

THE ALCOHOL BEVERAGE BOARD OF ST. MARY'S COUNTY
P. O. BOX 653
41650 TUDOR HALL RD., LEONARDTOWN, MD 20650
(301) 475-4200 EXT. *1600 – FAX (301) 475-3364

CORPORATE OFFICER SUBSTITUTION

PAPERWORK DEADLINE: _____ **BOARD MEETING:** _____

Application is hereby made for a corporate officer **substitution** only. **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 & incoming officer was added.

A criminal background check is necessary for an incoming corporate officer. Incoming officer must bring a government issued photo ID to this office & receive a LiveScan form & info on where to go for fingerprinting.

CORPORATE OFFICER SUBSTITUTION

We, the undersigned duly elected officers of the

_____ t/a _____
(Corporation Name) (Trade Name)

desire to substitute a newly elected corporate officer on the license in the place of

_____ and we certify to the Board the following facts.
(Out going officer)

1. Name, address of former officer and office held

Name: _____

Address: _____

Office Held: _____

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

Name: _____

Address: _____

Phone _____ % of Stock _____

3. The current officers of the corporation are (include newly elected officer if applicable):

President Name: _____

Address _____

Phone _____ % of Stock _____

Vice-President Name: _____

Address _____

Phone _____ % of Stock _____

Secretary Name _____

Address _____

Phone _____ % of Stock _____

Treasurer Name _____

Address _____

Phone _____ % of Stock _____

- 4. **The incoming corporate officer 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).
- 5. **The former officer,** _____, was/was not the Resident Agent of the Corporation.
- 6. **We, the under signed 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 _____

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

1. State whether you have had a prior license for the sale of alcoholic beverages in any state. If answer is "yes", furnish date, location and kind of license: Yes ___ No ___

2. State whether you have had a license for the sale of alcoholic beverages denied, suspended, or revoked in any jurisdiction: If "yes", specify the jurisdiction: Yes ___ No ___

3. State whether or not you have ever been convicted of a felony: If "yes", state the crime, the date of conviction, and the address of the Court: Yes ___ No ___

4. State whether you has 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 or have ever been adjudged guilty of any offense against the laws of the United States. If "yes", state the crime, the date of conviction, and the address of the Court: Yes ___ No ___

5. State whether you are financially interested in any other place of business in the county where, or for which, a license has been applied for, granted or issued under the Alcoholic Beverages Article. If "yes", furnish details: Yes ___ No ___

6. State whether you will have a pecuniary interest in the business conducted under which this license is issued for: Yes ___ No ___
7. State whether you affirm that you will conform to all laws and regulations applicable to the business in which this license is issued for: Yes___ No___
8. State whether you affirm that you will keep current all state and local tax obligations, including, but not limited to, State Sales and Use Tax, Withholding Tax, and Admissions Tax: Yes ___ No ___

I HEREBY CERTIFY, and affirm that all matters and facts contained in this application are true and correct to the best of my/our knowledge and belief.

Signature of Incoming Officer

Print Name

STATE OF MARYLAND, COUNTY OF _____ SS:

I HEREBY CERTIFY that on the _____ day of _____, 20____, before me, the subscriber, a Notary Public of the State of Maryland, personally appeared _____ and made oath in due form of the law that the statements therein are true and correct to the best of his/her/their knowledge and belief

WITNESS my hand and official seal.

Notary Public

My Commission Expires:_____

***** Office Use Only *****
Background Check:

Photo ID	LiveScan Issued on:	Results

STATEMENT OF FORMER OFFICER

The undersigned acknowledges that they have resigned their position as

_____ of _____
(Office Held) (Corporation)

t/a _____ on _____, _____.

(Former Officer Signature)

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

_____ and made oath that they have personal knowledge of the above statements and that they are true and correct.

WITNESS my hand and official seal.

Notary Public
My Commission Expires _____

**APPROVED BY THE ALCOHOL BEVERAGE BOARD
OF ST. MARY'S COUNTY:**

DATE: _____

SIGNATURE: _____

TITLE: _____