**CHECKLIST FOR APPLICATION REQUIREMENTS**

**LICENSE APPLICANTS, TRANSFEREE’S OR MARYLAND CONTACT MUST BE**

**(a) 21 years of age or over**

**(b) Maryland Resident must have proof of residency – Household Bill with your name and address**

**(c) One (1) applicant must be a Maryland Resident or have a Maryland Contact**

**(d) Maryland Resident or Maryland Contact must be United States Citizen**

**(e) Individual, Partnership, Corporation or LLC – All members must be fingerprinted**

**(f) No Felonies or Serious Criminal Convictions**

**NEEDED BEFORE FINAL HEARING WILL BE SCHEDULED**

**(a) $300.00 Application Fee**

**(b) Completed Application**

**(c) Incumbency Certificate for LLC – All members must be fingerprinted**

**(d) Incumbency Certificate for Corporations – All members must be fingerprinted**

**(e) Individual Business Interest Financial Affidavit**

**(f) Affidavit for Maryland Contact Packet - (filled out by Maryland Contact, see attached form)**

**(g) Affidavit for Resident Licensee Packet - (Filled out by Maryland Resident)**

**(h) Affidavit for Licensee or Licensee’s Packet – (Filled out by non-resident or licensee’s)**

**(i) Waiver for Inspections – (Filled out by all licensee’s)**

**(j) Background Questionnaire – (Filled out by all licensee’s)**

**(k) Colored Copy of Valid Driver’s License – Maryland Resident or Maryland Contact**

**(l) Copy of Permanent Resident Card, Naturalization Certificate or US Passport**

**(m) Copy of Proof of Residency – Household Bill with your name and address as on application.**

**(n) Articles of Organization needs to be in Good Standing**

**(o) Federal ID Number**

**(p) Plat/Drawing of entire premise indicating location of storage and sale of Alcohol on premises**

**(q) Zoning Certification from either the City of Hagerstown or Washington County**

**(r) Certificate of Occupancy – Plan Review & Permitting**

**(s) Copy of Full Menu if applying for a Class B-Restaurant License**

**(t) Hours of Operation-**

**(u) Copy of Lease or Ownership of Location or Contingent Settlement Agreement**

**(v) Finger printing will need to be scheduled when you turn application in.**

**The Following Documents will need to be received the day of the**

**Final Hearing or upon pickup of the license upon approval.**

(a) 2 persons Alcohol Awareness Certifications **(Classes given at the Liquor Board)**

(b) 1 person (per every 250 people) Crowd Management Certificate **– www.crowdmanagers.com/training**

(c) Transferee Cleared with Gaming, State & County

(d) Bulk Transfer Certification

(e) Copy of Health Department Inspection **(if serving food)**

(f) Copy of Fire Marshal Inspection including occupancy certification.

(g) Copy of Sales & Use License. **(Must have Corporation Name, Establishment Address on the license and not the licensee’s home address.)**

(h) Copy of Traders License with current fiscal year. **(Must have Corporation Name, Establishment Address on the license and not the licensee’s home address.)**

**(Transferee’s Traders accepted the date of the Final Hearing or upon pick up of license)**

(i) Copy of Settlement Agreement or Ownership.

(j) **Full Payment day of the final hearing.**

**INFORMATION THAT YOU MIGHT NEED**

1. Zoning Permit

a. City of Hagerstown Zoning information may be found at [www.hagerstownmd.org/Plan\_Dev/Zoning/Zoning\_index.asp](http://www.hagerstownmd.org/Plan_Dev/Zoning/Zoning_index.asp)

b. Washington County Zoning information may be found at

<http://www.washco-md.net/public_works/permits/permits.html>

2. Federal Tax Number (EIN)

[www.irs.gov/businesses/small/article/0,,id=97860,00.html](http://www.irs.gov/businesses/small/article/0,,id=97860,00.html)

3. Maryland Sales and Use Tax Number

<http://interactive.marylandtaxes.com/webapps/comptrollercra/entrance.asp>

4. Online Business Information System [www.blis.state.md.us](http://www.blis.state.md.us)

**PURSUANT TO MD. CODE ANN., § 4 - 109:**

**NOTE: Licenses are issued to individuals. Applications may be made on behalf of or for the use of a partnership, corporation or club, or limited liability company.**

**In all cases, at least one individual license applicant must:**

1. **Be a Maryland Resident and a United States citizen OR**
2. **Have a Maryland Contact – see attached form below.**

