

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

**NON-PROFIT CLUB OFFICER SUBSTITUTION**

**PAPERWORK DEADLINE:** \_\_\_\_\_ (contact ABB Office for deadline)

**INSTRUCTION:**

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.**

Date: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Approved by the Alcohol Beverage Board of St. Mary's County on: _____
Signature: _____
Title: _____

**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: \_\_\_\_\_  
\_\_\_\_\_

They 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. 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 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 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: \_\_\_\_\_

**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 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 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: \_\_\_\_\_

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

Background Check:

Photo ID	LiveScan Issued on:	Results