## MARYLAND APPLICATION FOR CHANGE IN LICENSE LOCATION

Maryland Alcohol, Tobacco, and Cannabis Commission Regulatory & Research Section 1215 E Fort Ave, Ste 300 Baltimore, MD 21230

410-260-7314 atcc.licensing@maryland.gov atcc.maryland.gov

This statement is to be attached to and made a part of the application of:

Name(s) of license applica	ant(s)	License N	License Number		
Trade name					
Present Address; Number	and Street				
City		County	State	Zip Code	
The NEW location fo	r which license transfe	r is desired is known as:			
Street Address					
City		County	State	Zip Code	
Describe premises					
Telephone number	Fax Number	Email Address			
the sest of my knowled	dge, information and belief				
Signature of C	owner, Partner, Member or Corporate C	officer	Title		
Type or print name of Signature of Owner, Partner, Member or Co		Corporate Officer	Date	Date	
Statement of Owner	of Premises Required in	n Connection with Alcoholic Be	verages Law of Mary	and	
(I, We) hereby certify,	that (I am, we are) the ov	vner(s) of property known as			
Maryland, Alcoholic Bevauthorize the Maryland of License Commission	verages Article; that (I, wo I Alcohol, Tobacco, and Ca ers of the county in which	Maryland Alcohol, Tobacco, and Ce) assent to the granting of the licennabis Commission, its duly author the place of business is located, i	cense applied for, and to orized deputies, inspect ts duly authorized agen	hat (I, we) hereby tors and clerks, the Board its and employees, and any	
		h, without warrant, the premises u less is to be conducted, at any and		is to be conducted, and any	
	Owner's signature		Date		
	Type or print name of owner		Company Name and Title	 B	