



City of Annapolis
Office of the City Clerk
145 Gorman Street, 3rd Fl
Annapolis, MD 21401-2535

DepClerk@annapolis.gov • 410-263-7942 • Fax 410-280-1853 • www.annapolis.gov
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Alcoholic Beverage Control Board

Substitution of Officer

The Alcoholic Beverage Control Board meets the first Wednesday of each month at 7:00 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

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 contact the Clerk's Office for details.
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, taxpayer 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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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, COUNTY OF ANNE ARUNDEL, to wit:

I HEREBY CERTIFY, on this _____ day of _____, _____, before me, the subscriber, a Notary Public of the State of Maryland, in and for the county of Anne Arundel, 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
- is retired
- has been removed from office
- 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, 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, taxpayer 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? Yes No
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, on this _____ day of _____, _____, under 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, 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 set forth 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 _____