MARYLAND FORM 367-1

APPLICATION FOR CHANGE IN LICENSE LOCATION

193671049

Comptroller of Maryland
Field Enforcement Division
Regulatory & Licensing Section
P.O. Box 2999
Annapolis, MD 21404-2999
410-260-7314 or 800-MD-TAXES
ATT@marylandtaxes.gov
www.marylandtaxes.gov

This statement is to be attached to and made a part of the application of:

Name(s) of license applicant(s) _____ License Number _____

Trade name _____

Present Address; Number and Street _____

City _____ County _____ State _____ Zip Code _____

The NEW location for which license transfer is desired is known as:

Street Address _____

City _____ County _____ State _____ Zip Code _____

Describe premises _____

Telephone number _____ Fax Number _____ Email Address _____ Date of anticipated move _____

Fee for Change in License Location $20.00

Affidavit

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing documents are true and correct to the best of my knowledge, information and belief.

Signature of Owner, Partner, Member or Corporate Officer _____ Title _____

Type or print name of Signature of Owner, Partner, Member or Corporate Officer _____ Date _____

Statement of Owner of Premises Required in Connection with Alcoholic Beverages Law of Maryland

(I, We) hereby certify, that (I am, we are) the owner(s) of property known as _____

_____

named in the afore going application made to the Comptroller of Maryland under the Annotated Code of Maryland, Alcoholic Beverages Article; that (I, we) assent to the granting of the license applied for, and that (I, we) hereby authorize the Comptroller of Maryland, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners of the county in which the place of business is located, 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(s) in which said business is to be conducted, at any and all hours.

Owner's signature _____ Date _____

Type or print name of owner _____ Company Name and Title _____