



LIQUOR CONTROL BOARD FOR HARFORD COUNTY

16 North Main Street, Bel Air, MD 21014
410.638.3028 • 410.879.6370
www.harfordcountymd.gov/lcb

LCB USE ONLY:

SPECIAL ONE DAY (CLASS C) ALCOHOL BEVERAGE LICENSE APPLICATION
NON- PROFIT ORGANIZATIONS

- Applications Must be filed in the Board Office (30) THIRTY DAYS PRIOR TO THE EVENT DATE
•\$50 LATE FEE - May be charged for late applications
•INCOMPLETE applications will not be processed
•ONLY original form will be accepted NO FAX COPIES
•Flyer/ticket must be submitted with application
•ALCOHOL SALES MUST CEASE AT 2:00 A.M.

- Beer & Wine License: \$15.00 per day
Beer, Wine & Liquor License: \$30.00 per day
\$1.00 Mailing Fee: (Mailing requests must be received 30 days prior to event)
\$50.00 Late Fee: (May be assessed on applications filed less than 30 days prior to event)
\$25.00 Outside Event Fee

A) NON PROFIT INFORMATION:

Form with fields: Non Profit Sponsor Organization, Non Profit Website, Non Profit Address, Non Profit Email Address, Is Proof of Non-profit Status on file with this Board? (Yes/No)

B) APPLICANT INFORMATION: ONE LICENSEE MUST BE PRESENT DURING EVENT

Form with fields: (1) Name of Applicant and Title, (2) Name of Applicant and Title: (Optional), Applicant Address, Contact Number, Email Address

C) EVENT INFORMATION:

Form with fields: Event Name, Event Type (Fundraiser/Dance/Other), Event Location (Facility Name and Complete Address), Date(s) of Event, Hours of Alcohol Sales, Hours of Event, Estimated Attendance, Admission Fee, Event Website, Facebook Page

C) EVENT INFORMATION (continued):

Caterer Name: _____ Contract Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Food to be Served: _____
Entertainment: <input type="checkbox"/> Band(s) No. _____ <input type="checkbox"/> DJ Name: _____ <input type="checkbox"/> Other Explain: _____	Entertainment Website: _____ Hour(s) of Entertainment: _____
Alcohol is Being Obtained from: <input type="checkbox"/> Local Retailer: _____ <input type="checkbox"/> Distributor: _____ <input type="checkbox"/> Other: _____	Type of Advertising: <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Social Media <input type="checkbox"/> Flyer <input type="checkbox"/> Other _____ <i>(A copy of invitation, flyer, any promotion associated with this event, <u>must be submitted with this application</u>)</i>
Vendor(s): Approximate No. of Vendors: _____ <input type="checkbox"/> Food ** <input type="checkbox"/> Crafts <input type="checkbox"/> Other: _____ **Attach <u>FULL</u> list of vendors	Parking: <input type="checkbox"/> On Site <input type="checkbox"/> Off Site Location: _____ <input type="checkbox"/> Shuttle Parking Fee: _____ No. of Parking Attendants: _____

D) ALCOHOL CONTROL / SECURITY PLAN:

Safe Alcohol Dispensing Plan: No. of Entrances: _____ No. of Exits: _____ Carding Location(s): <input type="checkbox"/> Bar/Service Area <input type="checkbox"/> Entrance <input type="checkbox"/> Point of Sale <input type="checkbox"/> Other _____ Total Carding Area(s): _____	Alcohol Service Area(s): <input type="checkbox"/> Beer Garden No. _____ <input type="checkbox"/> Bar No. _____ <input type="checkbox"/> Beer Truck No. _____ <input type="checkbox"/> Beer Tub No. _____ <input type="checkbox"/> Other _____ Total Alcohol Service Area(s): _____
Security Staff: Will There be Hired Security/Police? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Company/Dept. Name: _____ Number of Security Provided: _____ Uniform? Yes <input type="checkbox"/> No <input type="checkbox"/> Volunteer/Other Personnel: Volunteer Security: No. _____ Carding Staff: No. _____ Dispensing Staff: No. _____ Alcohol Awareness Certified Staff: No. _____ Total Number of Personnel: _____ Medical Personnel: No. _____ (Include Paid/Volunteer)	Under 21 Admitted? Yes <input type="checkbox"/> No <input type="checkbox"/> Method to Differentiate: <input type="checkbox"/> Wristbands <input type="checkbox"/> Hand Stamp <input type="checkbox"/> Other Explain: _____ Restrictions for Attendees: (Coolers, no re-entry, food, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: <input type="checkbox"/> No Re-Entry <input type="checkbox"/> No Coolers <input type="checkbox"/> No Outside Food/Beverage <input type="checkbox"/> Other: _____

