



**PRINCE GEORGE'S COUNTY  
BOARD OF LICENSE COMMISSIONERS**  
9200 Basil Court  
Largo, Maryland 20774  
301-583-9980  
<http://bolc.mypgc.us>



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## **GENERAL INFORMATION**

Applications must be typed and fully completed. However, if a handwritten application is submitted, the Board of License Commissioners (BOLC) reserves the right to reject the application (e.g., illegible).

Applications must be accompanied by the appropriate affidavits and fees at the time of filing.

The filing date for a license application shall be at least sixty (60) days prior to being scheduled for a hearing.

Filing and Hearing Dates may be obtained by visiting our website at <http://bolc.mypgc.us> or by contacting our office.

### **CURRENT FILING FEE:**

All fees are to be paid by Certified Check, Cashier's Check or Money Order. Cash or personal checks will not be accepted.

New Application	\$700.00
Transfer of Ownership Application	\$500.00
Transfer of Location Application	\$500.00

### **PROOF OF LEGAL STATUS:**

Pursuant to Section 26-1407 of the Alcoholic Beverage Article of the Annotated Code of Maryland, applicants for an alcoholic beverage license shall provide proof of the applicant's legal status at the time of filing the application. In order to adhere to this requirement, the Board will accept one (1) the following documents:

1. United States Passport or United States Passport Card or
2. Naturalization Certificate or
3. Permanent Resident Card (Green Card)

**Or one (1) document from Column A and one (1) from Column B**

#### **Column A**

- Driver's License
- ID Card issued by federal, state, or local government
- US Military Card
- Military Dependent's ID Card

#### **Column B**

- Social Security Card
- Certificate of Birth Abroad
- Certificate of Birth issued by the Department of State
- Original or certified copy of birth certificate
- US Citizen ID Card
- Identification Card for Use of Resident

## **RESIDENCY REQUIREMENTS:**

### **A. SOLE OWNERS:**

1. Persons applying for an alcoholic beverage license as sole owners must be a resident of the State of Maryland at the time the application is filed and continue to be a resident as long as the license is in effect. Must be a registered voter of the State of Maryland.

### **B. PARTNERSHIPS:**

1. If an application is made by a partnership, the license shall be applied for and be issued to all partners as individuals, all of whom shall have resided in the State of Maryland at the time the application is filed and continue to be a resident as long as the license is in effect. Must be a registered voter of the State of Maryland.

### **C. CORPORATION:**

1. If a corporation or club makes an application, whether incorporated or unincorporated, the license shall be applied for by and be issued to three (3) of the officers of the corporation or club as individuals for the use of the corporation or club.
2. In the case of a corporation or club where there are less than three (3) authorized persons, each officer or directors of the corporation, shall make the application as provided in this section, at least one of whom shall reside in the State of Maryland at the time the application is filed and continue to be a resident as long as the license is in effect. Must be a registered voter of the State of Maryland.
3. The application shall also set forth the names and addresses of all of the officers of the corporation or club and shall be signed by the President or Vice President as well as by the three (3) officers to whom the license shall be issued. The application for every license shall disclose the name and address of the corporation, partnership or association as well as the names and addresses of the applicants.
4. Applicants for a new, renewed license or a transfer, must certify that at least one of the applicant's meets the above stated residency requirements. Additionally, the resident of the state, shall certify that he/she holds 25% of the outstanding stock of the corporation. All other applicants must certify that he/she holds at least one share of the outstanding stock of the corporation.
5. In the event there are no officers or directors of a closed corporation, at least one stockholder may make the application if there is an affirmative vote of the stockholder holding a majority of the stock.
6. The requirements of stock ownership and residency shall not apply in the case of a corporation whose sale of stock is authorized for sale by the Securities and Exchange Commission of the United States or who are otherwise exempted under 26-1406 of Alcoholic Beverages Article of the Annotated Code of Maryland.
7. The term "Applicant" for the purpose of this Rule and Regulation means a corporate officer who will be issued the license as an individual on behalf of the corporation.

### **D. LIMITED LIABILITY COMPANY (LLC):**

1. If an application is made by a limited liability company the license shall be issued to the member or authorized person for the use of the LLC.
2. An application for a license on behalf of a limited liability company (LLC) shall be made by and the license issued to three (3) authorized persons of the limited liability company, as individuals.
3. If a limited liability company has fewer than three (3) authorized persons, each officer, director, or authorized person shall apply for a license.
4. At least one of whom shall reside in the State of Maryland at the time the application is filed and continue to be a resident as long as the license is in effect. Must be a registered voter of the State of Maryland.

