

NOTE: This application must be typewritten or legibly written and all questions answered. Strike-out inapplicable wording where appropriate and necessary. All signatures must be followed by typed names. Corporate names & seals must be used where necessary.

BOARD OF LICENSE COMMISSIONERS
Charles County, Maryland

ALCOHOLIC BEVERAGE LICENSE APPLICATION

Application is hereby made under the provision of the Alcoholic Beverages Article of the Annotated Code of Maryland, as amended for a New/Transfer of a Class _____, _____ alcoholic beverage license and the applicant(s) represent(s) to the Board of License Commissioners of Charles County, Maryland, as follows:

1. **PERSONAL INFORMATION:**

A. **NAME:** _____
ADDRESS: _____
PHONE No.: (Daytime) _____ (Evening) _____ (Premises) _____
SOCIAL SECURITY No.: _____ **DRIVERS LICENSE No.:** _____
DATE of BIRTH: _____ **AGE:** _____ **SEX:** _____
CITIZEN of the UNITED STATES? ___(Yes) ___(No) **PLACE OF BIRTH:** _____
NATURALIZED CITIZEN OF UNITED STATES? If YES give Place & Date: _____

RESIDENT of CHARLES COUNTY (YES or NO) E-MAIL ADDRESS: _____

* * *

B. **NAME:** _____
ADDRESS: _____
PHONE No.: (Daytime) _____ (Evening) _____ (Premises) _____
SOCIAL SECURITY No.: _____ **DRIVERS LICENSE No.:** _____
DATE of BIRTH: _____ **AGE:** _____ **SEX:** _____
CITIZEN of the UNITED STATES? ___(Yes) ___(No) **PLACE OF BIRTH:** _____
NATURALIZED CITIZEN OF UNITED STATES? If YES give Place & Date: _____

RESIDENT of CHARLES COUNTY (YES or NO) E-MAIL ADDRESS: _____

* * *

C. **NAME:** _____
ADDRESS: _____
PHONE No.: (Daytime) _____ (Evening) _____ (Premises) _____
SOCIAL SECURITY No.: _____ **DRIVERS LICENSE No.:** _____
DATE of BIRTH: _____ **AGE:** _____ **SEX:** _____
CITIZEN of the UNITED STATES? ___(Yes) ___(No) **PLACE OF BIRTH:** _____
NATURALIZED CITIZEN OF UNITED STATES? If YES give Place & Date: _____

RESIDENT of CHARLES COUNTY (YES or NO) E-MAIL ADDRESS: _____

2. THE LOCATION WHERE A LICENSE IS DESIRED IS IN THE _____ ELECTION DISTRICT OF CHARLES COUNTY MARYLAND AT (street address of business) _____

AND THAT THE BUILDING AT THE PLACE JUST DESCRIBED IS (entire buildings(s) or describe portion of same to be used for the business under the license applied for) _____

THE OWNER OF THE PREMISES DESCRIBED ABOVE IS _____

WHOSE MAILING ADDRESS IS _____.

3. TRADING NAME OF BUSINESS: _____ BUSINESS PHONE NO.: _____.

BUSINESS MAILING ADDRESS: _____.

4. THAT THIS APPLICATION IS FOR A NEW _____ CLASS _____ OR TRANSFER OF A CLASS _____ ALCOHOLIC BEVERAGE LICENSE CURRENTLY TRADING AS: _____. IN THE EVENT THAT THIS IS AN APPLICATION FOR A NEW LICENSE YOU MUST ALSO ATTACH A DRAWING INDICATING THE LAYOUT OF THE LICENSED PREMISES, INCLUDING THE BAR/RESTAURANT AREA AND THE NUMBER OF SEATS TO ACCOMMODATE THE PUBLIC.

5. THAT THE APPLICANT IS PROPOSING TO HOST ENTERTAINMENT AT THE LICENSED PREMISES. YES _____ NO _____.

ENTERTAINMENT IS DEFINED AS: "An event, performance, or activity designed to entertain others." Important Note: Live entertainment is not permissible unless disclosed and the applicable fee has been paid. Your Use & Occupancy Permit MUST allow for the type of entertainment described above.