E) OUTSIDE EVENT SECURITY PLAN: (complete this section if any portion of the event is *OUTSIDE*)

<p>Tents:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If so, How many? _____</p> <p>Size: _____</p> <p>Capacity: <input type="checkbox"/> Under 50 <input type="checkbox"/> 50 – 100 <input type="checkbox"/> 100 – 500 <input type="checkbox"/> 500 – 1,000 <input type="checkbox"/> 1,000 – Above</p> <p>Tents With Food Preparation: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, How many? _____</p> <p>***Tents are subject to Fire Marshal and Health Department Approval.</p>	<p>Containment Plan:</p> <p><input type="checkbox"/> Fencing Type: _____</p> <p><input type="checkbox"/> Natural Boundary</p> <p><input type="checkbox"/> Tent</p> <p><input type="checkbox"/> Other Explain: _____</p> <hr/> <p>Sanitary Facilities:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If so, How Many? _____ Type: _____</p> <p>Hand-washing facility?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO How Many? _____</p>
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F) Diagram must be submitted with application of all outside events.

Detailed Diagram should include: Location of ALL entrances and exits, ID check/carding stations, alcohol sales and/or alcohol dispensing areas, tents and fencing.

IMPORTANT PHONE NUMBERS

Harford County Health Department	410-877-2300	Aberdeen Permit Information	410-272-1600
Fire Marshal's Office	410-836-4844	Bel Air Permit Information	410-638-4546
Harford County Planning & Zoning	410-638-3103	Havre de Grace Permit Information	410-939-1800
Harford County Dept. of Inspections, Licensing & Permits	410-638-3344	Harford County Sheriff's Department	410-838-6600

FOR LCB USE ONLY

<p style="text-align: center;"><u>DOCUMENTS / NOTIFICATIONS</u></p> <p><input type="checkbox"/> FLYER: _____</p> <p><input type="checkbox"/> CATERER CONTRACT: _____</p> <p><input type="checkbox"/> DIAGRAM: _____</p> <p><input type="checkbox"/> PROPERTY OWNER: _____</p> <p><input type="checkbox"/> HEALTH DEPARTMENT: _____</p> <p><input type="checkbox"/> H. CO. P & Z: _____</p> <p><input type="checkbox"/> H. CO. DILP: _____</p> <p><input type="checkbox"/> FIRE MARSHAL: _____</p> <p><input type="checkbox"/> LAW ENFORCEMENT: _____</p>	<p style="text-align: center;"><u>HEARING INFORMATION</u></p> <p><input type="checkbox"/> NEED TO APPEAR</p> <p><input type="checkbox"/> CONFIRMED DATE: _____</p> <p><input type="checkbox"/> LATE FEE ASSESSED</p> <p><input type="checkbox"/> HEARING DATE: _____</p> <p>APPROVED? YES NO</p> <p>REASON: _____</p> <p style="text-align: right;">Initials: _____</p>
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On behalf of the aforementioned organization, I hereby certify:

This application is made on behalf of a bona fide religious, fraternal, veterans, political, civic, educational, athletic, or other non-profit organization. I understand that as the Applicant for this organization, I will be held responsible for any violation of the laws pertaining to the sale, consumption, or possession of alcoholic beverages at the above mentioned event.

(A) I have read and understand the Responsibilities & Regulations articulated on the attached form. YES NO

Signature of Applicant (A)

(B) I have read and understand the Responsibilities & Regulations articulated on the attached form. YES NO

Signature of Applicant (B)

STATE OF MARYLAND, HARFORD COUNTY, SS:

THIS CERTIFIES, that on the _____ day of _____, 20 ____, before me, a Notary Public of the State of Maryland, in and for Harford County, personally appeared _____, the **APPLICANT(S)** named in the a foregoing Application, and made oath in due form of law that the statements herein are true to the best of his/her/their information, knowledge, and belief.

WITNESS MY HAND AND SEAL:

Signature of Notary Public:

My Commission Expires:

STATEMENT OF OWNER OF PROPERTY

(DOES NOT NEED TO BE NOTARIZED)

I hereby certify that I am the owner, or its duly authorized agent, of the property located at _____, and do hereby authorize the State Comptroller, his duly authorized deputies, the Liquor Control Board of the County, its Inspectors and Clerks, its duly authorized agents and employees, and peace officers of such County, to inspect and search, without warrant, the premises upon which said event is to be held at any and all hours. Signature of Owner gives permission to have alcoholic beverages on the premises and acknowledges responsibility for laws as pertains to property owners upon which one day affairs are held.

