The Alcohol Beverage Board of St. Mary's County
P. O. Box 653
41650 Tudor Hall Drive,
Leonardtown, MD 20650
(301)-475-7844 EXT. 1600 - Fax (301)-475-3364

REQUEST FOR:

☐ **EXTENSION OF PREMISE** ☐ **OUTDOOR SERVING COUNTER**

Return this form by 10:00 am on _____. Licensee(s) must attend Board Meeting at 1:00 pm on _____.

This application must be completed and filed with the Alcoholic Beverages Board when requesting a change in the service area and/or the addition of a serving counter of a licensed establishment. The application must be signed by all licensees. The requested change will be considered at the next monthly Board meeting. All other County and/or State agency requirements regarding this request are the responsibility of the licensee and will affect the decision of this Board.

If the Board authorizes the change, the current license must be brought to the Alcohol Beverage Board Office within 10 days. The new licensed area will be subject to the requirements of all the federal, state, and local laws and regulations, and violations of such can result in the revocation of the license.

Please answer the following questions (ink or type only). If you need more room, please attach a separate sheet of paper with your answer.

Trade Name_____

1. Is this request for a: ☐ **permanent change OR** ☐ **temporary change**

2. If temporary, please give dates and times for use: _____
_____
_____
_____

3. Please explain your reason for the request: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

4. How will the service of alcohol in the requested area be controlled: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____

5. Please attach a detailed plot plan of the proposed extension of premise/outdoor serving counter dimensioned or drawn to scale to aid in the explanation of your request. (If plot plan is larger than 8 ½" x 14", please provide 6 copies)

IN WITNESS WHEREOF, I/we have executed this application this _____ day of _____, 20___.

Licensee: _____

Licensee: _____

Licensee: _____

For Office Use Only

Approvals:

- ☐ **LU & GM**
- ☐ **Health**
- ☐ **Fire Marshall**

Date: _____

Board Decision: ☐ Approved ☐ Disapproved

Remarks:_____
_____
_____
_____

Signed:
Chairman: _____