

Request for Affidavit of Member Changes

As required in the Alcoholic Beverages Article - Division I. General Provisions Affecting Multiple Jurisdictions, Title 4. Local Licensing, Subtitle 3. Transfer of Local Licenses, Substitution of Names on License, I am requesting the following member changes to the alcoholic beverage license(s) issued to this establishment.

Establishment: _____ Business Entity _____
 Phone Number: _____ Address: _____

Member Change #1

<i>Present Member being removed</i>	<i>Reason for Change</i>	<i>Signature of Member being removed</i>	<i>Date of Change</i>
<i>New Member (Print Full Name)</i>	<i>New Member Address</i>	<i>Signature of New Member</i>	<i>New Member phone</i>

Member Change #2

<i>Present Member being removed</i>	<i>Reason for Change</i>	<i>Signature of Member being removed</i>	<i>Date of Change</i>
<i>New Member (Print Full Name)</i>	<i>New Member Address</i>	<i>Signature of New Member</i>	<i>New Member phone</i>

Member Change #3

<i>Present Member being removed</i>	<i>Reason for Change</i>	<i>Signature of Member being removed</i>	<i>Date of Change</i>
<i>New Member (Print Full Name)</i>	<i>New Member Address</i>	<i>Signature of New Member</i>	<i>New Member phone</i>

I, acting in the capacity of _____ of the above
Name Title

mentioned Limited Liability Company, hereby certify that the above changes have occurred for the stated reasons. I also certify that the ownership of this Limited Liability Company **has / has not** changed. *** Please detail any changes in ownership of the LLC by submitting a copy of the minutes indicting the revised percentage of ownership.**

 Signature of LLC Official _____
 Date

STATE OF MARYLAND, COUNTY OF GARRETT, to wit:

I hereby certify that on the _____ day of _____, 20____, before me, the subscriber, a notary public of the State of _____, in and for County of _____, personally appeared _____
(Printed Name of Limited Liability Company Official)

and made affirmation in due form of law that the matters and facts set forth in the above are true to the best of his or her knowledge, information, and belief.

As witness, my hand and notarial seal.

 Notary Public [Notary Seal]

My Commission Expires: _____

 Notary Typewritten/Printed Name