-3687

Other fingerprinting locations: Absolute Investigative Fingerprinting and Security Services
140 Village Shopping Center, 601 Jermor Lane
Westminster, MD 21157- 410-857-6460

Mustard Seed
15 National Place
Westminster, MD 21157 – 443-952-7208/Toll Free: 844-239-6721

Essential Support Services
2028 Liberty Road, Suite 102 & 532 Baltimore Boulevard, Suite 302
Eldersburg, MD 21784 – 866-388-9606 & Westminster, MD 21157– 410-861-5966

Bollinger Gunsmithing
19 W. Baltimore Street
Taneytown, MD 21787– 410-756-5454

Please note, when you arrive you must give them the Authorization Number below so results are sent to our office.

**ATTENTION: Bethany Henderson, Administrative Hearings Coordinator
ORI-MD930160Z, AUTHORIZATION #9500010111
225 North Center Street, Suite 300
Westminster, MD 21157**

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Application Instructions:

1. An application for a liquor license shall be submitted on the forms provided, in accordance with the Rules and Regulations of the Board of License Commissioners for Carroll County and the Alcoholic Beverages and Cannabis Articles of the Annotated Code of Maryland. The applicants have sole responsibility for ensuring that the application is complete, accurate and that they comply with the law.
2. The application form must be completed in every detail and all the required documents submitted **BEFORE** a hearing will be scheduled.
 - a. Legible and complete street and email addresses.
 - b. Signature(s) notarized where required.
 - c. Include complete Trade Names and Corporate/LLC/Partnership/Sole Proprietorship Names.
3. Individual Applicant:
 - a. Must be a resident of the State of Maryland at the time of application filing. Must remain a resident for at least nine (9) months of the year.
 - b. Must be the sole owner of the business for which the license is being applied.
4. Partnership Application:

All partners must be residents of the State of Maryland and must be residents at the time of the filing of the application. Must remain residents for at least nine (9) months of the year.
5. Corporate and Club Application:
 - a. All the individuals applying for a license on behalf of a corporation or LLC must have a financial interest in the corporation. "Financial interest" is defined as ownership of at least ten percent (10%) of the outstanding common stock of the corporation which is entitled to vote at any stockholder meeting for which the actual consideration paid was \$5,000.00.
 - b. If the application is for a Corporation, the license shall be applied for and issued to three (3) of the officers as individuals, unless the corporation has less than three officers. If the application is for a limited liability company, the license shall be applied for by one or more authorized members of the LLC. At least one (1) of the individuals shall reside in the State of Maryland as of the time of filing of the application. All applicants must have financial interest in the corporation. The license shall remain valid only as long as the resident applicant continues to remain a resident of the State of Maryland and the Corporation remains as a viable entity.

- c. The qualifying resident applicant must own at least 10 percent of the business or have an investment of \$5,000. Attach a copy of receipt for actual consideration.
 - d. If the application is for a Close Corporation, at least one of the stockholders must apply for the license and he/she must qualify the same as an individual licensee.
 - e. If the application is for a club, three (3) of the officers must apply as "b" above. Officers of the clubs are exempt from the financial interest requirement.
6. Additional forms to be filed by Transfer Applicants
 - a. Sales contract between transferor and transferee (may be unsigned)
 - b. Bulk Sales Transfer Application (may be submitted at time of hearing)
 - c. Two copies of actual inventory of alcoholic beverages (may be submitted at time of hearing)
 - d. Affidavit of Commercial Law - Title 6 (may be submitted at hearing)
 - e. In addition to the advertising fee of \$500.00, there is a \$350.00 Transfer Fee to be paid upon issuance of the new license.
7. Approval of any license to be issued must have **prior** approval from the Health Department and Permits and Inspections.
 - a. These agencies will be notified by the Liquor Board upon receipt of the application.
 - b. If the initial inspection is not passed, or cannot be performed, it is the applicant's responsibility to reschedule the inspection.
 - c. A license will not be issued until all approvals have been obtained.
8. The applicant **and** business must not owe any delinquent state or county taxes.
9. Hearings are held the second Wednesday of each month. Applicants scheduled for a hearing are notified at least ten (10) days in advance.
10. All prospective licensees shall attend the hearing. In the case of transfer, both Transferor(s) and the prospective Transferee(s) must attend the hearing unless excused by the Liquor Board, for good cause, prior to the Hearing date.
11. Each applicant is required to have 3 character witnesses present at the hearing, to testify under oath.
12. If you need assistance or have any questions, please call the Office of Administrative Hearings at 410-386-2094 or the Board's Senior Liquor Inspector at 410-386-2976.
- 13.

