

Application for Renewal of Alcoholic Beverages License

Board of Liquor License Commissioners for Baltimore City - Renewal 2015

Name: Amber

Establishment Information

Corporate/ Partnership /Entity Name: **THE CENTER CLUB, INC.**

Trade Name: **THE CENTER CLUB** Class Type: **BEER, WINE AND LIQUOR** Bus Phone: **410-727-7788**

Location address: **100 LIGHT STREET**

Mailing Address: **100 LIGHT STREET** City / State: **BALTIMORE, MD** ZIP Code: **21202**

Are the operations open? YES NO If NO, when did it close? _____ Last 8 Digits Sales Tax ID# **01634819**

Is the property owned or leased? YES NO If leased, expiration date: **9/30/2019**

On what floors does your business operate? **15 & 16TH** Where is your alcohol stored? **BOTH FLOORS**

Provide capacity as per Fire Dept.? **400** For Class "B" only over 150, list dining capacity? _____

If applicable: General Manager Name: **KEVIN BONNER**

Manager Phone: _____ Email: **KBONNER@CENTERCLUB.ORG** Cell or Fax: _____

Licensee 1 Information

Name: **Lawrence A. La Motte**

Current Home address: **774 East 39th Street** How long? **19 years**

Phone: _____ E-mail: **llamotte6394@gmail.com**

City: **Baltimore** State: **MD** ZIP Code: **21218**

Date of Birth **3/1/1949** Are you a City Resident? YES NO City resident, how long? **21 years**

If not a City resident please list property owned on which taxes are paid: _____

Licensee 2 Information

Name: **KEVIN BONNER**

Current Home address: **301 JODY WAY** How long? _____

Phon _____ E-mail: **KBONNER@CENTERCLUB.ORG** Cell: _____

City: **LUTHERVILLE** State: **MD** ZIP Code: **21093**

Date of Birth **7/54** Are you a City Resident? YES NO City resident, how long? _____

If not a City resident please list property owned on which taxes are paid: _____

Licensee 3 Information

Name: **DAVID NEVINS**

Current Home address: **1 EVAN WAY** How long? _____

Phor _____ E-mail: **DNEVINS@NEVINSPR.COM** Cell: _____

City: **PIKESVILLE** State: **MD** ZIP Code: **21208**

Date of Birth **11/54** Are you a City Resident? YES NO City resident, how long? _____

If not a City resident please list property owned on which taxes are paid: _____

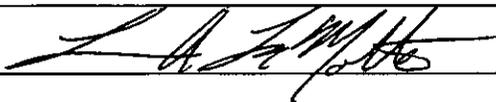
Below are a series of question s regarding your operations and all questions must be answered so that your application can be deemed complete. Note that all information must be provided under state law for license renewal. (Mark X below)

	Yes	No
Do you owe any taxes on merchandise, fixtures of stock to the City or the State for FY 2014-2015 or previous years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is your corporation in "Good Standing" with the Maryland Department of Assessment and Taxation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you affirm that all taxes due to state and local agencies are current and up to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you been convicted and/or found guilty for violating any local, State or Federal criminal offense?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe: _____ When: _____ Where: _____		
Do you provide live entertainment? (If not applicable answer NO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you provide outdoor table service? (If not applicable answer NO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you provide off premises catering of food and alcohol? (If not applicable answer NO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have an up to date Alcohol Awareness Certificate? Expiration date: 4/2/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any majority stockholder or corporate officer changes from last year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe and provide information on stockholders: (significant change may require a new application): _____		

Questions Continued	Yes	No
Do you provide delivery services of alcohol and/or food?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have Workers Compensation insurance? If yes enter policy # <u>30WEG LE9Z74</u> Expiration Date <u>6/13/15</u> Insurance Carrier: <u>HARTFORD</u> If No, please note, number of employee: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you directly or indirectly own or have any interest of any kind as owner, stockholder, financially or otherwise, in any establishment to or for which a license has been issued anywhere in the State of Maryland, or are you a creditor or have made any loans to license holder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe:		

Signatures

I/We hereby certify that I/We are the licensed operator/s of the establishment applied for in this renewal for "Alcoholic Beverages License" for 2015-2016. I/We hereby authorize the Maryland State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners for Baltimore City, its duly authorized agents and employees, and any Maryland State Police Officer/Trooper, and any peace officer of the City of Baltimore, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

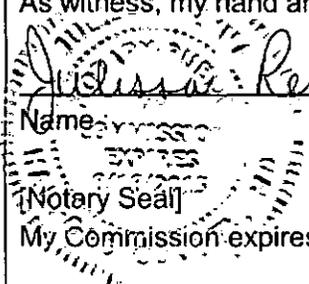
Signature of licensee: 	Date: <u>3/27/2015</u>
Signature of licensee:	Date:
Signature of licensee:	Date:

AFFIDAVIT

STATE OF MARYLAND, City of Baltimore, ss:

I hereby certify that on the 27 day of March, 2015, before me, the subscriber, a notary public of the State of Maryland, in and for _____, personally appeared Lawrence A. La Motte the applicant(s) named in this renewal application made oath in due form of law that the matter and facts contained in said application are true and correct.

