

This statement is to be attached to and made a part of the application of:

Name(s) of license applicant(s) License Number

Trade name

Present Address; Number and Street

City County State Zip Code

The BRANCH LOCATION location for which license is desired is known as:

Street Address

City County State Zip Code

Describe premises

Telephone Number Fax Number Email Address

Signature of Officer/License Applicant

STATE OF MARYLAND ss:

THIS CERTIFIES, That on the _____ day of _____, _____, before the subscriber, a _____ of the State of Maryland, personally appeared _____

the applicant(s) named in the afore going application, and made oath in due form of law that the statements there are true to the best of the applicant's knowledge and belief.

WITNESS my hand and official seal

(Seal) _____

Statement of Owner of Premises Required in Connection with the Annotated Code of Maryland, Alcoholic Beverages Article

(I, We) hereby certify, that (I am, we are) the owner(s) of property known as _____

named in the foregoing application made to the Maryland Alcohol, Tobacco, and Cannabis Commission under the Annotated Code of Maryland, Alcoholic Beverages Article; that (I, we) assent to the granting of the license applied for, and that (I, we) hereby authorize the Maryland Alcohol, Tobacco, and Cannabis Commission, its duly authorized deputies, inspectors and clerks, the Board of License Commissioners of the county in which the place of business is located, its duly authorized agents and employees, and any peace officer of such county to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building(s) in which said business is to be conducted, at any and all hours.

Witness (our/my) hand(s) and seal(s) this _____ day of _____, _____

Signature of Owner of Premise

STATE OF MARYLAND ss:

THIS CERTIFIES, That on the _____ day of _____, _____, before the subscriber, a _____ of the State of Maryland, personally appeared _____ and acknowledged the execution of the foregoing statement to be _____ act.

WITNESS my hand and official seal

(Seal) _____

Third Party Checks

Affidavit

I do solemnly declare and affirm under the penalties of perjury that the contents below are true and correct to the best of my knowledge, and that I am authorized and empowered to issue a check and make payment for the license/permit fee on behalf of the applicant.

Name of Corporation; Partners of Partnership; or Individual (include Trade Name)

Complete Mailing Address

Signature of Owner, Partner or Corporate Officer

Title

Federal Identification Number and/or Social Security Number

Date

Licenses and Fees

Wholesaler's License

Class 1 Beer, Wine and Liquor	Annual Fee	\$2,000.00
Class 2 Wine and Liquor	Annual Fee	\$1,750.00
Class 3 Beer and Wine	Annual Fee	\$1,500.00
Class 4 Beer	Annual Fee	\$1,250.00
Class 5 Wine	Annual Fee	\$1,250.00
Class 6 Limited Wine	Annual Fee	\$50.00
Class 7 Limited Beer	Annual Fee	\$50.00
Class 8 Liquor	Annual Fee	\$100.00

Contact Information

**Maryland Alcohol, Tobacco,
and Cannabis Commission**
Regulatory & Research Section
1215 E Fort Ave, Ste 300
Baltimore, MD 21230

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