

CHANGE OF OFFICERS IN CORPORATION

DATE: \_\_\_\_\_

RE: \_\_\_\_\_  
Name of Organization (Corporation, LLC, Etc.)

LICENSE NO. \_\_\_\_\_

The individuals listed below were **previous named licensees, officers or members** of the above-referenced organization. **All must sign.**

_____ Printed Name and Position Held	_____ Address
_____ Signature	
_____ Printed Name and Position Held	_____ Address
_____ Signature	
_____ Printed Name and Position Held	_____ Address
_____ Signature	

The individuals listed below are **current or newly named licensees, officers or members** of the above organization. **All must sign.**

_____ Printed Name and Position Held	_____ Address
_____ Signature	
_____ Printed Name and Position Held	_____ Address
_____ Signature	
_____ Printed Name and Position Held	_____ Address
_____ Signature	

I SWEAR AND AFFIRM, under the penalties of perjury, that the above is true and correct.

_____ Printed Name and Position Held	_____ Signature
_____ Phone Number	

AFFIDAVIT

STATE OF MARYLAND  
COUNTY OF CECIL, to-wit:

I HEREBY CERTIFY, that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the subscriber, a Notary Public, in and for the State and County aforesaid, personally appeared \_\_\_\_\_ and made oath in due form of law that the matters and facts stated above are true to the best of his/her knowledge, information and belief.

AS WITNESS my hand and Notarial Seal the day and year first herein written.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**The following must accompany this form:**

- \* Criminal Records Waiver Form, executed by each new member/officer.
- \* Minutes of Meeting, Revised Stock List, and/or Notarized Statement of Ownership.
- \* Check in the amount of \$5.00, made payable to Board of License Commissioners.
- \* Fingerprint Cards > CJIS and Federal (FBI) > Both Required