5. Applicants for a new, renewed license or a transfer, must certify that at least one of the applicant's meets the above stated residency requirements. Additionally, the resident of the state shall certify that he/she holds 25% of the outstanding stock of the LLC.

**PERSONAL INFORMATION SHEET:**

All applicants and stockholders are required to submit a Personal Information Sheet. The Personal Information Sheet may be submitted to the Board of License Commissioners individually by each applicant. Personal Information Sheets must be fully completed and submitted with the application prior to being scheduled for a hearing.

**CRIMINAL HISTORY RECORDS CHECKS:**

Applicants for an alcoholic beverage license are required to have a Criminal History Check. The BOLC must receive the results of the completed Criminal History Records prior to being scheduled for a hearing. The LiveScan Pre-Registration Application may be obtained from the BOLC's website and should be filed directly with the Department of Public Safety and Correctional Services Criminal Justice Information System - Central Repository along with the appropriate fee.

**INTERIOR DESIGN LAYOUT:**

Applications must be accompanied, at the time of filing, by an Interior Design Layout of the establishment. The interior design layout is to be a file size copy, 8.5 x 11. Specific details must be provided as to the square footage for on and off sale areas.

**DISTANCE RESTRICTIONS:**

Pursuant to Section 26-1604 of the Alcoholic Beverage Article of the Annotated Code of Maryland, no license shall be granted to sell alcoholic beverages within 1,000 feet of a school building or 500 feet of a place of worship.

**This section does not apply to:** a holder of a Class B (RT) beer, wine, and liquor license, a Class BH (hotel) license, a Class BLX license, a Class BCE license, a Class B-DD (development district) license, a Class B-TP (theme park) license, a Class B-AE (arts and entertainment) license, or a per diem (one day) license.

**PLEASE NOTE:**

The Board of License Commissioners has a limited number of certain classes of licenses to issue; therefore, an application for an alcoholic beverage license may not be considered prima facie evidence that the applicant(s) is/are entitled to a license. In accordance with the Annotated Code of Maryland Alcoholic Beverage Article Section 26-1601, the Board may not grant any additional licenses of any class that were not determined and posted as available for hearing.



**PRINCE GEORGE'S COUNTY  
BOARD OF LICENSE COMMISSIONERS  
9200 Basil Court, Suite 420  
Largo, Maryland 20774**



**RETAIL ALCOHOLIC BEVERAGE  
LICENSE APPLICATION**

**(MUST BE TYPED)**

Note: if a handwritten application is submitted, the BOLC reserves the right to reject the application (e.g., illegible)

**THIS APPLICATION IS FOR:**

New License	Fee: \$700.00	<input type="checkbox"/>
Transfer of Ownership	Fee: \$500.00	<input type="checkbox"/>
Transfer of Location	Fee: \$500.00	<input type="checkbox"/>

Payment: Payment must accompany application in the form of a Cashier's Check, Certified Check or Money Order payable to Prince George's County. **CASH WILL NOT BE ACCEPTED.**

**TYPE AND CLASS OF LICENSE**

<b>CLASS OF LICENSE</b>	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
<b>TYPE OF LICENSE</b>	<input type="checkbox"/> BEER	<input type="checkbox"/> BEER AND WINE	<input type="checkbox"/> BEER, WINE & LIQUOR	

Application is hereby made by the undersigned under the provision of Section 26-1401 of the Alcoholic Beverage Article of the Annotated Code of Maryland, for an alcoholic beverage license. The applicant(s) submit and certifies to the following as required.

**INFORMATION REGARDING THE APPLICANT(S)**

Name of Applicant	Title of Applicant	Home Address of Applicant	Telephone Number

**BUSINESS NAME AND ADDRESS**

Trade Name			
Corporation/LLC			
Address, City, Zip			
Telephone Number		Department ID #	

**OFFICIAL USE ONLY**

Attorney		Date Filed	
Address		Hearing Date	
Phone Number		Board Action	

Accepted:	Reviewed:	Issued:
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**DESCRIPTION OF PREMISES**

Describe the premises to be covered under the license. If only part of the building is desired as the premises, a definitive description must be given.

Is the building located within one thousand (1,000) feet of a school?

If yes, Explain

Is the building located within five hundred (500) feet of a Place of Worship?

If yes, Explain

Is the premises zoned for sale of alcoholic beverages?

If no, Explain

Is the building complete?

If "no," when will the building be complete?

