**Affidavit for Maryland Contact**

 I, hereby certify the following:

 1. I have agreed to serve as the Maryland Contact for , (the **“Licensee”**) the holder of liquor license issued by the Board of License Commissioners for Washington County, Maryland (the **“Liquor Board”**).

 2. I agree to accept service of process (i.e. receive notifications) from the Liquor Board on behalf of the Licensee. Upon receipt of any notification from the Liquor Board, I agree to promptly notify the Licensee, and forward a copy of the notification received from the Liquor Board to the Licensee. I understand that service of process on me from the Liquor Board shall constitute service of process on the Licensee.

 3. I am a licensed Attorney with the State of Maryland, licensed Certified Public Accountant with the State of Maryland, or authorized agent of a Maryland Insurance Company. My office is registered and in good standing with the Maryland State Department of Assessments and Taxation.

 4. I agree that all service of process (i.e. notifications) from the Liquor Board may be served upon me personally at the following address located within the State of Maryland:

 I agree to promptly notify the Liquor Board if the foregoing address should change.

 5. I agree that I shall provide the Liquor Board with thirty (30) days advance written notice in the event that I should elect to resign as the Maryland Contact for the Licensee.

 6. I acknowledge that I shall be required to complete a yearly form provided by the Liquor Board in connection with the Licensee’s renewal application. I agree to promptly complete this form upon receipt from the Liquor Board.

 7. I am not currently serving as a Contact Person for any other licensee holding a liquor license issued by the Liquor Board.

 I am currently serving as a Maryland Contact for other licensee(s) holding liquor license(s) issued by the Liquor Board; the names and addresses of each licensee is listed below. An Exhibit may be attached if additional space is required.

 I hereby swear and affirm under the penalty of perjury that the answers and responses made on this Affidavit of Maryland Contact to be the truth and nothing but the truth. I understand that if I am found guilty and convicted of making any false answers and/or responses in connection with this Affidavit of Maryland Contact that I may be subject to the penalties provided by law for this crime. (Annotated Code of Maryland, Article 2B, Section 16-501 and Criminal Law Article, Section 9-101).

 Signed Name\_\_\_

 Printed Name: \_\_\_\_\_\_

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS CERTIFIES, that on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, before me the subscriber, a notary public of the State of Maryland, personally appeared the Maryland Contact

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Who acknowledged himself / herself to be the person whose name is subscribed to within this Affidavit of Maryland Contact and they have acknowledged the execution of the foregoing statement to be (His/Her) voluntary and true act.

Witness my hand and official seal.

(SEAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires

Affidavit for Maryland Contact – Made Effective February 4, 2020