As witness, my hand and notarial seal.


 Name: Juliana Reyna
 My Commission expires 08/18/2015

READ CAREFULLY

If any of the facts, other than age and home address have changed it will be necessary to apply for new license on the form required for a transfer and/or modification.

If this application is not filed on or before March 31, 2015 to the office of Board, 231 E. Baltimore Street, Suite 600, a late fee of \$50.00 per day may be imposed by the board up to a maximum of \$1,500.00 and the license will not renewed as of May 1, 2015.

Application Fee \$50.00

Extract from Section 16-501 of Article 2B of the State of Maryland – Alcoholic Beverage Laws: If any signed statement, affidavit or oath required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties by law for that crime.

For BLLC Staff Only: Please ADD Staff Initials and notes DLO

Received Date: <u>3/31/15</u>	Contact Date(s)
Status: Complete Date:	Incomplete:

Questions Continued	Yes	No
Do you provide delivery services of alcohol and/or food?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have Workers Compensation insurance? If yes enter policy # <u>30WEG LE9774</u> Expiration Date <u>6/13/15</u> Insurance Carrier: <u>HARTFORD</u> If No, please note, number of employee: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you directly or indirectly own or have any interest of any kind as owner, stockholder, financially or otherwise, in any establishment to or for which a license has been issued anywhere in the State of Maryland, or are you a creditor or have made any loans to license holder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe:		

Signatures	
I/We hereby certify that I/We are the licensed operator/s of the establishment applied for in this renewal for "Alcoholic Beverages License" for 2015-2016. I/We hereby authorize the Maryland State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners for Baltimore City, its duly authorized agents and employees, and any Maryland State Police Officer/Trooper, and any peace officer of the City of Baltimore, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.	
Signature of licensee:	Date:
Signature of licensee:	Date:
Signature of licensee: <u>[Signature]</u>	Date: <u>3/30/15</u>

AFFIDAVIT

STATE OF MARYLAND, City of Baltimore, ss:

I hereby certify that on the 30th day of March, 2015, before me, the subscriber, a notary public of the State of Maryland, in and for Amy Frances Gregory personally appeared David Nerins the applicant(s) named in this renewal application made oath in due form of law that the matter and facts contained in said application are true and correct.

As witness, my hand and notarial seal.

[Signature]
Name: Amy Gregory

[Notary Seal]
My Commission expires 2/20/17

READ CAREFULLY

If any of the facts, other than age and home address have changed it will be necessary to apply for new license on the form required for a transfer and/or modification.

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For BLLC Staff Only: Please ADD Staff Initials and notes	
Received Date:	Contact Date(s)
Status : Complete Date:	Incomplete:

Questions-Continued		Yes	No
Do you provide delivery services of alcohol and/or food?	30WEG	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have Workers Compensation insurance? If yes enter policy #	LE9774	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insurance Carrier: HARTFORD	Expiration Date 6/13/15		
If No, please note, number of employee: _____			
Do you directly or indirectly own or have any interest of any kind as owner, stockholder, financially or otherwise, in any establishment to or for which a license has been issued anywhere in the State of Maryland, or are you a creditor or have made any loans to license holder?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe:			

Signatures

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Signature of licensee: <u>Kevin M. Bonner</u>	Date: <u>3/30/15</u>
Signature of licensee:	Date:
Signature of licensee:	Date:

AFFIDAVIT

STATE OF MARYLAND, City of Baltimore, ss:

I hereby certify that on the 30th day of March, 2015, before me, the subscriber, a notary public of the State of Maryland, in and for _____, personally appeared Kevin M. Bonner the applicant(s) named in this renewal application made oath in due form of law that the matter and facts contained in said application are true and correct.

As witness, my hand and notarial seal.

Jean D. Kuit
Name:

[Notary Seal]
My Commission expires December 26, 2018

READ CAREFULLY

If any of the facts, other than age and home address have changed it will be necessary to apply for new license on the form required for a transfer and/or modification.

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For BLLC Staff Only: Please ADD Staff Initials and notes

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