

**Section 1**

- A. Name of Charitable Organization \_\_\_\_\_
- B. Mailing Address \_\_\_\_\_
- C. Telephone number \_\_\_\_\_
- D. Premises in Maryland where event is to be held \_\_\_\_\_  
\_\_\_\_\_
- E. Is this a retail license premise? . . . . .  Yes  No
- F. Date event is to be conducted \_\_\_\_\_
- G. Federal Identification Number . . . . .   -
- H. Social Security number of organization  
(Official Making Application) . . . . .    -   -

<b>Office Use Only</b>	
Permit Number _____	
Permit Year _____	
Approved _____	
Date Issued _____	
Check Number _____	
Check Amount \$ _____	
Deposit Date _____	

**Section 2**

- A. Has the applicant ever been convicted of a felony by any state or federal court? . . . . .  Yes  No
- B. Does the applicant agree to conform to all the laws, rules and regulations of the state of Maryland relating to the business in which he proposes to engage under this permit? . . . . .  Yes  No
- 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? . . . . .  Yes  No  
(If yes, explain in detail on separate paper - list offense, court, date, etc.)
- E. The Annotated Code of Maryland, Alcoholic Beverages Article, Section 1-404 titled "Compliance with Workers' Compensation Act" requires the evidence of such compliance prior to the issuance of any permit by this office. 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 \_\_\_\_\_
    2. Policy or binder number \_\_\_\_\_

**Section 3**

Physical description of premises applied for \_\_\_\_\_  
\_\_\_\_\_

The Premises is owned by \_\_\_\_\_  
whose mailing address is \_\_\_\_\_  
\_\_\_\_\_

(I/We) certify that (I am/we are) the owner(s) of the above described premises, and (I/we) hereby consent to the use of the premises in the conduct of the businesses to be engaged in under the permit applied for and (I/we) authorize the Maryland Alcohol, Tobacco, and Cannabis Commission and its duly authorized inspectors to inspect and search without warrant, the premises so described at any and all hours.

WITNESS (my/our) hand(s) this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

WITNESS \_\_\_\_\_

\_\_\_\_\_  
Owner's signature

WITNESS \_\_\_\_\_

\_\_\_\_\_  
Owner's signature

