

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

NON-PROFIT CLUB OFFICER SUBSTITUTION

PAPERWORK DEADLINE: _____ (contact ABB Office for deadline)

This application must be completed and filed with the Alcohol Beverage Board when requesting the substitution of a non-profit club officer. **Please fill out one application for every officer substitution you have.**

Application must be accompanied by a **copy of the minutes** of the meeting in which the outgoing officer was removed and the incoming officer was voted in. If done in multiple meetings, then please attach minutes for all pertinent meetings.

A criminal background check is necessary for an incoming non-profit club officer. Incoming officers must make an appointment with this office for a Live Scan form. They must have a government issued photo ID. They will then be given instructions on where to get fingerprinting done. **DO NOT get prints done prior to receiving a Live Scan form from this office.**

NON-PROFIT CLUB OFFICER SUBSTITUTION

We, the undersigned duly elected officers of the _____
(Non-Profit Club Name)

t/a _____ desire to substitute a newly elected
(Trade Name)

Corporate Officer on the license in the place of _____ and we
(Out going officer)

certify to the Board the following facts:

1. Name and address of former officer: _____

He (she) held the office of _____ of said non-profit club.

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

Name and address of elected officer: _____

Phone (____) _____ Office to which elected: _____

3. The current officers of the non-profit club are:

President Name: _____

Address _____

Phone (____) _____

Vice-President Name: _____

Address _____

Phone (____) _____

Secretary Name _____

Address _____

Phone (____) _____

Treasurer Name _____

Address _____

Phone (____) _____

- 4. The incoming non-profit club officer has resided in St. Maryø County for _____ years next preceding the filing of this application. (Answer only if a resident of St. Maryø County).
- 5. The former officer, _____, was/was not the Resident Agent of the non-profit club.

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

President

Vice President

Secretary

Treasurer

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 their knowledge and belief.

WITNESS my hand and official seal.

Notary Public
My Commission Expires _____

STATEMENT OF FORMER OFFICER

The undersigned acknowledges that they resigned their position as:

_____ of _____,
(Title) (Corporation)

trading as: _____

on _____, ____.

(Former Officer Print Name) (Former Officer Signature)

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 CORPORATE OFFICER

Name _____ Title _____

Current Residence Address _____

Current Mailing Address (if different than above) _____

How long have you resided at the above address? _____ Telephone Number _____ Age _____

Date of Birth _____ Place of Birth _____ Sex _____ Social Security Number _____

U.S. Citizen _____
 Yes or No If Naturalized, state when & where Period of MD State Residence Period of St. Mary's County Residence

Taxpayer of St. Mary's County _____ Registered Voter of _____
 Yes or No St. Mary's County Yes or No Date of Registration

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. State whether you have ever held a license for the sale of alcoholic beverages in the U.S. If yes specify trade name and location. Yes ___ No ___
5. Do you have a pecuniary interest in the business to be conducted under this license? Yes ___ No ___

Signature of Incoming 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: _____

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

Background Check:

Photo ID	LiveScan Issued on:	Results
----------	---------------------	---------

--	--	--