6. THAT NEITHER THE APPLICANT NOR ANY OF THE STOCKHOLDER(S) HAVE EVER BEEN CONVICTED OF A FELONY. THE APPLICANT HAS NEVER BEEN ADJUDGED GUILTY OF VIOLATING THE LAWS GOVERNING THE SALE OF ALCOHOLIC BEVERAGES, OR FOR THE PREVENTION OF GAMBLING IN THE STATE OF MARYLAND.

7. HAS THE APPLICANT BEEN FOUND GUILTY OF VIOLATING A STATE OR FEDERAL LAW? IF YES, DISCLOSE SPECIFIC VIOLATION(S) HERE:

Applicant A. YES ___ NO ___ _____.
Applicant B. YES ___ NO ___ _____.
Applicant C. YES ___ NO ___ _____.

8. THE APPLICANT HAS NOT HELD A LICENSE FOR THE SALE OF ALCOHOLIC BEVERAGES WHICH HAS BEEN REVOKED.

9. THE APPLICANT HAS A FINANCIAL INTEREST IN THE BUSINESS TO BE CONDUCTED UNDER SAID LICENSE; THE APPLICANT DOES NOT HAVE A FINANCIAL INTEREST IN ANY OTHER PLACE OF BUSINESS IN CHARLES COUNTY WHERE, OR FOR WHICH, AN ALCOHOLIC BEVERAGE LICENSE HAS BEEN APPLIED FOR, GRANTED OR ISSUED (except as permitted by the Alcoholic Beverages Article of the Ann. Code of Md).

10. THE APPLICANT HAS PREVIOUSLY HELD AN ALCOHOLIC BEVERAGE LICENSE? YES _____ NO _____. IF YES, PLEASE DISCLOSE STATE, AND LOCATION:

Applicant A. _____
Applicant B. _____
Applicant C. _____

11. THAT EXCEPT AS PROVIDED FOR BY ANN. CODE OF MD, ALCOHOLIC BEVERAGES ARTICLE, §18-1602(b) THE LOCATION OF THE NEW ALCOHOLIC BEVERAGE LICENSE WITH AN ON-SALE PRIVILEGE, IS NOT LOCATED WITHIN 500 FEET OF A SCHOOL ACCREDITED BY THE STATE BOARD OF EDUCATION, OR WITH AN OFF-SALE PRIVILEGE IS NOT LOCATED WITHIN 1,000 FEET OF A SCHOOL ACCREDITED BY THE STATE BOARD OF EDUCATION, AS MEASURED IN A DIRECT LINE FROM THE NEAREST WALL OF THE ESTABLISHMENT TO THE PROPERTY LINE OF THE SCHOOL.
12. THAT NO PERSON EXCEPT THE APPLICANT IS IN ANY WAY FINANCIALLY INTERESTED IN SAID LICENSE OR IN THE BUSINESS TO BE CONDUCTED THEREUNDER DURING THE CONTINUANCE OF THE LICENSE APPLIED FOR (except as permitted by Alcoholic Beverages Article of the Ann. Code of Md).
13. NO MANUFACTURER, BREWER, DISTILLER, OR WHOLESALER, DIRECTLY OR INDIRECTLY, HAS ANY FINANCIAL INTEREST IN THE PREMISES OR BUSINESS OF THE APPLICANT AND THAT THE APPLICANT WILL NOT THEREAFTER CONVEY OR GRANT TO ANY SUCH MANUFACTURER, BREWER, DISTILLER OR WHOLESALER ANY SUCH INTEREST (except as permitted by Alcoholic Beverages Article of the Ann. Code of Md).
14. THE APPLICANT HAS AT THE TIME OF MAKING THIS APPLICATION NO INDEBTEDNESS OR OTHER FINANCIAL OBLIGATIONS AND WILL NOT THEREAFTER INCUR ANY SUCH INDEBTEDNESS OR OTHER FINANCIAL OBLIGATION, DIRECTLY OR INDIRECTLY, TO ANY MANUFACTURER, BREWER, DISTILLER OR WHOLESALER OTHER THAN FOR THE PURCHASE OF ALCOHOLIC BEVERAGES.
15. THE APPLICANT WILL IF GRANTED A LICENSE CONFORM TO ALL LAWS AND REGULATIONS RELATING TO THE BUSINESS IN WHICH THE APPLICANT PROPOSES TO ENGAGE.
16. I/WE HEREBY AUTHORIZE THE BOARD OF LICENSE COMMISSIONERS, ITS DULY AUTHORIZED AGENTS AND EMPLOYEES, AND ANY PEACE OFFICER OF CHARLES 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.
17. IF THE APPLICATION IS MADE BY INDIVIDUALS ON BEHALF OF A BUSINESS, LIST ALL OFFICERS, STOCKHOLDERS OR MEMBERS AND THEIR TITLES AND ADDRESSES: (if more space is needed continue on separate page). ATTACH A COPY OF THE CURRENT RECORDED CORPORATE CHARTER (OR RECORDED CERTIFICATION OF CHANGE OF OFFICERS)