F. Name of banking institution(s) for the business account _____

G. Is this a transfer of location? _____
Current Address _____

H. Is this a change of license class? _____
Current class _____

I. Is this an increase in premise size? _____ Explain _____

Name of property owner _____
Address of property owner _____

APPLICANT SECTION - PLEASE PRINT OR TYPE AND ANSWER FULLY

APPLICANT A (Resident Applicant required by Alcoholic Beverages and Cannabis Articles Title 4-109(a)(4))

Name _____ Cell Phone # _____ Bus. Phone # _____

Home Address _____ Years at Residence _____

City _____ County _____ State _____ Zip _____

Birthdate _____ Sex _____ Maiden Name _____

Are you a citizen of the U.S.? _____ Birth Place _____

If a naturalized citizen, when and where? (provide Naturalization Certificate) _____

Your Email Address: _____

What is your financial interest in the business? _____

APPLICANT B

Name _____ Cell Phone # _____ Bus. Phone # _____

Home Address _____ Years at Residence _____

City _____ County _____ State _____ Zip _____

Birthdate _____ Sex _____ Maiden Name _____

Are you a citizen of the U.S.? _____ Birth Place _____

If a naturalized citizen, when and where? (provide Naturalization Certificate) _____

Your Email Address: _____

What is your financial interest in the business? _____

APPLICANT C

Name _____ Cell Phone # _____ Bus. Phone # _____

Home Address _____ Years at Residence _____

City _____ County _____ State _____ Zip _____

Birthdate _____ Sex _____ Maiden Name _____

Are you a citizen of the U.S.? _____ Birth Place _____

If a naturalized citizen, when and where? (provide Naturalization Certificate) _____

Your Email Address: _____

What is your financial interest in the business? _____

A. Are you a resident of the State of Maryland at the time of filing this application?

A. _____ B. _____ C. _____

If so, which county? A. _____ B. _____ C. _____

B. Have you ever been:

1. Convicted of a felony?

A. _____ B. _____ C. _____

2. Adjudged guilty of violating gambling laws?

A. _____ B. _____ C. _____

3. Adjudged guilty of violating alcoholic beverage laws?

A. _____ B. _____ C. _____

C. Have you ever been Adjudged guilty of any misdemeanor or felony offense against the laws of the United States or any state?

A. _____ B. _____ C. _____

If so, state where and when _____

D. Identified in an action filed by any agency of the United States of America or any State thereof that is charged with the administration, interpretation or enforcement of any law or regulation?

A. _____ B. _____ C. _____

If so, state where and when _____

E. Have you ever held a license for the sale of alcoholic beverages?

A. _____ B. _____ C. _____

If yes, in which state, when, and where? _____

Has any such license been suspended or revoked, or have you been fined or placed on probation for a violation of the liquor license restrictions?

A. _____ B. _____ C. _____

If yes, give full details _____

- F. Have you ever applied for an alcoholic beverage license in Carroll County?
 A. _____ B. _____ C. _____
- G. Are you or your business financially interested in any other business for which an alcoholic beverage license has been applied for, granted or issued?
 A. _____ B. _____ C. _____
 If so, state where the license is located and the nature of your interest.
 A. _____ B. _____ C. _____
- H. Is your spouse licensed?
 A. _____ B. _____ C. _____
 Do they have a financial interest in any other alcoholic beverages business?
 A. _____ B. _____ C. _____
 If so, give details _____
- I. Is there now, or will there be during the continuation the license applied for, any other person financially interested in said license or the business to be conducted thereunder?
 A. _____ B. _____ C. _____
 If so, fully state the circumstances _____
- J. Does any manufacturer, brewer, distiller or wholesaler have any financial interest, direct, or indirect, in the premises or business to be conducted thereunder?
 A. _____ B. _____ C. _____
 Will any such interest be hereafter conveyed or granted to any such manufacturer, distiller, brewer, or wholesaler?
 A. _____ B. _____ C. _____
- K. Do you now have, or will you have, any indebtedness or other financial obligation, directly to any manufacturer, brewer, distiller or wholesaler, other than for purchase of alcoholic beverages?
 A. _____ B. _____ C. _____
- L. If granted a license, will you conform to all laws and regulations relating to the business in which you propose to engage?
 A. _____ B. _____ C. _____

I / We hereby authorize the Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners of Carroll County, its duly authorized agents and employees, any peace officer of the County or the State, to inspect and search, without warrant, the premises upon which said 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. **Extract from the law:** If any affidavit or oath required under the provisions of this Act shall contain any false statements, 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.

