

CHARITY WINE AUCTION PERMIT APPLICATION

Se	ection 1					
Α.	Name of Charitable Organization	Office Use Only				
В.	Mailing Address	Permit Number				
C.	Telephone number	Permit Year				
D.	Premises in Maryland where event is to be held	Approved				
		Date Issued				
E.	Is this a retail license premise? Yes $\ \square$ N	0				
F.	Date event is to be conducted	Check Number				
G.	Federal Identification Number	Check Amount \$				
Н.	Social Security number of organization (Official Making Application)	Deposit Date				
Se	ection 2					
Α.	Has the applicant ever been convicted of a felony by any state or federal court?	Yes No				
В.	Does the applicant agree to conform to all the laws, rules and regulations of the state of Ma business in which he proposes to engage under this permit?					
C.	Does the applicant authorize the Maryland Alcohol, Tobacco, and Cannabis Commission and his duly authorized personnel to search without warrant any vehicle, railroad cars, vessel, aircraft or premises used in the business to be conducted under this permit at any and all hours agreeable to the laws of the state of Maryland? Yes No					
D.	. Has the applicant ever been convicted of a violation of the law of the United States, Maryland or any other state concerning alcoholic beverages, gaming, or gambling?					
E.	The Annotated Code of Maryland, Alcoholic Beverages Article, Section 1-404 titled "Complia Compensation Act" requires the evidence of such compliance prior to the issuance of any per The applicant hereby affirms (check one):					
	 a. the applicant is not an employer required to provide coverage by the Maryland Workers' Compensation Law; or b. the applicant is an employer required to provide employee coverage by the Maryland Workers' Compensation Law and has secured such coverage. As evidence of such coverage, the following is submitted: 					
	1. Name of insurance company	-				
	Policy or binder number	-				
Se	ection 3					
Ph	ysical description of premises applied for					
Th	e Premises is owned by					
wł	nose mailing address is					
in an	(We) certify that (I am/we are) the owner(s) of the above described premises, and (I/we) he the conduct of the businesses to be engaged in under the permit applied for and (I/we) auth d Cannabis Commission and its duly authorized inspectors to inspect and search without ward all hours.	orize the Maryland Alcohol, Tobacco,				
WI	TNESS (my/our) hand(s) thisday of20					
WI	TNESS	uun ou'a aigeatuus				
		wner's signature				
14/1	TNECC					

Owner's signature



MARYLAND FORM 10-9

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Section 4

- Permit fee is \$10.00 (remitted herewith) check or money order made payable to "Maryland Alcohol, Tobacco, and Cannabis Commission".
- Prepayment of taxes:

Within seven (7) days of the date of the auction (see Section 1F), applicant must remit an estimated prepayment of the wine tax on wine anticipated to be sold at auction on which the tax has not already been paid. Checks made payable to "Comptroller of Maryland".

Note: Within 30 days from the date of the auction, our report Form 533-1 is to be submitted to the Comptroller's Office.

Section 5

Extract from the Maryland Law: If any signed statement, report, affidavit, or oath required under the provisions of the Annotated Code of Maryland, Alcoholic Beverages Article shall contain any false statement, the offender shall be deemed guilty of perjury and upon conviction thereof, shall be subject to the penalties provided by the law for that crime.

By my signature below, I understand that while I am making this application on behalf of the listed charitable organization, I will be considered a co-applicant and as such will be held personally accountable for filing report Form 533-1, paying the applicable excise tax and otherwise complying with the provisions of the Annotated Code of Maryland, Alcoholic Beverages Article.

Signature of applicant (if a corporation, the President, Vice President, or Secretary-Treasurer)

	Corporate Officer			Organizational Official		
В.	State of					
	County of					
	This is to certify that on the	day of	20	_, before me the subscriber, a	in	
	and for the State of personally appeared who represented himself (herself) to be					
	of the					
	Owner, partner	or title of corporate officer		Trade or corporate name		
	and made oath in due form of the law that the statements contained herein are true and correct to the best of his (her)					
	knowledge and belief.					
	Whereof Witness My Hand and Se	eal				
	(Seal)			Officer administering eath		

Contact Information

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

410-260-7314 atcc.licensing@maryland.gov atcc.maryland.gov



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