The Alcohol Beverage Board of St. Mary's County P. O. Box 653 41650 Tudor Hall Drive, Leonardtown, MD 20650 (301) 475-4200 EXT. 1600

REQUEST FOR:

(check one)

| ☐ EXTENSION OF PREMISE ☐ OUTDOOR SERVING COUNTER |
|---|
| Return this form no later than 10:00 am on Licensee(s) must attend Board Meeting at 1:00 pm on |
| This application must be completed and filed with the Alcoholic Beverages Board when requesting a change in the service area and/or the addition of a serving counter of a licensed establishment. The application must be signed by <u>all licensees</u> . All other County and State agency requirements regarding this request are the responsibility of the licensee(s) and will affect the decision of this Board. |
| For an approval of a permanent change the current license must be brought to the Alcohol Beverage Board Office within 10 days after the meeting. The new licensed area will be subject to the requirements of all the federal, state, and local laws and regulations, and violations of such can result in the revocation of the license. |
| Please answer the following questions (ink or type only). If you need more room, please attach a separate sheet of paper with your answer. |
| Trade Name_ |
| Corporate Name |
| Physical Address |
| 1. Is this request for a: □ permanent change OR □ temporary change |
| 2. If temporary, please give dates and times for use: |
| |
| 3. Please explain your reason for the request: |
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| 5 Total increase in agree for | ataga. |
| 5. Total increase in square io | ootage: |
| | ot plan of the proposed extension of premise and/or outdoor and drawn to scale to aid in the explanation of your request. |
| PLOT PLAN | N MUST NOT BE LARGER THAN 11" X 17" |
| <u> </u> | WIGHT NOT BE EAROEN THEN IT AT |
| IN WITNESS WHEREOF, Index of | |
| | Licensee: |
| | Licensee: |
| | Licensee: |
| | |
| | Licensee: |
| | Licensee: |
| oprovals: | Licensee: |
| ☐ LU & GM ☐ Health | Licensee: Licensee: For Office Use Only |
| ☐ LU & GM ☐ Health ☐ Fire Marshall | Licensee: Licensee: For Office Use Only Date: Board Decision: |
| ☐ LU & GM ☐ Health | Licensee: |
| ☐ LU & GM☐ Health☐ Fire Marshall | Licensee: Licensee: For Office Use Only Date: Board Decision: |
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