



LIQUOR CONTROL BOARD FOR HARFORD COUNTY, MD  
16 North Main Street, Bel Air, MD 21014  
410-638-3028 / 410-638-4970 (Fax)  
[www.hclcb.org](http://www.hclcb.org)



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## SUPPLEMENTAL APPLICATION CHECKLIST

(Class C1 – C2 – C3 Licenses)

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Holders of a Class C1, Class C2, or Class C3 “Club” License **must file a Supplemental Application** whenever there is a **change in the officers** of the club or organization, whether through club elections or other means. Said application must be filed at the time of the change.

### REQUIRED DOCUMENTS

- Supplemental Application:** Must be completed by any and all Licensees remaining on the license as well as the New Applicant. All questions must be answered by all Applicants, and all Applicants’ signatures must be properly notarized.
- Minutes Showing Election of Club Officers:** Minutes showing the election of the officers named on the Application must be provided.
- Consent for Records Check:** Must be completed by the New Applicant; as well as any and all remaining license holders.
- Live Scan Application:** New Applicant must be fingerprinted via Live Scan. Pre-registration applications must be obtained from the Board office after the Supplemental Application has been submitted and processed by Board Staff. All fees due for live scan services are paid directly to the live scan operator.
- Copy of Driver’s License:** Each applicant must submit a copy of his/her current Maryland driver’s license.
- Affidavit of Responsibility:** Must be completed by the designated Responsible Operator. For club licenses, this may or may not be a License Holder.

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IF YOU HAVE ANY QUESTIONS,  
CONTACT THE BOARD OFFICE AT 410-638-3028



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DATE RECEIVED
Class C1 – C2 – C3 Licenses

## SUPPLEMENT TO THE APPLICATION NOW ON FILE FOR THE CURRENT LICENSE YEAR

This Application may be used by the holders of Class C1, C2, and C3 Licenses to add or remove club officers only. Application is made by the undersigned for an alcoholic beverage license under the provisions of Alcoholic Beverages (AB) Article of the Annotated Code of Maryland and each applicant submits and certifies to the following information required under said Article.

**PLEASE ANSWER FULLY & TYPE OR PRINT NEATLY**

**(1) (a) Nature of Application:**  
 Substitution of Officers       Add Additional Licensee  
 Remove a Licensee

**(b) Entity on whose behalf Application is made:**  
 Corporation       Limited Liability Company  
 Partnership       Individual  
 Responsible Operator: \_\_\_\_\_

**(2) Class of License Held:**     C1-BWL-On Sale Only     C2-BWL-On Sale Only     C3-BWL-On Sale Only     6-Day     7-Day

**(3) Name of Entity referenced above (See (1-b)):** \_\_\_\_\_

**(4) Trade Name of Business:** \_\_\_\_\_

**(5) Address of Licensed Premises:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Election District)

**(6) (a) Business Telephone No:** \_\_\_\_\_ **(b) Business Email:** \_\_\_\_\_

**(7) MD Sales Tax No:**

**(8) Hours/Days Business is Open:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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**(9) When are Club Elections held?** \_\_\_\_\_

**(10) (a) Are you represented by an attorney?**     Yes     No

**(b) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**Phone No:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**(11) APPLICANTS: Must be completed by each Applicant.**

**(a)** \_\_\_\_\_ (First Name / Middle Initial / Last Name) \_\_\_\_\_ (Elected Office Held)

\_\_\_\_\_ (Home Address / City / State / Zip) \_\_\_\_\_ (County) \_\_\_\_\_ (Length of Time at this Address)

\_\_\_\_\_ (Email Address) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Cell Phone)

Citizenship: \_\_\_\_\_ (Country) If Naturalized U.S. Citizen, when & where: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Year)

Age: \_\_\_\_\_ Sex:  M  F Are you the designated Responsible Operator?  Yes  No

**(b)** \_\_\_\_\_ (First Name / Middle Initial / Last Name) \_\_\_\_\_ (Elected Office Held)

\_\_\_\_\_ (Home Address / City / State / Zip) \_\_\_\_\_ (County) \_\_\_\_\_ (Length of Time at this Address)

\_\_\_\_\_ (Email Address) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Cell Phone)

Citizenship: \_\_\_\_\_ (Country) If Naturalized U.S. Citizen, when & where: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Year)

