

REQUEST FOR APPROVAL OF AN INDIVIDUAL TO SERVE AS MANAGER OF PREMISES
LICENSED IN BALTIMORE COUNTY FOR SALE OF ALCOHOLIC BEVERAGES

1. NAME: _____ PHONE NUMBER: _____
ADDRESS: _____ ZIP: _____ PERIOD OF RESIDENCE: _____
AGE: _____ SEX: _____ PLACE OF BIRTH: _____
DATE OF BIRTH: _____

PRIOR ADDRESSES: (OVER 10 YEAR PERIOD)

_____ NUMBER OF YEARS: _____
_____ NUMBER OF YEARS: _____
_____ NUMBER OF YEARS: _____

2. CORPORATION NAME: _____ AND/OR TRADE NAME: _____
ADDRESS: _____ PHONE NUMBER: _____
_____ ZIP: _____

NAMES OF LICENSEES:

_____ PHONE NUMBER: _____
_____ PHONE NUMBER: _____
_____ PHONE NUMBER: _____

3. HAVE YOU EVER BEEN ADJUDGED GUILTY OF ANY OFFENSE AGAINST THE LAWS OF THE STATE OR OF THE
THE UNITED STATES? _____ IF SO, STATE WHEN AND WHERE: _____

4. HAVE YOU EVER HELD A LICENSE FOR THE SALE OF ALCOHOLIC BEVERAGES? _____ IF YES, STATE
WHEN AND WHERE: _____

5. HAVE YOU EVER APPLIED FOR AN ALCHOLIC BEVERAGE LICENSE IN BALTIMORE COUNTY? _____ IF YES,
STATE WHEN AND WHERE: _____

6. DO YOU HAVE ANY FINANCIAL INTEREST IN THIS LICENSE: _____ IF SO, GIVE DETAILS: _____

7. ARE YOU FINANCIALLY INTERESTED IN ANY OTHER ALCOHOLIC BEVERAGE BUSINESS FOR WHICH A
LICENSE HAS BEEN APPLIED FOR, GRANTED OR ISSUED? _____ IF SO, STATE WHEN AND WHERE: _____

8. WHAT DUTIES AND HOURS ARE YOU RESPONSIBLE FOR THE OPERATION OF THE BUSINESS LISTED IN
QUESTION #2: _____

9. ARE YOU CURRENTLY CERTIFIED BY AN APPROVED ALCOHOL AWARENESS PROGRAM? YES _____ NO _____
IF NOT, WILL YOU ATTEND? _____

10. IF APPROVED TO SERVE AS A MANAGER, WILL YOU CONFORM TO ALL LAWS AND REGULATIONS RELATING
TO THE BUSINESS IN WHICH YOU PROPOSE TO ENGAGE AND FAMILIARIZE ALL EMPLOYEES WITH THESE
LAWS, RULES AND REGULATIONS? _____

SIGNATURE OF LICENSEES:

_____ SIGNATURE OF MANAGER
(APPLICANT)

******Only the applicants' signature should be notarized, not the licensee******

STATE OF MARYLAND, BALTIMORE COUNTY, SS:

THIS CERTIFIES, that on the _____ day of _____, 20____ before the subscriber, a _____
_____ of the State of Maryland, personally appeared

the individual(s) named in the foregoing, and made oath in due form of law that the statements therein are
true to the best of _____ knowledge and belief.

WITNESS my hand and official seal. _____