

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

**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.  
(Outgoing 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 undersigned 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 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 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:** \_\_\_\_\_