Age: \_\_\_\_\_ Sex:  M  F Are you the designated Responsible Operator?  Yes  No

**(c)** \_\_\_\_\_ (First Name / Middle Initial / Last Name) \_\_\_\_\_ (Elected Office Held)

\_\_\_\_\_ (Home Address / City / State / Zip) \_\_\_\_\_ (County) \_\_\_\_\_ (Length of Time at this Address)

\_\_\_\_\_ (Email Address) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Cell Phone)

Citizenship: \_\_\_\_\_ (Country) If Naturalized U.S. Citizen, when & where: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Year)

Age: \_\_\_\_\_ Sex:  M  F Are you the designated Responsible Operator?  Yes  No

**(d)** \_\_\_\_\_ (First Name / Middle Initial / Last Name) \_\_\_\_\_ (Elected Office Held)

\_\_\_\_\_ (Home Address / City / State / Zip) \_\_\_\_\_ (County) \_\_\_\_\_ (Length of Time at this Address)

\_\_\_\_\_ (Email Address) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Cell Phone)

Citizenship: \_\_\_\_\_ (Country) If Naturalized U.S. Citizen, when & where: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Year)

Age: \_\_\_\_\_ Sex:  M  F Are you the designated Responsible Operator?  Yes  No

**(12) APPLICANT QUESTIONNAIRE: (Must be completed by each applicant (a), (b), (c), and (d) as referenced in Question 11)**

(Attach additional sheets, if needed)

- (a)** Have you ever been convicted of a felony?
- (b)** Have you ever been adjudged guilty of violating alcoholic beverage laws?
- (c)** Have you ever been adjudged guilty of violating gambling laws?
- (d)** Have you ever been adjudged guilty of any offense against U.S. laws?
- (e)** Have you ever held a license for the sale of alcoholic beverages?

<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, state when & where: \_\_\_\_\_

If so, has any such license been suspended or revoked? \_\_\_\_\_

- (f)** Have you ever applied for an alcoholic beverage license in Harford County?

<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, state when & where: \_\_\_\_\_

If so, has any such license been suspended or revoked? \_\_\_\_\_

- (g)** What financial interest do you have in the business conducted under this license?

<b>(a)</b> %	<b>(b)</b> %	<b>(c)</b> %	<b>(d)</b> %
<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

- (h)** Are you financially interested in any other alcoholic beverage business for which a license has been applied for, granted or issued?

\_\_\_\_\_  
 (Business Name) (County) %  
 (Percentage Owned)

- (i)** Is your spouse, or any other family member or relative, a licensee or have financial interest in any other licensed alcoholic beverage business?

<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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\_\_\_\_\_  
 (Name of Individual) (Relationship to Applicant)

\_\_\_\_\_  
 (Business Name) (County) %  
 (Percentage Owned)

- (j)** Is there now, or will there ever be, any other person or business entity financially interested in said license, or in the business to be conducted thereunder?

<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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\_\_\_\_\_  
 (Name of Individual/Entity) %  
 (Percentage Owned)

- (k)** Does any manufacturer, brewer, distiller or wholesaler have any financial interest in the premises or the business to be conducted thereunder?

<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Will any such interest hereafter be conveyed or granted to the above?

- (l)** Do you now have, or will hereafter have, any indebtedness, directly or indirectly, to any manufacturer, brewer, distiller, or wholesaler, other than for purchase of alcoholic beverages?

<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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- (m)** If granted a license, will you conform to all laws and regulations relating to the business in which you propose to engage?

<b>(a)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(b)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(c)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**(13) OWNER OF PROPERTY INFORMATION:**

(a) Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address / City / State / Zip)

Contact Information: \_\_\_\_\_  
(Phone Number) (Email)

(b) If premises are leased, state the following:

(1) Date lease was made: \_\_\_\_\_ Date lease expires: \_\_\_\_\_

(2) Renewal options, if any: \_\_\_\_\_

**(13) SIGNATURE (S) OF APPLICANTS:**

I/We hereby authorize the Comptroller, his duly authorized Deputies, Inspectors and Clerks, the Liquor Control Board for Harford County, its duly authorized Agents and Employees, any Peace Officer of Harford County, to inspect, without warrant, the premises upon which said business is to be conducted, at any and all hours.  **AGREE**

**Extract from AB § 6-330 of the Annotated Code of MD:** "A person may not make a false statement when taking an oath or in any of the following documents required under this article: (1) a signed statement; (2) a report; or (3) an affidavit. A person who violates this section is guilty of the misdemeanor of perjury and on conviction is subject to the penalty stated under § 9-101 of the Criminal Law Article."