**MODE OF OPERATION**

Describe the Mode of Operation

Is the business to be conducted under this license tied in any manner to a franchise agreement, chain store operation or supermarket?

If yes, explain

Seating Capacity

Is there a bar?

Will entertainment be presented to the public?

If yes, you must be approved for a Special Entertainment Permit or a Family Entertainment Permit, prior to providing or allowing entertainment on the licensed premises.

Does the licensed premises have a drive-through window?

Square footage on sale

Square footage off sale

**HOURS OF OPERATION**

	Opening Time	Closing Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

## APPLICANT(S) OFFICIAL DECLARATION

I/We the applicant(s) and/or stockholder(s) do hereby make oath that the statements made on this application are true and accurate. And further that I/we understand that fraudulent statements made on this application shall be considered perjury.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

**STATE OF MARYLAND** \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ and made oath of having personal knowledge of the above statement and that they are true and correct.

Witness my hand and official seal.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**STATE OF MARYLAND** \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ and made oath of having personal knowledge of the above statement and that they are true and correct.

Witness my hand and official seal.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

## STOCK OWNERSHIP AFFIDAVIT – For Corporations and Limited Liability Companies

We the officers of the Corporation or Members of a LLC, do hereby make oath that the below listed individual(s) is/are an officer/member of the Corporation/LLC for the purpose of obtaining this license, that they have a percentage of ownership interest in the business, that the stock/interest has been issued, is recorded in the books and records of the Corporation/LLC and represents a proportionate share of the total equity and assets and net worth of the corporation and that there exists no collateral agreements, promises, restrictions, or commitments, regarding the change of ownership of the stock or future endorsements, assignment, transfer, pledge or change of ownership of aforesaid stock.

LIST ALL OTHER CORPORATE OFFICERS/MEMBERS WHO  
ARE NOT APPLICANTS

Name \_\_\_\_\_ Percentage \_\_\_\_\_

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

Name \_\_\_\_\_ Percentage \_\_\_\_\_

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

Name \_\_\_\_\_ Percentage \_\_\_\_\_

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

**STATE OF MARYLAND** \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ and made oath of having personal knowledge of the above statement and that they are true and correct.

Witness my hand and official seal.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**STATE OF MARYLAND** \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ and made oath of having personal knowledge of the above statement and that they are true and correct.

Witness my hand and official seal.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**STATE OF MARYLAND** \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ and made oath of having personal knowledge of the above statement and that they are true and correct.

Witness my hand and official seal.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**TRANSFER OF LOCATION AND/OR ASSIGNMENT OF LICENSE**

Transfer of location and/or transfer of assignment from:

Has the Bulk Sales Permit been applied for from the Comptroller?

I, We \_\_\_\_\_ of t/a \_\_\_\_\_ do hereby make oath in due form of law that (I)(We) have fully complied with all provisions of law and all regulations during the time that the Class \_\_\_\_\_ license has been in effect, and that no indictments or complaints are pending against (me)(us) or any of (my)(our) employees in any court in the United States Federal or any State, or before the Board of License Commissioners, and that (I)(We) do hereby consent to the transfer of said license to: (Names of Transferee(s)).

\_\_\_\_\_  
Transferor(s)\_\_\_\_\_  
Transferor(s)\_\_\_\_\_  
Transferor(s)\_\_\_\_\_  
Transferor(s)**STATE OF MARYLAND** \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ and made oath of having personal knowledge of the above statement and that they are true and correct.

Witness my hand and official seal.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public**STATE OF MARYLAND** \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ and made oath of having personal knowledge of the above statement and that they are true and correct.

Witness my hand and official seal.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public**STATEMENT OF THE OWNER OF THE REAL PROPERTY**

STATEMENT OF OWNER OF THE REAL PROPERTY: As required by Section 4-109 of the Alcoholic Beverage Article of the Annotated Code of Maryland.

I (WE), HEREBY CERTIFY, That I am (we are) the owner(s) of the real property known as t/a \_\_\_\_\_ located at \_\_\_\_\_. I (We) hereby agree to the issuance of an alcoholic beverage license and further authorize the State Comptroller, its duly authorized deputies, inspectors and clerks, the Board of License Commissioners, its duly authorized agents and employees and any peace officers of Prince George's County to inspect and search, without warrant, the premises upon which the business is conducted, and any and all parts of the building in which said business is to be conducted at any and all hours.

