



**City of Annapolis**  
 Office of the City Clerk  
 160 Duke of Gloucester Street  
 Annapolis, Maryland 21401

[DepClerk@annapolis.gov](mailto:DepClerk@annapolis.gov) • 410-263-7942 • Fax 410-280-1853 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

## Alcoholic Beverage Control Board Application for Consumption of Alcoholic Beverages on City Property

The Alcoholic Beverage Control Board meets the first Wednesday of each month at 7:00 p.m. in the Mayor John T. Chambers, Jr. City Council Chamber, City Hall, 160 Duke of Gloucester Street, Annapolis 21401. All applications for Consumption on City Property **MUST** be approved by the board.

All applicants must also complete and submit the **Special Events Application and Agreement** to the City of Annapolis Special Events Coordinator for any event, and any related activities, proposed to be held in the City.

All applicants must also complete and submit an **Alcoholic Beverage Control Board Noise Control Statement** to the Deputy City Clerk for any event, and any related activities, proposed to be held in the City.

Any terms used in this application, which are not otherwise defined, shall have the meanings indicated in the Alcoholic Beverage Control Board (ABCB or Board) Rules and Regulations.

**Filing Fee:** \$50.00 for Beer, Wine and Liquor. *Payable to the City of Annapolis. Non-refundable.*

**Application Due:** *[Insert Date]*

**Complete the following information:**

Applicant Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Work Phone # \_\_\_\_\_ Contact/Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Event Title \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Rain Date(s) \_\_\_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Event Location/Address \_\_\_\_\_

Type of Event \_\_\_\_\_

Approximate number of persons attending Event \_\_\_\_\_

Has the Applicant ever submitted this application in the past? Yes      No

If yes, state the date application submitted: \_\_\_\_\_

Does the Applicant intend to have music at this Event? Yes      No

If yes, state what type of music and the hours: \_\_\_\_\_

How does the Applicant intend to control the service of Alcoholic Beverages to ensure that minors are not served?

\_\_\_\_\_

Does the Applicant intend to provide security? Yes      No

How many security guards hired for this Event? \_\_\_\_\_

Alcoholic Beverages will be:

\_\_\_\_\_ Provided by guests (bringing their own bottles).

\_\_\_\_\_ Provided to guests, at no charge.

\_\_\_\_\_ Provided to guests, for which they will be charged, either by a ticket, admission charge, or at a cash bar. **For Clubs and non-profit organizations, if there is an admission charge or a charge for Alcoholic Beverages, an application must also be made to the City for a Special Class C One-Day Liquor License.**

I, as a legally authorized representative of the Applicant, hereby certify that the above information is true and correct to the best of my knowledge, information and belief, and that I have read and understand the statements made on this application.

If any signed statement, report, affidavit, or oath, required under any of the provisions of Article 2B, Section 198 of the Annotated Code of Maryland, shall contain any false statement, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties provided by law for that crime.

Authorized Representative Name \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_

Signature of witness \_\_\_\_\_

Use of City building approved by manager:

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR CITY USE ONLY

Received & content noted

Dept. Director \_\_\_\_\_ Date \_\_\_\_\_

Fire \_\_\_\_\_ Date \_\_\_\_\_

Police \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED**

On behalf of the Alcoholic Beverage Control Board on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Deputy City Clerk

Please feel free to contact the City Clerk's Office at 410-263-7942.