I do solemnly declare and affirm under the penalties of perjury that the content of the foregoing document is true and correct to the best of my knowledge, information, and belief.  **AGREE**

ALL APPLICANTS MUST SIGN **IN THE PRESENCE OF A NOTARY** UNDER SECTIONS (a), (b), (c), OR (d) BELOW.  
The (a), (b), (c), and (d) signatures must correspond to the person(s) listed on number 11.

(a) \_\_\_\_\_  
(Signature of Applicant)

(b) \_\_\_\_\_  
(Signature of Applicant)

(c) \_\_\_\_\_  
(Signature of Applicant)

(d) \_\_\_\_\_  
(Signature of Applicant)

State of \_\_\_\_\_ County of \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me, a notary public of the State of \_\_\_\_\_, in and for \_\_\_\_\_ County, personally appeared: (a) \_\_\_\_\_, (b) \_\_\_\_\_,

(c) \_\_\_\_\_, and (d) \_\_\_\_\_,

the **above-named** in this Application, and made oath in due form of law that the matters and facts contained in said application are true and correct.

Witness my hand and official seal:

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_

SEAL



## CONSENT FOR RECORDS CHECK

(a) Name of Applicant: \_\_\_\_\_

(b) Current Resident Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_ (City / State / Zip)

(c) Date of Birth: \_\_\_\_\_ (d) Social Security No.: \_\_\_\_\_

(e) Gender:  Male  Female (f) Height \_\_\_\_\_ Ft. \_\_\_\_\_ In. (g) Weight: \_\_\_\_\_ lbs.

(h) Hair Color: \_\_\_\_\_ (i) Eye Color: \_\_\_\_\_

(j) Race:  Black  White  Asian / Pacific Islander  Native American  Other

(k) Driver's License State: \_\_\_\_\_ (l) Driver's License No.: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

This affidavit will serve to inform you that the above-referenced individual has made application to the Harford County Liquor Control Board for an Alcoholic Beverage License.

The Harford County Liquor Control Board is responsible for investigating all applicants and making a report on matters relating to criminal and traffic arrests, convictions, judgments, and similar dispositions which do not result in a publicly available record. Accordingly, you are hereby requested and authorized to disclose to the Liquor Control Board, its officers and employees, all information which is available to you relating to criminal and traffic arrests, convictions, and judgments involving said individual, and to otherwise cooperate with the Board and its investigation.

\_\_\_\_\_  
**Signature of Applicant**

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn to (or affirmed) on the \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_,

before me, a notary public of the aforesaid State and County, by: \_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
 Signature of Notary Public

My Commission Expires: \_\_\_\_\_

SEAL



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## AFFIDAVIT OF RESPONSIBILITY AS THE RESPONSIBLE OPERATOR APPLICANT

DATE: \_\_\_\_\_

CORPORATE / L.L.C. NAME: \_\_\_\_\_

T/A: \_\_\_\_\_

I, \_\_\_\_\_, certify that I will serve as the **Responsible Operator** for the above-named establishment. As such, I do hereby swear and confirm my understanding that as stated in the Alcoholic Beverages (AB) Article of the Annotated Code of Maryland and the Rules & Regulations of the Harford County Liquor Control Board, I am required to:

- (1) **Own a real, provable pecuniary interest in the business** to be licensed. For a Restaurant License, the minimum requirement is 10 percent. In the case of a Class A or A-1 Off Sale Only License, the minimum requirement is 25 percent.
- (2) **Be present on the licensed premises a substantial amount of time on a DAILY basis, serving as Manager or Supervisor.** This has been interpreted by the Board to constitute **a minimum of 30 hours** per week.
- (3) **Notify the Harford County Liquor Control Board in writing of any change in the status** of the Responsible Operator.

\_\_\_\_\_  
 Signature of Responsible Operator Applicant

\_\_\_\_\_  
 Signature of Notary Public

My Commissioner Expires: \_\_\_\_\_