renewal of the

2.

3.

4.

5.

6.

provided herein is true and correct.

Alcoholic Beverages Article, §18-1605.

If so, attach certified copy of final disposition sheet.

The Licensee has a financial interest in the business to be conducted under the license.

for in the statute, which holds an alcoholic beverage license. \* Exception – Class B/ BLX

The Licensee has/has not been found guilty of violating a State or federal law.

The Licensee does NOT have a financial interest in more than two establishments, as provided

No one other than the Licensee has a financial interest in the license or in the business to be conducted under the license. \*Exception - Class B/BLX Alcoholic Beverages Article, §18-1605.

## 2024 ALCOHOLIC BEVERAGES LICENSE RENEWAL APPLICATION

Application is hereby made under the provisions of the Alcoholic Beverages Article of the Annotated Code of Maryland as amended, for a

\_\_\_\_\_\_[print license type] alcoholic beverages license, held by the undersigned.

## TO THE BOARD OF LICENSE COMMISSIONERS OF CHARLES COUNTY, MARYLAND:

Corpo	rate Entity		Trade Name: (If different from Corporate Name)				
Licens	see 1:						
Cell Pl	hone No:			% Intere	st:		
Email	Address:						
Licens	see 2:			% Intoro	<b></b>		
Cell Phone No:				% Interest:			
Email	Address:						
Licens	see 3:			2/1.			
Cell Pl	hone No:			% Intere	st:		
Email	Address:						
Licone	and Dunmines						
Licensed Premises Street Address:		Licensed Premises					
MD Sa	ales Tax Id No.		Mailing Address: (if different)				
	* Certain	Class B/BLX Licensees Exempt from own	l ership requirement. If exemp	t, cite publ	icly traded co	rporate entity.	
	As set forth in Alcoholic Beverages Article § 4-109 :				INITIAL BELOW where applicable:		
					Licensee 1	Licensee 2	Licensee 3
1.	The Licensee certifies that s/he nor any of the stockholders or interest holders have ever be convicted of a felony.			peen			
	The Licensee certifies that the facts stated in the original application are unchanged, except where disclosed and approved by the Board of License Commissioners, and that all information						

				Page 2 of
Licensee certifies that s/he is an officer of the corporati authorized person of the limited liability company and h company. *Exception - Class B/BLX - Alcoholic Beverage	nolds at least a 20% interest in			
7. Company. Exception Class by BEX. Alcoholic Beverage	23 Article, 310 1404(b).	<u> </u>		
8. Name/Address of each additional person holding at least (Attach additional page if necessary.) *Class BLX license e			y.	
a. b.		c.		
9. Business/Daytime Phone No.:				
10. Days/Hours of Operation:				
11. Does the licensee host live entertainment? (Defined as "ev			YES	NO
a) If Yes, describe type(s) of entertainment:			O	
b) How Often? Daily Weekly	Monthly	Occasionally		
Important Note: Live entertainment is not permissibl Your Use & Occupancy Permit, which is obtained thr type of entertainment described above.  12. Does the licensee serve or allow patrons to consume alcohol.	rough the appropriate pl	lanning/zoning authorit	•	NO O
Important Note: If you desire to allow your patrons to co application to request approval. Please contact the Clerk				tion.
The Applicant hereby certifies under oath by sign the original application are unchanged excep Commissioners, and that all information provides	t where disclosed and	approved by the Boa		
stPlease identify the RESIDENT LICENSEE with an asterisk (*).				
Signature - Licensee No. 1:	Address:			
Printed Name:	-			
Signature – License No. 2:	Address:			
Printed Name:				
Signature – License No. 3:	Address:			
Printed Name:				

## ATTACH COPY OF CURRENT DRIVER'S LICENSE/PICTURE IDENTIFICATION.

STATE OF MARYLAND, CHARI  HEREBY CERTIFY that on this d			e, the subscriber, a Notary Public of the State of Maryland in
and for Charles County, Maryland, pers	onally appeared	, 2021, Sciore inc	, Licensee named in the aforegoing renewal application
and made oath in due form of law that			
WITNESS my hand and Notaria	ıl Seal.		
			Notary Public
STATE OF MARYLAND, CHARI	LES COUNTY, TO WIT	:	
I HEREBY CERTIFY that on thisc	ay of	, 2024, before me	e, the subscriber, a Notary Public of the State of Maryland i
			, Licensee named in the aforegoing renewal application
and made oath in due form of law that	the matters and facts stated	d therein are true.	
WITNESS my hand and Notaria	ıl Seal.		
STATE OF MARYLAND, CHARI	FC COLINITY TO 14/1T		Notary Public
			t, the subscriber, a Notary Public of the State of Maryland in
and for Charles County, Maryland, personand made oath in due form of law that			, Licensee named in the aforegoing renewal application
WITNESS my hand and Notaria			
Williams IIIy Halid and Notaria	ii Jeai.		
*******	******	*******	***********
	FOR ADM	INISTRATIVE USE	ONLY
BOARD OF LICENSE COMMISS	SIONERS OF CHARLES C	COUNTY	
Approved By:			
Chairperson			
Date:	-		
LIQA\$	-		
CHARLES COUNTY TREASURER			
Initials:	Date:		
REVIEWED FOR LEGAL SUFFICI	ENCY Initials:		

## STATEMENT OF OWNER OF PREMISES

Licensed Premises		MD Dept of Assessments & Taxation	
Trade Name:		Property Identification No:	
Street Address:			
Commissioners, its duly autho	rized agents and emplo the premises upon whic	h the business is to be conducted	uthorize the Board of License narles County, Maryland to inspect d and any and all parts of the building
issued, shall be used; 2. in the event that the C authorized to make ar 3. that the Owner or his	one) is/are (circle one) t and Dwner is not a natural po nd sign the foregoing sta below indicated represe	he Owner(s) of the property who erson, the individual signing belo atement on behalf of the Owner; entative, hereby certifies under o	eath by signature that the facts stated in
		nformation provided herein is tro _day of, 2024.	ue and correct.
CORPORATE ENTITY (if app	licable):		_
		(SEAL)	(SEAL)
Printed Name:	Title:	Printed Name:	Title:
STATE OF MARYLAND, CHAR I HEREBY CERTIFY that on this and for Charles County, Maryland, per and made oath in due form of law tha	_day of rsonally appeared	, 2024, before me, the subscril	per, a Notary Public of the State of Maryland in te named in the aforegoing renewal application,
WITNESS my hand and Notar	ial Seal.		
and for Charles County, Maryland, per	_day of rsonally appeared	, 2024, before me, the subscril , License	per, a Notary Public of the State of Maryland in the named in the aforegoing renewal application,
and made oath in due form of law tha	t the matters and facts state	d therein are true.	
WITNESS my hand and Notar	ial Seal.		Notary Public