I HEREBY CERTIFY **under penalties of perjury** that the facts set forth in the foregoing document are true and correct and if ascribed to me based upon personal knowledge.

A. _____

B. _____

C. _____

Signature of Applicant(s)

STATE OF MARYLAND, COUNTY OF: **CARROLL**

This certifies that on this _____ day of _____, 20____, before the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared the above-named applicants.

WITNESS my hand and official seal _____

(Signature of Notary Public)

My Commission Expires: _____

(Statement of owner(s) of property required in connection with the Alcoholic Beverage Laws of Maryland)

I / We HEREBY CERTIFY, that I am / we are the owner(s) of the property known as _____ named in this application by the above named applicants, to the Board of License Commissioners of Carroll County under the Alcoholic Beverage and Cannabis Laws of Maryland, for the class _____ License expiring April 30, _____; that I / We hereby authorize the State Comptroller, its duly authorized deputies, inspectors, and clerks, the Board of License Commissioners of Carroll County, the incorporated municipality within which the business is located, if any, or the State, to inspect and search without warrant, the premises upon which said 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.

My / Our signature this _____ day of _____, 20_____.

Witness

Owner

Witness

Owner

NOTE: ALL PERSONS HAVING AN INTEREST IN THE PROPERTY MUST SIGN

IF THIS APPLICATION IS FOR A TRANSFER FROM ANOTHER LICENSEE(S) please have said licensee(s) sign below to indicate their consent to the transfer, have their signatures witnessed, and have them attend the hearing per Rule #10b of the Board of License Commissioners Rules and Regulations.
WITNESS:

Signature of Applicant(s)

FOR CLUBS, CORPORATIONS, LLCs, PARTNERSHIPS AND ASSOCIATIONS

Please provide the name and official capacity of all officers, members, or all parties, including limited partners:

Please list the names and respective offices for each person to whom this license is to be issued:

Signature _____
President or Vice President

CHARACTER REFERENCES

REFERENCES- <i>APP. A</i> <hr style="width: 100%; border: none; border-top: 1px solid black; margin: 5px 0;"/> (NAME OF APPLICANT)	IS THIS PERSON FIT AND PROPER TO HOLD A LICENSE?	ADDRESS & CELLPHONE NUMBER	YEARS KNOWN
Signature of Reference #1			
Signature of Reference #2			
Signature of Reference #3			
Signature of Reference #4			
Signature of Reference #5			
Signature of Reference #6			
Signature of Reference #7			
Signature of Reference #8			
Signature of Reference #9			
Signature of Reference #10			

REFERENCES- <i>APP. B</i> <hr/> (NAME OF APPLICANT)	IS THIS PERSON FIT AND PROPER TO HOLD A LICENSE?	ADDRESS & CELLPHONE NUMBER	YEARS KNOWN
Signature of Reference #1			
Signature of Reference #2			
Signature of Reference #3			
Signature of Reference #4			
Signature of Reference #5			
Signature of Reference #6			
Signature of Reference #7			
Signature of Reference #8			
Signature of Reference #9			
Signature of Reference #10			

REFERENCES- <i>APP. C</i> (NAME OF APPLICANT)	IS THIS PERSON FIT AND PROPER TO HOLD A LICENSE?	ADDRESS & CELLPHONE NUMBER	YEARS KNOWN
Signature of Reference #1			
Signature of Reference #2			
Signature of Reference #3			
Signature of Reference #4			
Signature of Reference #5			
Signature of Reference #6			
Signature of Reference #7			
Signature of Reference #8			
Signature of Reference #9			
Signature of Reference #10			

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. ¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. ²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. ³

Updated 11/6/2019

I acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights.

Print Name

Signature

Date

¹ Written notification includes electronic notification, but excludes oral notification. ² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>
³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).