

Richard C. Bittner
CHAIRMAN

Melvin Hyatt
COMMISSIONER

John G. Warner
COMMISSIONER



94 FRANKLIN STREET
ANNAPOLIS, MD 21401

(410) 222-1148
FAX (410) 222-310

**BOARD OF LICENSE COMMISSIONERS
FOR ANNE ARUNDEL COUNTY**

ONE-DAY LICENSE APPLICATIONS

1. ALL ONE DAY LICENSE APPLICATIONS MUST BE TYPED OR PRINTED IN INK.
2. ALL ONE DAY LICENSES MUST BE ISSUED TO **THREE (3) PEOPLE** BELONGING TO THE NON-PROFIT ORGANIZATION, CLUB, SOCIETY OR ASSOCIATION (NO EXCEPTIONS) AND MUST CONTAIN THE FOLLOWING INFORMATION - a) HOURS OF FUNCTION, b) APPROXIMATE NUMBER OF GUEST ATTENDING THE FUNCTION, c) PHONE NUMBERS ON THE THREE (3) PEOPLE WHO SIGN THE APPLICATION, d) **COMPLETE ADDRESSES ON THE THREE (3) APPLICANTS (ZIP CODES, ETC.)**, e) IF THERE IS TO BE ANY KIND OF ENTERTAINMENT AT THE FUNCTION, YOU MUST STATE WHAT TYPE AND THEIR NAME AND IF THIS IS THE FIRST TIME APPLYING YOU **MUST SUPPLY** THIS OFFICE WITH: ORGANIZATIONS: COPY OF THE BY-LAWS, WEDDING INVITATION, TICKETS, ETC. PERTAINING TO THE EVENT.
3. ALL ONE DAY LICENSE APPLICATIONS **MUST BE NOTARIZED** ON THE FRONT, SIGNED BY THE PROPERTY OWNER AND WITNESSED ON THE BACK OF THE FORM.
4. ALL ONE DAY LICENSE APPLICATIONS MUST BE BROUGHT INTO THE OFFICE OF THE BOARD OF LICENSE COMMISSIONERS, 94 FRANKLIN STREET, ANNAPOLIS, MARYLAND, FOR PROCESSING AT LEAST **ONE (1) WEEK IN ADVANCE** OF THE EVENT. OUR HOURS FOR PROCESSING APPLICATIONS ARE BETWEEN 9:00 A.M. AND 3:00 P.M., MONDAY THROUGH FRIDAY.
5. ALL FEES MUST BE IN THE FORM OF A CHECK OR MONEY ORDER, **NO CASH WILL BE ACCEPTED!!!** THE FEES ARE AS FOLLOWS: CLASS C (BEER, WINE) IS \$10.00 AND CLASS C (BEER, WINE, LIQUOR) IS \$25.00, made payable to: **A.A.Co. Liquor Board.**

State of Maryland County of Anne Arundel

Application for Special One Day _____ License (Class) (Date To Be Used)

Name of Club, Society or Association _____

Address of Licensed Premises _____

Describe Premises _____

State and give names, titles, phone numbers, date of birth and residences of at least three members/officers of club, society or association:

a. _____
(Name) (Title) (Phone Number) (Date of Birth) (Residence)

b. _____
(Name) (Title) (Phone Number) (Date of Birth) (Residence)

c. _____
(Name) (Title) (Phone Number) (Date of Birth) (Residence)

a. _____
(Signature of Applicant)

b. _____
(Signature of Applicant)

c. _____
(Signature of Applicant)

STATE OF MARYLAND, COUNTY OF _____ SS:

THIS CERTIFIES, That on the _____ day of _____, _____, before the subscriber, a Notary Public of the State of Maryland, personally appeared the applicants named above in this application, and made oath in due form of law that the information therein is true.

WITNESS MY HAND AND OFFICIAL SEAL:

(SEAL)

(Notary Public)

EXTRACT FROM SECTION 16-501 OF ARTICLE 2B OF THE LAW: If any signed statement, report, affidavit or oath, required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties provided by law for that crime.

STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH ALCOHOLIC BEVERAGE LAW OF MARYLAND:

(I, WE) HEREBY CERTIFY, That (I am, we are) the owner(s) of property known as _____ named in the

afore-going application made by _____ to the Board of License Commissioners of Anne Arundel County under the Alcoholic Beverages Law of Maryland: That (I, we) assent to the granting of the license applied for, and that (I, we) hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Anne Arundel County, its duly authorized agents and employees, and any peace officer of said county to inspect and search without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

WITNESS (our, my) hand(s) and seal(s) this _____ day of _____,

WITNESS:

(Owner) _____

(Residence) _____

(Owner) _____

(Residence) _____

State of Maryland County of Anne Arundel

Application for Special One Day _____ License (Class) (Date To Be Used)

Name of Club, Society or Association Cape St. Claire Improvement
Association

Address of Licensed Premises 1225 RIVER BAY ROAD ANNAPOLIS MD 21404

Describe Premises BRICK BUILDING

State and give names, titles, phone numbers, date of birth and residences of at least three members/officers of club, society or association:

- | | | | | | |
|----|--------------|---------|----------------|-----------------|-------------|
| a. | <u>Guest</u> | _____ | _____ | _____ | _____ |
| | (Name) | (Title) | (Phone Number) | (Date of Birth) | (Residence) |
| b. | <u>Guest</u> | _____ | _____ | _____ | _____ |
| | (Name) | (Title) | (Phone Number) | (Date of Birth) | (Residence) |
| c. | <u>Guest</u> | _____ | _____ | _____ | _____ |
| | (Name) | (Title) | (Phone Number) | (Date of Birth) | (Residence) |

SAME ↙ ↘

- a. _____
(Signature of Applicant)
- b. _____
(Signature of Applicant)
- c. _____
(Signature of Applicant)

STATE OF MARYLAND, COUNTY OF AA ss:

THIS CERTIFIES, That on the _____ day of _____, before the subscriber, a Notary Public of the State of Maryland, personally appeared the applicants named above in this application, and made oath in due form of law that the information therein is true.

WITNESS MY HAND AND OFFICIAL SEAL:

(SEAL)

(Notary Public)

EXTRACT FROM SECTION 16-501 OF ARTICLE 2B OF THE LAW: If any signed statement, report, affidavit or oath, required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties provided by law for that crime.

STATEMENT OF OWNER OF PREMISES REQUIRED IN CONNECTION WITH ALCOHOLIC BEVERAGE LAW OF MARYLAND:

(I, WE) HEREBY CERTIFY, That (I am, we are) the owner(s) of property known as Cape St Claire Clubhouse named in the

afore-going application made by APPLICANT NAME to the Board of License Commissioners of Anne Arundel County under the Alcoholic Beverages Law of Maryland: That (I, we) assent to the granting of the license applied for, and that (I, we) hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Anne Arundel County, its duly authorized agents and employees, and any peace officer of said county to inspect and search without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

CAPE SEAL

WITNESS (our, my) hand(s) and seal(s) this _____ day of _____

WITNESS:

(Owner) ELAINE RAYBART OFFICE WARRIOR

(Residence) 941 Chestnut Tree Drive
HARRISVILLE, MD 21049

(Owner) _____

(Residence) _____