	FORM 20-3A	PRIVATE BULK SALE PERMIT				
Alcoho	ation is made by th blic Beverages Artic (ies) to the followin		Office Use Only Number			
(Make	or Private Bulk Sale check payable to "	Stub Numb Approved _	Permit Year Stub Number Approved			
Section 1 - All applicants must complete this section. Type or print clearly. A. Permit is to be issued in the name of					Date Check Number Check Amount \$ Deposit Date	
C. E-	-mail address			Deposit Da		
	Str	eet and Number	City	State	9-Digit Zip Code	
		мм/dd/үүүү urity No				
Sectio	on 2 - Applicant c	ertifies to the following:				
	-	es to be sold have been legally Code of Maryland, Alcoholic Bev	acquired and transported into Maryland, verages Article.	in accordance	🗌 YES 🗌 NO	
В. А	ll alcoholic beverag	es intended for sale under a Pri	ivate Bulk Sale Permit are owned by the a	applicant.	🗌 YES 🗌 NO	
			olic beverages to be sold under the Private e, bottle size and number of bottles.)	e Bulk Sale	🗌 YES 🗌 NO	
D. A	pplicant understand	ls that a maximum of two Priva	ate Bulk Sale Permits may be obtained in	a calendar year.	YES NO	
	fy who will be the s Sale will be made	by the individual permit applic by an unlicensed agent or auct	s identified in the inventory attached. (Che cant to the buyer. tion company acting on behalf of the perr	·		

Street Address

City

State 9-Digit Zip Code

MARYLAND

APPLICATION FOR A



APPLICATION FOR A PRIVATE BULK SALE PERMIT

Section 4

Indicate the intended buyer of the alcoholic beverages identified in the inventory attached. If unknown due to auction, check here. \square	
\Box A Maryland resident age 21 years of age or older. (Provide name and address.)	

Entity Name	Entity Ad	Entity Address		
		MD		
City		State	9-Digit Zip Code	
A Maryland retail account. (Indica	te name, address and type/	class of alcoholic l	beverage license.)	
Entity Name	Entity Ad	dress		
		MD		
City		State	9-Digit Zip Code	
Type of License (Beer/Wine/Liqu	or)		License Number	
Out of state entity authorized to importation. Indicate entity nam		(Attach letter from	m State Alcoholic Beverage Board authorizing	
Entity Name	Entity Ad	dress		
City		State	9-Digit Zip Code	
I do solemnly declare and affirm to the best of my knowledge, inf		ury that the conte	nts of the foregoing document are true and corre	
Signature of Individual			Date	
Type or Print Full Name				
If additional space is needed for any	y section, attach separate s	heets.		
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				