

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 – FAX (301) 475-3364

LIMITED LIABILITY COMPANY AUTHORIZED
PERSON/MEMBER DELETION

PAPERWORK DEADLINE: _____ **BOARD MEETING:** _____

Application is hereby made for an authorized person/member **removal** only. **Please fill out one application for every authorized person/member removal you have.**
Application must be accompanied by a **copy of the minutes** of the meeting in which the outgoing authorized person/member was removed.

We, the undersigned members of the

_____ t/a _____
(Limited Liability Company Name) (Trade Name)

desire to remove the outgoing authorized person/member on the license and we certify to the Board the following facts.

1. Name, address of former: authorized person member

Name: _____

Address: _____

% of Membership: _____

2. The current officers of the corporation are:

Member Name: _____

Address _____

Phone _____ % of Membership: _____

Member Name: _____

Address _____

Phone _____ % of Membership: _____

Member Name: _____

Address _____

Phone _____ % of Membership: _____

Member Name: _____

Address _____

Phone _____ % of Membership: _____

3. The former authorized person/member, _____,
was/was not the Resident Agent of the Limited Liability Company.

4. We, the undersigned members of the limited liability company affirm that not more than 50% of ownership interest in the limited liability company 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 their knowledge and belief.

WITNESS my hand and official seal.

Notary Public
My Commission Expires _____

STATEMENT OF FORMER AUTHORIZED PERSON/MEMBER

The undersigned acknowledges that they have resigned their position as

_____ of _____
(Title) (Limited Liability Company)

t/a _____ on _____, _____.

(Former Authorized Person/Member)

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 ON:**

DATE: _____
SIGNATURE: _____
TITLE: _____