

THE ALCOHOL BEVERAGE BOARD OF ST. MARY'S COUNTY
P. O. BOX 653
41650 TUDOR HALL RD., LEONARDTOWN, MD 20650
(301) 475-7844 EXT. 1600 – FAX (301) 475-3364

CORPORATE OFFICER DELETION

PAPERWORK DEADLINE:

BOARD MEETING:

Application is hereby made for a corporate officer **removal** only. **Please fill out one application for every officer removal you have.**

Application must be accompanied by a **copy of the minutes** of the meeting in which the outgoing officer was removed.

We, the undersigned duly elected officers of the

(Corporation Name)

(Trade Name)

desire to remove the outgoing corporate officer on the license and we certify to the Board the following facts.

1. Name, address of former officer and office held

Name: _____

Address: _____

Office Held: _____

2. The current officers of the corporation are:

President Name: _____

Address _____

Phone (301) _____ % of Stock _____

Vice-President Name: _____

Address _____

Phone (301)_____ % of Stock _____

Secretary Name _____

Address _____

Phone (301)_____ % of Stock _____

Treasurer Name _____

Address _____

Phone (301)_____ % of Stock _____

3. The former officer, _____, was/was not the Resident Agent of the Corporation.

4. We, the undersigned officers of the corporation affirm that not more than 50% of the stock in the corporation has been transferred since the original or most recent renewal application was filed.

IN WITNESS WHEREOF, we have affixed our signatures to the Application this _____ day of _____, _____.

Name and Title

Name and Title

Name and Title

Name and Title

STATE OF MARYLAND, COUNTY OF _____ SS:

THIS CERTIFIES that on the _____ day of _____, 20__,
Before the subscriber, a Notary Public of the State of Maryland, personally appeared

The applicant(s) named in the foregoing application, and made oath in due form of law that the statements therein are true to the best of (his/her/their) knowledge and belief.

WITNESS my hand and official seal.

Notary Public
My Commission Expires _____

STATEMENT OF FORMER OFFICER

The undersigned acknowledges that he/she resigned his (her) position as

_____ of _____
(Title) (Corporation)

Trading as: _____

On _____, _____.

(Former Officer)

STATE OF MARYLAND, COUNTY OF _____, to wit:

I HEREBY CERTIFY THAT ON THE ____ DAY OF _____, _____

personally appeared _____

and made oath that he (she) has personal knowledge of the above statements and that they are true and correct.

WITNESS my hand and official seal.

NOTARY PUBLIC

My Commission Expires: _____