Owner \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

THIS CERTIFIES, That on \_\_\_\_\_, \_\_\_\_\_, before the subscriber a Notary Public of the State of Maryland, personally appeared \_\_\_\_\_ and made oath in due form of law that the information herein is true.

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

\_\_\_\_\_  
Notary Public

# AFFIDAVIT – TO BE COMPLETED BY ALL LICENSEES/STOCKHOLDERS

Name		Gender		Date of Birth	
Address		Email		Place of Birth	
Are you a resident of the State of Maryland?		Are you a registered voter in the State of Maryland?		Telephone #	Cell Phone #
Citizenship Status			If naturalized citizen, date/place of naturalization		
Were stock certificates issued?		What percentage of ownership do you have in this business?		%	
If yes, how many shares?					
1. Do you have a financial interest in the business to be conducted under the license?		2. Do you understand that a person other than the licensee or stockholder cannot have a financial interest in the license or the business?			
3. Have you ever been convicted of a felony?		If Yes, explain			
4. Have you ever been found in violation of the laws or rules governing the sale, use or control of alcoholic beverages?		If Yes, explain			
5. Have you ever been found guilty of violating a State/Federal law?		If Yes, explain			
6. Have you ever been adjudged guilty of violating the laws for the prevention of gambling?		If Yes, explain			
7. Have you ever held a license for the sale of alcoholic beverages or been employed at an establishment that sold alcoholic beverages? If so, provide the name of the business, location, and position. <b>(excluding the current license)</b>		If Yes, explain			
7a. If so, was the business ever found in violation of the laws and rules concerning alcoholic beverages?		If Yes, explain			
8. Have you ever had a license for the sale of alcoholic beverages denied or revoked?		If Yes, explain			
9. Do you have a financial interest in another business that has an alcoholic beverage license?		If Yes, explain and include the name and location of the business.			
10. How many hours per week will you spend on the premises?		11. Have you read the Rules and Regulations?			
12. If the license is issued, will you conform to all laws and regulations relating to the business conducted under this license?					

The undersigned applicant hereby certifies that no manufacturer, brewer, distiller, or wholesaler, directly or indirectly, has any financial interest in the premises or business and that I will not hereafter convey or grant any interest, and that I have no indebtedness or other financial obligation, directly or indirectly, to any manufacturer, brewer, distiller, or wholesaler other than for the purchase of alcoholic beverages. **Section 6-630 of the Alcoholic Beverage Article of the Annotated Code of Maryland: If any signed statement, report, affidavit, or oath, required under any of the provisions of this Article, shall contain any false statements, the offender shall be deemed guilty of perjury and upon conviction thereof shall be subject to the penalties by law for that Crime.**

Signature: \_\_\_\_\_

STATE OF MARYLAND, COUNTY OF: \_\_\_\_\_

I hereby certify, that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before the subscriber, a Notary Public of the State of Maryland, personally appeared \_\_\_\_\_ and made oath of having personal knowledge of the above statement and that they are true and correct.

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

\_\_\_\_\_  
Notary Public

Revised December 2024





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BOARD OF LICENSE COMMISSIONERS**  
9200 Basil Court  
Largo, Maryland 20774  
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**PERSONAL INFORMATION SHEET**

**Pursuant to 26 – 1807 of the Alcoholic Beverage Article of the Annotated Code of Maryland, The Board is required to verify that all undisputed taxes are paid prior to receiving an Alcoholic Beverage License.**

To comply with the Annotated Code of Maryland, applicants and stockholders are required to complete and submit this form at the time of application to enable the Board to verify that all undisputed taxes are paid. Each applicant can independently submit this form in the method they choose (mail, email or in person); however, the application will not be considered complete or scheduled for a hearing date until this form has been received.

**t/a:** \_\_\_\_\_

**Corporation:** \_\_\_\_\_

**License Number:** \_\_\_\_\_  
(If Applicable)

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_

**Do You:**

☐ Own Your Home

☐ Rent Your Home

☐ Other \_\_\_\_\_

**SSN (xxx-xx-xxxx):** \_\_\_\_\_



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** (PLEASE TYPE OR PRINT CLEARLY)

Name:			
Date of birth:		SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check)
Height: ft. inches	Weight: lbs.	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check)			
Place of Birth:		Citizenship:	
Current address:			
City:		State:	ZIP Code: -
Daytime Phone:	Evening Phone:	Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: 9100002682	
ORI # (if required): MD 003105Y	Reason fingerprinted? Alcoholic Beverage License
Position Applied for: Licensee	
Request Type: (Choose one ONLY)  <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Childcare <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification (FULL) <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_