NAME OF CORPORATION/LLC: _____

Name/Address of Officers/Stockholders OR Managing Members/Authorized Persons/Members:

<p>A. _____</p> <p>_____ Title</p> <p>_____</p> <p>_____ % Interest</p>	<p>C. _____</p> <p>_____ Title</p> <p>_____</p> <p>_____ % Interest</p>
<p>B. _____</p> <p>_____ Title</p> <p>_____</p> <p>_____ % Interest</p>	<p>D. _____</p> <p>_____ Title</p> <p>_____</p> <p>_____ % Interest</p>

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

RESPECTFULLY SUBMITTED:

ATTORNEY FOR APPLICANT(S):

(Address/phone no.)

Applicant signature (A)

Applicant signature (B)

Applicant signature (C)

A. STATE OF MARYLAND, CHARLES COUNTY, TO WIT:

I HEREBY CERTIFY that on this ____ day of _____, _____, before me, the subscriber a Notary Public of said State and County, personally appeared _____, the applicant(s) named in the foregoing application and made oath in due form of law that the statements herein are true.

WITNESS my hand and Notarial Seal.

My Commission Expires: _____

* * *

NOTARY PUBLIC

B. STATE OF MARYLAND, CHARLES COUNTY, TO WIT:

I HEREBY CERTIFY that on this ____ day of _____, _____, before me, the subscriber a Notary Public of said State and County, personally appeared _____, the applicant(s) named in the foregoing application and made oath in due form of law that the statements herein are true.

WITNESS my hand and Notarial Seal.

My Commission Expires: _____

* * *

NOTARY PUBLIC

C. STATE OF MARYLAND, CHARLES COUNTY, TO WIT:

I HEREBY CERTIFY that on this ____ day of _____, _____, before me, the subscriber a Notary Public of said State and County, personally appeared _____, the applicant(s) named in the foregoing application and made oath in due form of law that the statements herein are true.

WITNESS my hand and Notarial Seal.

My Commission Expires: _____

* * *

NOTARY PUBLIC

STATEMENT OF OWNER OF PREMISES

I am/we are the Owner(s) of the property _____ (insert premises address) where the alcoholic beverages license, if issued, shall be used;

As the Owner of the property, I/we assent to the granting of the sought license and authorize the Board of License Commissioners, its duly authorized agents and employees, and any peace officer of Charles County, Maryland 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;

The undersigned affirms, under the penalties of perjury that:

1. he/she/they/it (select one) is/are (select one) the Owner(s) of the property where the alcoholic beverages license, if issued, shall be used; and
2. in the event that the Owner is not a natural person, the individual signing below further affirms that he/she is duly authorized to make and sign the foregoing statement on behalf of the Owner).

Witness our/my hand(s) and seal(s) this _____ day of _____, 2018.

