## MARYLAND APPLICATION FOR A FORM PRIVATE BULK SALE 20-3A PERMIT

Application is made by the undersigned under the provisions of the Annotated Code of Maryland, Alcoholic Beverages Article for a Private Bulk Sale Permit and the applicant(s) submit(s) and certify(ies) to the following information.

Fee for Private Bulk Sale Permit - \$25.00
(Make check payable to "Comptroller of Maryland")

## Section 1 - All applicants must complete this section. Type or print clearly.

A. Permit is to be issued in the name of $\qquad$
Applicant's Full Name
B. Whose telephone number is $\qquad$ Fax $\qquad$

## Office Use Only

Number $\qquad$
Permit Year $\qquad$
Stub Number $\qquad$
Approved $\qquad$
Date $\qquad$
Check Number $\qquad$
Check Amount \$ $\qquad$
Deposit Date $\qquad$
C. E-mail address $\qquad$
D. Whose address is $\qquad$ Street and Number

## City

E. Applicant's birth date

## MM/DD/YYY

F. Applicant's Social Security No. $\qquad$ -$-$

## Section 2 - Applicant certifies to the following:

A. All alcoholic beverages to be sold have been legally acquired and transported into Maryland, in accordance with the Annotated Code of Maryland, Alcoholic Beverages Article.YESNO
B. All alcoholic beverages intended for sale under a Private Bulk Sale Permit are owned by the applicant.YES NO
C. Attached herewith is a complete inventory of alcoholic beverages to be sold under the Private Bulk Sale Permit. (Indicate on separate sheet the brand name, bottle size and number of bottles.)YESNO
D. Applicant understands that a maximum of two Private Bulk Sale Permits may be obtained in a calendar year.YESNO

## Section 3

Identify who will be the seller of the alcoholic beverages identified in the inventory attached. (Check one)Sale will be made by the individual permit applicant to the buyer.Sale will be made by an unlicensed agent or auction company acting on behalf of the permit applicant. Provide name and address of entity:

Entity Name
$\overline{\text { Street Address }} \overline{\text { City }} \overline{\text { State }} \overline{\text { 9-Digit Zip Code }}$

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## Section 4

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

Entity Name
Entity Address
$\begin{array}{ll}\text { City } & \text { MD } \\ \text { State }\end{array}$
9-Digit Zip CodeA Maryland retail account. (Indicate name, address and type/class of alcoholic beverage license.)

## Entity Name

Entity Address

| City |  |  |
| :--- | :--- | :--- | :--- |
|  |  |  |
| TyD |  |  |Out of state entity authorized to receive alcoholic beverages. (Attach letter from State Alcoholic Beverage Board authorizing importation. Indicate entity name and address.)

Entity Name Entity Address

## City

State
9-Digit Zip Code

## Section 5 Affidavit

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information and belief.

Signature of Individual
Date

Type or Print Full Name
If additional space is needed for any section, attach separate sheets.

## Contact Information

## Maryland Alcohol, Tobacco,

 and Cannabis CommissionRegulatory \& Research Section
1215 E Fort Ave, Ste 300
Baltimore, MD 21230
410-260-7314
atcc.licensing@maryland.gov
atcc.maryland.gov

