

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

**LIMITED LIABILITY COMPANY AUTHORIZED
PERSON/MEMBER SUBSTITUTION**

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

Application is hereby made for an authorized person/member **substitution** only.
Please fill out one application for every authorized person/member substitution you have. Application must be accompanied by a **copy of the minutes** of the meeting in which the outgoing authorized person/member was removed & incoming 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.

LLC AUTHORIZED PERSON/MEMBER SUBSTITUTION

We, the undersigned members of the

_____ t/a _____
(Limited Liability Company Name) (Trade Name)

desire to substitute a newly elected authorized person/member on the license in the place of

_____ and we certify to the Board the following facts.
(Out going authorized person/member)

1. Name and address of former: authorized person member

Name: _____

Address: _____

% of Membership: _____

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

Name: _____

Address: _____

Phone _____ % of Membership _____

3. The current authorized persons/members of the LLC are (include newly elected authorized person/member if applicable):

Member Name: _____

Address _____

Phone _____ % of Membership _____

Member Name: _____

Address _____

Phone _____ % of Membership _____

Member Name _____

Address _____

Phone _____ % of Membership _____

4. **The incoming authorized person/member owns _____% of the interest** in the LLC.
5. **The incoming authorized person/member 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/member, _____, was/was not** the Resident Agent of the LLC.
7. **We, the undersigned 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 _____

TO BE ANSWERED BY INCOMING AUTHORIZED PERSON/MEMBER

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 Class 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 have 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 Authorized Person/Member

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 AUTHORIZED PERSON/MEMBER

The undersigned acknowledges that they have resigned their position as

_____ of _____
(Title) (Limited Liability Company)

t/a _____ on _____, _____.

(Former Authorized Person/Member)

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 ON:**

DATE: _____
SIGNATURE: _____
TITLE: _____