TYPE OWNER(S) NAME(S) HERE

_____ (seal)

By: _____ Type name here

_____ Type title here (if applicable)

(Natural Person Notary Provision)

STATE OF _____, COUNTY OF _____ to Wit:

I HEREBY CERTIFY that on this _____ day of _____, 2018, before me, the subscriber a Notary Public of the State of _____ in and for the County aforesaid, personally appeared _____, who acknowledged the foregoing to be his/her act.

WITNESS my hand and Notarial Seal.

NOTARY PUBLIC

My Commission Expires: _____

OR

(Corporate Notary Provision)

CERTIFICATE OF CITIZENS

We, the undersigned citizens of the _____ Election District of Charles County in which the business covered by the foregoing application is to be conducted are owners of real estate situated in said Election District in which the applicant proposes to do business, certify that each of us have been personally acquainted with the applicant for the length of time indicated after our respective names; that we have examined the application of the applicant; and that we have good reason to believe that all of the statements contained in said application are true; that we are of the opinion that the applicant is a suitable person to obtain the license applied for; that we are familiar with the premises upon which the proposed business is to be conducted; and that we believe that the premises are suitable for the conduct of a retail dealer in alcoholic beverages. **SIGNORS MUST BE A REGISTERED VOTER AND TAXPAYER IN DISTRICT WHERE BUSINESS IS LOCATED.**

NAME	ADDRESS	LENGTH OF TIME ACQUAINTED W/APPLICANT
1. _____ <i>Signature</i>	_____	_____
_____	_____	

2. _____ <i>Signature</i>	_____	_____
_____	_____	

3. _____ <i>Signature</i>	_____	_____
_____	_____	

4. _____ <i>Signature</i>	_____	_____
_____	_____	

5. _____ <i>Signature</i>	_____	_____
_____	_____	

6. _____ <i>Signature</i>	_____	_____
_____	_____	

7. _____ <i>Signature</i>	_____	_____
_____	_____	

8. _____ <i>Signature</i>	_____	_____
_____	_____	

9. _____ <i>Signature</i>	_____	_____
_____	_____	

10. _____ <i>Signature</i>	_____	_____
_____	_____	

PETITION CERTIFICATION

I HEREBY CERTIFY, that the signatures on the attached Petition, are in compliance with the Alcoholic Beverages Article, § 4-110, Annotated Code of Maryland, having been certified as property owners in the _____ Election District, and on record with the State Department of Assessment and Taxation; and as registered voters certified by the Charles County Board of Elections.

Applicant: _____
T/A: _____
Date: _____

CONSENT TO TRANSFER

I/WE, _____, _____,
(Licensee) (Licensee)
_____, Officers of _____,
(Licensee) (Corporate Entity)
currently holding a Class _____ alcoholic beverage license for
(Class of License)
the premises trading as _____ located at _____
(Trade Name)

(Address)

HEREBY CONSENT to the transfer of said alcoholic beverage license to:

Name

Name

Name

Corporate Entity

Trading As

Address

Witness: Name:
Date:

Witness: Name:
Date:

Witness: Name:
Date:

EACH APPLICANT MUST SIGN A SEPARATE FORM

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

NAME _____
First Middle Last

ADDRESS: _____

PREVIOUS ADDRESS: (Last 10 years): _____

OTHER NAME(S) USED: _____ SOCIAL SECURITY #: _____

DATE & PLACE OF BIRTH: _____

HAVE YOU EVER APPLIED FOR, OR BEEN GRANTED A LIQUOR LICENSE? _____

IF SO, WHEN (Date) AND WHERE? _____

I HEREBY AUTHORIZE a review of and full disclosure of all records, or any part thereof, concerning myself, to any duly authorized agent of the Charles County Office of the Sheriff or Maryland State Police, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, or for the specific purpose of pursuing a background investigation which may provide pertinent data for the Board of License Commissioners for Charles County, Maryland, to consider in determining my suitability as an alcoholic beverage license holder. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained in a background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability as an alcoholic beverage license holder.

