



## City of Annapolis

Office of the City Clerk

145 Gorman Street, 3<sup>rd</sup> Fl

Annapolis, MD 21401-2535

[TBucalo@annapolis.gov](mailto:TBucalo@annapolis.gov) • 410-263-7942 • Fax 410-280-1853 • TDD 410-263-7943 • [www.annapolis.gov](http://www.annapolis.gov)

### Alcoholic Beverage Control Board

#### Substitution of Officer

The Alcoholic Beverage Control Board meets the first Wednesday of each month at 3:00 p.m. in the Council Chamber, City Hall, 160 Duke of Gloucester Street, Annapolis.

**Filing fee:** \$225.00 payable to the City of Annapolis

**Cost of new license:** \$12.00 payable to the City of Annapolis

**Application due:** 30 days in advance of hearing (see schedule)

**Miscellaneous information:**

1. No more than one alcoholic beverage license may be issued to any person in the City of Annapolis.
2. Old license must be returned to the City Clerk at the time the new license is issued.
3. Fingerprinting for State background check **is required**. Please read the instructions and submit a completed fingerprint card along with a check to CJIS for processing, as stated in the instructions.
4. Licensee must be a citizen of the United States (Reference Annotated Code of Maryland, Article 2B.)

Please contact the Office above if you have any questions or need assistance.

## Instructions

### Reference: Annotated Code of Maryland Article 2B, §10-301(a)(2)

1. A corporation or club holding an alcoholic beverage license may, during the license year, substitute any or all names of its officers on the license if the deleted officer:
  - a. is deceased;
  - b. is retired;
  - c. has been removed from office;
  - d. no longer holds an office in the corporation or club.
2. Documents required (one original and five copies):
  - a. Application for Substitution of Officer
  - b. Affidavit of Corporate Officer
  - c. Financial Information Form
  - d. Corporate Minutes evidencing the change of officer
  - e. Affidavit in Lieu of Fingerprinting

### Qualifying applicant

If the officer being substituted is the qualifying applicant, the new qualifying applicant must:

1. Be a registered voter in the City of Annapolis for two years preceding the filing of the application and continue to be registered during the term of the license.
2. Be a resident of the City of Annapolis for at least two years preceding the filing the application and continue to be so resident during the term of the license.



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## Alcoholic Beverage Control Board

### Financial Information Form

*Applicant must have a pecuniary interest in the establishment.*

**A false statement may constitute grounds for denial or revocation of the license.**

Applicant name \_\_\_\_\_

Address \_\_\_\_\_

How long? \_\_\_\_\_ Date of birth \_\_\_\_\_

Most recent employer \_\_\_\_\_

Address \_\_\_\_\_

Position or title \_\_\_\_\_

How long employed? \_\_\_\_\_ Type of business \_\_\_\_\_

List any and all business interests.

I am or will be the \_\_\_\_\_ owner \_\_\_\_\_ partner \_\_\_\_\_ stockholder \_\_\_\_\_ member \_\_\_\_\_ in the licensed business.

If a stockholder, how many shares? \_\_\_\_\_

My personal contribution will be \$ \_\_\_\_\_

Of this amount, \$ \_\_\_\_\_ will be in cash and will be or has been derived from the following sources:

If LLC member, contribution is \_\_\_\_\_ cash \_\_\_\_\_ property \_\_\_\_\_ services.

**Notice: Falsification of the information on this form may constitute grounds for denial or revocation of the license.**

I HEREBY CERTIFY on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, under the penalties of perjury, that the matters and facts set forth above are true and correct to the best of my information and belief.

Applicant \_\_\_\_\_ Witness \_\_\_\_\_



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### Affidavit of Corporate Officer

Name of establishment \_\_\_\_\_

Name of corporation \_\_\_\_\_

STATE OF MARYLAND, ANNE ARUNDEL COUNTY, to wit:

I HEREBY CERTIFY, that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the subscriber, a Notary Public of the State and County aforesaid, personally appeared \_\_\_\_\_

(corporate officer), known by me to be the \_\_\_\_\_ (officer's title)

of the aforesaid corporation, and in his/her capacity as an officer of the corporation certified that an Application for Substitution of Officer has been filed with the City of Annapolis Alcoholic Beverage Control Board due to the fact that

\_\_\_\_\_ (officer being removed), previously an officer of the Corporation, can no longer serve as a licensee on the alcoholic beverage license because the licensee:

is deceased

has been removed from office

is retired

no longer holds an office in the corporation or club

The affiant further certified that \_\_\_\_\_, the new officer and \_\_\_\_\_ (officer's title) of the corporation has been issued stock in the

corporation, that the shares of stock previously issued to \_\_\_\_\_ (officer being removed) have been returned to the corporation, and, with that exception, the ownership of the corporation has not changed.

