

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

LLC AUTHORIZED PERSON SUBSTITUTION

PAPERWORK DEADLINE: _____

This application must be completed and filed with the Alcohol Beverage Board when requesting the substitution of an LLC authorized person. **Please fill out one application for every substitution you have.**

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

A criminal background check is necessary for an incoming authorized person. The incoming authorized person must make an appointment with this office to receive a LiveScan form and instruction on obtaining a background check.

LLC AUTHORIZED PERSON SUBSTITUTION

We, the undersigned duly elected members of the _____
(LLC Name)
t/a _____ desire to substitute a newly elected
(Trade Name)
authorized person on the license in the place of _____ and we
(Out going authorized person)
certify to the Board the following facts.

1. Name and address of former authorized person:

% of Membership _____

2. On _____ the following person was elected to fill the vacancy resulting from the resignation of said former authorized person:

Name and address of elected authorized person:

Phone (301) _____ % of Membership _____

3. The current members of the LLC are:

Member Name: _____

Address _____

Phone (301) _____ % of Membership _____

Member Name: _____

Address _____

Phone (301) _____ % of Membership _____

Member Name _____

Address _____

Phone (301) _____ % of Member _____

4. The incoming authorized person owns _____% of the interest in the LLC.
5. The incoming authorized person has resided in St. Mary's County for _____ years next preceding the filing of this application. (Answer only if a resident of St. Mary's County).
6. The former authorized person, _____, was/was not the Resident Agent of the LLC.

7. We, the under signed members of the LLC. affirm that not more than 50% of the membership 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

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 AUTHORIZED PERSON

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

_____ of _____
(Title) (LLC)

Trading as: _____

On _____, _____.

(Former Authorized person)

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: _____

TO BE ANSWERED BY INCOMING AUTHORIZED PERSON

NAME: _____

ADDRESS: _____

DATE OF BIRTH _____ Place of Birth _____

SOCIAL SECURITY # _____

1. State whether or not you have now, or have ever had an interest, either direct or indirect, in any place of business in St. Mary's County, Maryland for which an alcohol beverage license has been issued. If yes specify trade name and location. Yes ___ No ___
2. State whether or not you have ever been convicted of a felony, violation of the alcoholic beverage or gambling laws of the State of Maryland or of the U.S. If so, specify: Yes ___ No___
3. State whether the applicant has had a license for the sale of alcoholic beverages denied, suspended, or revoked in any jurisdiction: If so, specify the jurisdiction: Yes___ No___
4. Have you ever held a license for the sale of alcoholic beverages and, if so, in what State and what location? Yes___ No___
5. Do you have a pecuniary interest in the business to be conducted under this license? Yes___ No___

Signature of Incoming Authorized Person: _____

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: _____

***** Office Use Only *****

Background Check:

Photo ID	Paid	Check #	Mailed On	Results