A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original of my signature.

Signature of Applicant

Notary Public
My Commission Expires: _____

OPEN CONTAINER AFFIDAVIT

I HEREBY CERTIFY, under the penalty of perjury, that as licensee(s) of

_____, I do not, nor will in the future, give permission to any person(s) to consume alcoholic beverages or possess alcoholic beverages in an open container, anywhere on the licensed premises except inside those portions of the permanent building provided for such purpose.

Witness:

Name:
Date:

Witness:

Name:
Date:

Witness:

Name:
Date:

NOTE: This Affidavit is to be included in the Application Package ONLY if this Application is for a TRANSFER of an existing alcoholic beverage license and must be signed by the CURRENT LICENSEE(S).

BULK TRANSFER AFFIDAVIT

I/WE HEREBY CERTIFY, under penalty of perjury, that as licensee(s) of

_____, I/WE have fully complied with the Bulk Transfers Act, Commercial Law Article, Title 6, Annotated Code of Maryland.

Witness:

Name:
Date:

Witness:

Name:
Date:

Witness:

Name:
Date:

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

_____(Sign)

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.¹ Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.²
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.³

¹ La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).

_____(Sign)

Declaración de la Ley de Privacidad

*Esta declaración de la ley de privacidad se encuentra al dorso del
FD-258 tarjeta de huellas digitales.*

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

List of Attachments

Applicant: _____

t/a: _____

		Yes	No
1.	Application Filing/Posting Fees: \$235.00 payable to Charles County Treasurer Publication of Legal Notice Fee: \$ 72.00 payable to the Maryland Independent		
2.	Application.		
3.	Statement of the Owner of Premises.		
4.	Drawing or Diagram of Premises (if application is for a new license) indicating seating/bar areas.		
5.	Consent to Transfer (if applicable).		
6.	Petition (signed by at least ten citizens who are owners of real estate and registered voters of the election district in which the business is to be conducted).		
7.	Statement advising date criminal background applications were mailed/requested.		
8.	Authorization for Release of Personal Information (form for each applicant).		
9.	Open Container Affidavit (signed by each applicant).		
10.	Bulk Transfer Affidavit (signed by each outgoing owner, if pertinent).		
11.	Credit Rating for each licensee.		
12.	Certification from an approved Alcohol Awareness Course.		
13.	Crowd management certificate from Md. State Fire Marshal.		
14.	Health Permit (if unavailable, statement as to date application was made with the Health Department).		
15.	Use & Occupancy Permit (if unavailable, statement as to date application was made with PGM).		
16.	Copy of State of Maryland Sales Tax ID Certificate.		
17.	A certificate of compliance with the Maryland Workers' Compensation Act; or the number of a workers' compensation insurance policy or binder.		
18.	Corporate documents including (or similar filings if applying on behalf of a limited liability company) <ul style="list-style-type: none"> a. Copy of <i>Recorded</i> Corporate Charter from State of Maryland b. Articles of Incorporation c. Bylaws d. Corporate Resolution authorizing application for liquor license. e. Stock Ledger Sheet f. Copies of Stock Certificates -or- If transfer application, <ul style="list-style-type: none"> a. Copy of Certification of Change of Officer(s) from State of Maryland. b. Updated Stock Ledger Sheet f. Copies of newly issued Stock Certificates and cancellations. 		
19.	Lease and/or Contract of Sale (Lease should be in the name of the corporate entity).		
20.	Deed for Property		
21.	Affidavit of Posting (filed prior to hearing).		
22.	Signed Forms of Acknowledgement of Applicant's Privacy Rights		

FOR OFFICE USE ONLY:

APPLICANT: _____

CORPORATE: _____

T/A: _____

CLASS: _____

TRANSFER/NEW LICENSE: _____

ATTORNEY: _____

DATE RECEIVED: _____

HEARING DATE: _____

LEGAL NOTICE: _____

POSTING PREPARED: _____

TREASURER'S OFFICE: _____

LICENSE APPROVED: _____

LICENSE ISSUED: _____