Name of corporation \_\_\_\_\_

By \_\_\_\_\_

I HEREBY CERTIFY, that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the subscriber, a Notary Public of the State and County aforesaid, personally appeared \_\_\_\_\_

and made oath in due form of law that the matters and facts set forth above are true and correct.

WITNESS my hand and Notarial Seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires

Signatures:

Officer being removed \_\_\_\_\_

Current licensee \_\_\_\_\_

Current licensee \_\_\_\_\_



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**Alcoholic Beverage Control Board**  
**Substitution of Officer Application**

Application is made by the undersigned under the provisions of Annotated Code of Maryland, Article 2B, Section 10-302(f) and the Code of the City Of Annapolis, Chapter 7.12.

Licensed establishment \_\_\_\_\_

Address \_\_\_\_\_

Licensee being deleted from license \_\_\_\_\_

**Applicant to be substituted**

Name \_\_\_\_\_

Address \_\_\_\_\_ How long? \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Phone, day \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Have you been a resident of the City of Annapolis for two years preceding the filing of this application?   | Yes | No |
| 2. Have you been a registered voter of the City of Annapolis for two years preceding the filing of this application?   | Yes | No |
| 3. Do you have a financial interest in the business of the licensed establishment?   | Yes | No |
| 4. Will you be participating in the daily management on the premises of the licensed establishment?  | Yes | No |
| 5. What office do you hold in the corporation or club? _____   |     |    |
| 6. Have you ever been convicted of a felony?   | Yes | No |
| 7. Are you a citizen of the United States?   | Yes | No |
| 8. Have you ever been adjudged guilty of violating the laws governing the sale of alcoholic beverages or for the prevention of gambling in the State of Maryland?  | Yes | No |
| 9. Have you ever been adjudged guilty of any offense against the laws of the State or of the United States? If yes, state details below.   | Yes | No |
| 10. Do you have a pecuniary interest in the business to be conducted under this license?   | Yes | No |
| If yes, state percentage _____   |     |    |
| 11. Do you have a pecuniary interest in any other place of business in the City of Annapolis or Anne Arundel County, where or for which a license has been applied for, granted, or issued under this article, except as otherwise permitted in by Article 2B? | Yes | No |

12. Have you had a license for the sale of alcoholic beverages revoked? Yes      No
13. Have you ever held a license for the sale of alcoholic beverages, and if so, in what state and at what location therein? If yes, state details below. Yes      No
14. If the substitution is granted, will you conform to all laws and regulations relating to the business in which you propose to engage? Yes      No
15. List the names and titles of the officers of the corporation.

Name	Title

I HEREBY CERTIFY, that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, under the penalties of perjury, that the matters and facts set forth above are true and correct; and that I hereby authorize the City of Annapolis and Annapolis Police Department, its employees, agents and officers to release unto the City Clerk and personnel employed in that office of that office, any and all criminal background records that may exist or come into the possession of the City of Annapolis or the Annapolis Police Department for purposes of processing this application.

Signature of Officer (Applicant) \_\_\_\_\_

STATE OF MARYLAND, ANNE ARUNDEL COUNTY, to wit:

I HEREBY CERTIFY, that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the subscriber, a Notary Public of the State and County aforesaid, personally appeared the Seller/Transferor named above, and made oath in due form of law that the matters and facts stated above are true to the best of his/her knowledge, information and belief.

WITNESS my hand and Notarial Seal.

\_\_\_\_\_  
Notary Public My Commission expires

FOR OFFICE USE ONLY

Approved by the Alcoholic Beverage Control Board \_\_\_\_\_