Signature

Printed Name

Contact Number of Property Owner

PROPERTY OWNERS MAY REQUIRE THE ONE DAY LICENSE HOLDER(S) TO OBTAIN INDIVIDUAL LIABILITY INSURANCE. THE LIQUOR CONTROL BOARD DOES NOT ADMINISTER REGULATIONS FOR INSURANCE LIABILITIES.

THE BOARD SHALL HAVE THE RIGHT TO LIMIT THE NUMBER OF LICENSES TO BE GRANTED PER YEAR FOR ANY SPECIFIC ORGANIZATION.

ONE DAY EVENTS ARE SUBJECT TO INSPECTIONS BY THE LIQUOR BOARD, HEALTH DEPARTMENT, FIRE MARSHAL'S OFFICE AND LOCAL LAW ENFORCMENT PERSONNEL.

APPLICATION MUST BE SIGNED BY APPLICANT(S) AND OWNER OF PROPERTY

RESPONSIBILITIES & REGULATIONS FOR SPECIAL ONE DAY LICENSE HOLDERS

Applicants who apply for a Special License on behalf of a non-profit organization or club **MUST BE PRESENT DURING THE EVENT**; and will be held responsible for any violation of the laws pertaining to the sale, consumption and possession of alcoholic beverages at said event. **ONE DAY EVENTS ARE SUBJECT TO INSPECTIONS BY THE LIQUOR BOARD, HEALTH DEPARTMENT AND FIRE MARSHAL'S OFFICE.**

All persons or groups using said License as authorized by Article 2B § 7-101 of the Annotated Code of Maryland are subject to the laws pertaining to the sale, consumption, and possession of alcoholic beverages, specifically:

- 1) A SPECIAL LICENSE MUST BE OBTAINED by a qualified non-profit organization for use at functions wherein alcohol is served and there will be an admission charge and/or cash bar.
- 2) Application must be filed with the Board office at least Thirty (30) days prior to the event date. A **\$50.00 late fee** plus the license fee is required for applications filed late.
- 3) Each application must be accompanied by a copy of the organization's By-Laws, Articles of Incorporation, IRS Tax Determination Letter, and Certification Letter issued by the State of Maryland; unless this documentation has been previously filed with this Board.
- 4) **THE ONE DAY LICENSE MUST BE PROMINENTLY DISPLAYED IN A CONSPICUOUS LOCATION NEAR WHERE THE ALCOHOL IS BEING DISPENSED DURING THE EVENT.**
- 5) The holder of a One Day License may purchase beverages from a wholesaler, beer distributor, or retailer.
- 6) Holders of One Day Licenses may accept delivery of alcoholic beverages from a wholesaler two days prior to effective date only if the holder of the Special License has in hand said license at time of delivery. The wholesaler may accept returns two days after the expiration date of the Special License.
- 7) All sales must cease by 2:00 a.m.; no alcohol can be consumed after 2:15; and all alcoholic beverage containers must be cleared by 2:30 a.m.
- 8) Licensees and volunteers/employees for the special event **MAY NOT** consume any alcohol during the event. Persons who appear to be intoxicated cannot be served.
- 9) A Licensee may not permit any person to drink beer or wine not purchased from the license holder on said premises. However, if the license is issued for beer and wine and the event is advertised BYOL (Bring Your Own Liquor), it is legal to consume liquor not purchased from the Licensee.
- 10) For the consumption, possession, or purchase of Alcoholic Beverages, you must be twenty-one (21) years of age. Licensees are responsible for age verification.
- 11) No licensed premises may be used for the purpose of bookmaking or gambling in any form, except when specifically authorized by law.
- 12) No Licensee, agent, or employee shall commit or allow the commission on the licensed premises, any act which is contrary to federal, state, or local statutes, laws, or ordinances, or against the public peace, safety, health, or welfare.
- 13) Alcoholic Beverages can only be consumed in the area described as the licensed premises (i.e., if the description is "Church Hall" or "Fire Hall", consumption outside the building is not permitted; unless outside venue has been approved.)
- 14) **EVENTS HELD OUTSIDE MUST BE ACCOMPANIED BY A DIAGRAM DETAILING THE CONTAINMENT AND CONTROL OF THE ALCOHOLIC BEVERAGES FOR THE EVENT.** Please include information regarding the type of fencing used for containment of the area where the alcohol is to be dispensed and/or consumed; and staffing put in place to ensure proper carding and control of the alcoholic beverages.
- 15) You (or the caterer, if event is being catered) may be required to obtain a **TEMPORARY FOOD PERMIT** from the **HARFORD COUNTY HEALTH DEPARTMENT** for your event. You may contact **LYNNE WHALEN at (410) 877- 2300** to determine if one is necessary. **PLEASE NOTE:** If you are using a Caterer from outside Harford County, a Temporary Food Permit IS REQUIRED. This Office notifies the Health Department of every One Day License we issue.