

LIMITED LIABILITY MEMBERSHIP AFFIDAVIT

Name Residence Address Zip Code

Period of Residence Home Telephone No. Office Telephone No.

Date of Birth Sex Place of Birth Social Security No.

Naturalized Yes () No () _____
Where Naturalized Petition No.

Place of Employment

Address of Employer Length of Employment

1b. What is your ownership interest in LLC? _____
Percent of Ownership

2b. What is your capital contribution to LLC? _____

2. Have you ever been convicted of a felony, or have you been adjudged guilty of violating the laws governing the sale of any alcoholic beverages or for the prevention of gambling in the State of Maryland or adjudged guilty of any offense against the United States laws?

Yes () No () If yes, please detail. _____

3. State whether you have had a license for the sale of alcoholic beverages denied or revoked.

Yes () No () If yes, please detail. _____

4. Have you ever held a license for the sale of alcoholic beverages and if so in what State and what location?

5. Are you financially interested in any other place of business that has an alcoholic beverage license in the State of Maryland?

Yes () No () If yes, please detail. _____

_____ 6.

As a member, how much time will you spend on the licensed premises?

7. What profit will you derive in proportion to the percentage of ownership?

8. As a member have you read the Rules and Regulations of the Board?

Yes () No ()

9. If you are a qualified Resident Agent, are you a Worcester County, Maryland

resident? Yes () No ()

PROVIDE COPY(ies) OF ANY AND ALL AGREEMENTS / CONTRACTS relative to the operation of the business to be conducted under the alcoholic beverage license. (Inclusive of managerial agreements and/or sales contracts.)

Signature of Member

I HEREBY CERTIFY THAT BEFORE ME, a Notary Public in and for the State of Maryland, County of Worcester, personally appeared _____ In said County and State on this ____ day of _____, 20____, and made oath in due form of law that the matters and facts in the foregoing Affidavit are true and that they would in fact comply with all statements made therein.

WITNESS my hand and official Seal this ____ day of _____, 20____

Notary Public

My Commission Expires: _____