**All applicants** must have a pecuniary interest in the business to be conducted under the license.

1. **PARTNERSHIPS.** If the application is on behalf of a **partnership**, the license shall be applied for by and be issued to all of the partners as individuals, **all of whom** shall have resided in Maryland or have a Maryland Contact. Partnerships must provide a copy of any written partnership agreement. If there is no written partnership agreement, submit a resolution reflecting names of all partners and their percentage interest. Limited liability partnerships must provide the Certificate of Limited Liability Partnership filed with SDAT.**MD. Code Ann., §4-103**
2. **CORPORATIONS OR CLUBS.** If the application is on behalf of a **corporation** or **club** (incorporated or unincorporated), the license shall be applied for by and be issued **to two (2) or three (3) of the officers of that corporation** **or** (3) officers for a club, as individuals, for the use of the corporation or club, at least one of whom shall be a registered voter and taxpayer of Maryland or have a Maryland Contact. The application must be signed by the president or vice president, as well as by the officers to whom the license shall be issued. Corporations must provide copies of: Articles of Organization, By-Laws, certificate of all issued stock or stock ledger reflecting the same, corporate resolution/secretary’s certificate naming all officers by title and authorizing the application by the applicants. **MD. Code Ann., §4-104**
3. **LLC’S.** IF the application is made on behalf of a **limited liability company,** the license shall be applied for by and be issued to **one to three (1 to 3) of the authorized persons of that limited liability company**, as individuals, for the use of the limited liability company. At least 1 of the individual applicants shall be a registered voter, taxpayer and resident of Maryland or have a Maryland Contact, **all** authorized persons shall make the application. (“Authorized person” means any person, whether or not a member, who is authorized by the articles of organization, by an operating agreement, or by unanimous consent of the members and any other person whose consent is required by the operating agreement, to execute or file a document required or permitted to be executed or filed on behalf of a limited liability company or foreign limited liability company under this title, or to otherwise act as an agent of the limited liability company. An Incumbency Certificate will be required of LLC’s. **MD. Code Ann., §4-105**
4. **All Sole Proprietors, LLC’s, Partnerships, Corporations, and Clubs** must provide the business’s State Department of Assessments and Taxation Department ID Number.

The Final Hearing will be scheduled on Wednesday, six (6) to ten (10) weeks after completed application has been turned in **and approved by the Commissioners, based on Class of license applying for applicants may have to meet before the Board before the scheduled Final Hearing date.** **All Licensees’ must be present at the Final Hearing. (Effective August 2, 2017)**

**Transferors may or may not be present at the Final Hearing, as long as all transfer documents have been received.**

To verify compliance with Commercial Law Section 6-104, Seller(s) shall submit a copy of the Bulk Sales Affidavit with listing of all creditors and/or claimants and amount of claim to the office of the Comptroller of Maryland with a $200.00 fee.

**Affidavit for Maryland Contact**

I, hereby certify the following:

1. I have agreed to serve as the Maryland Contact for , (the **“Licensee”**) the holder of liquor license issued by the Board of License Commissioners for Washington County, Maryland (the **“Liquor Board”**).

2. I agree to accept service of process (i.e. receive notifications) from the Liquor Board on behalf of the Licensee. Upon receipt of any notification from the Liquor Board, I agree to promptly notify the Licensee, and forward a copy of the notification received from the Liquor Board to the Licensee. I understand that service of process on me from the Liquor Board shall constitute service of process on the Licensee.

3. I am a licensed Attorney with the State of Maryland, licensed Certified Public Accountant with the State of Maryland, or authorized agent of a Maryland Insurance Company. My office is registered and in good standing with the Maryland State Department of Assessments and Taxation.

4. I agree that all service of process (i.e. notifications) from the Liquor Board may be served upon me personally at the following address located within the State of Maryland:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to promptly notify the Liquor Board if the foregoing address should change.

5. I agree that I shall provide the Liquor Board with thirty (30) days advance written notice in the event that I should elect to resign as the Maryland Contact for the Licensee.

6. I acknowledge that I shall be required to complete a yearly form provided by the Liquor Board in connection with the Licensee’s renewal application. I agree to promptly complete this form upon receipt from the Liquor Board.

7. I am not currently serving as a Contact Person for any other licensee holding a liquor license issued by the Liquor Board.

I am currently serving as a Maryland Contact for other licensee(s) holding liquor license(s) issued by the Liquor Board; the names and addresses of each licensee is listed below. An Exhibit may be attached if additional space is required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby swear and affirm under the penalty of perjury that the answers and responses made on this Affidavit of Maryland Contact to be the truth and nothing but the truth. I understand that if I am found guilty and convicted of making any false answers and/or responses in connection with this Affidavit of Maryland Contact that I may be subject to the penalties provided by law for this crime. (Annotated Code of Maryland, Article 2B, Section 16-501 and Criminal Law Article, Section 9-101).

(SEAL)

Printed Name:

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS CERTIFIES, that on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, before me the subscriber, a notary public of the State of Maryland, personally appeared the Maryland Contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who acknowledged himself / herself to be the person whose name is subscribed to within this Affidavit of Maryland Contact and they have acknowledged the execution of the foregoing statement to be (His/Her) voluntary and true act.

Witness my hand and official seal.

(SEAL)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affidavit for Maryland Contact – Made Effective February 4, 2020