

PERMIT APPLICATION



			Office L	Jse Only
			Permit #	
			VID	Year
Offi	ce use only		Permit Year _	
			VID	
		1	VID	
			Approved	
			Date	
Note: • Read instructions carefully. I	ncomplete or incorrect application	 on will be returned	Check #	
<ul> <li>File a separate application for</li> </ul>	r each type of permit desired.		Check Amou	nt
<ul> <li>All applicants must complete</li> <li>All renewal applications rece</li> </ul>	Sections 1 and 10. ived after October 31 will be cor	sidered new application	Deposit Date	e
Check the type of permit you are ap				
ND-Non-resident Dealer \$200	0.00 IT-Individual Transpo	rtation \$10.00	CH-Change of Domicile	\$ 5.00
NS-Non-resident Storage \$500	0.00 IS-Individual Storage	\$50.00	NC-Non-beverage "C"	\$50.00
IE-Import-Export \$75	i.00 PS-Public Storage	\$75.00	NE-Non-beverage "E"	Gratis
PT-Public Transportation \$75	5.00 ST-Storage & Transpo	ortation \$200.00	Vehicle Identification Card	(each) \$ 10.00
NW-Non-resident Winery \$50	0.00 FP-Family Beer and W	ine Facility \$400.00	RD-Resident Dealer	\$ 200.00
NB-Non-Resident Brewery \$50	0.00 NL-Non-Resident Disti	llery \$100.00		
Section 1 - All Applicants Must C	omplete This Section	New Permit Re	enewal (permit no.)	
A. Permit is to be issued in the nam	e of Corporate name for corporation; a	all partners if partnership; indi	vidual name and trade name	
B. Whose telephone number is	or	oll Free Number	FAX	
E-mail address				
C. Whose mailing address is				
Street and Number				
City	County		State Nine - dig	it ZIP Code
D. Provide physical location address	if the mailing address is differen	at .		
D. Trovide physical location address				
E. Applicant is a Corporation Limited Liability	List Federal Identi	fication Number	-	
Partnership	List Social Securit (Required for Resident I			
Individual				
*The disclosure of applicant's Social Securit Alcoholic Beverages Article.	/ Number is mandatory and will be used for	or background investigations pu	ursuant to the Annotated Code of	Maryland,
F. The applicant is presently the hol				
state of Maryland, or the United S	•		,	-
Issuing authority	Туре		Expiration date	Number
Mary	land Alcohol, Tobacco,			
	Cannabis Commission	410-260-7314		
	E Fort Ave, Ste 300	atcc.licensing@maryl	and.gov	-
Baltir	nore, Maryland 21230	atcc.maryland.gov		



PERMIT APPLICATION

G.	Has the applicant ever been convicted of a felony by any state or federal court?	No		
Н.	Does the applicant agree to conform to all the laws, rules, and regulations of the state of Maryland relating to the business proposed under this permit?	No		
<i>I.</i> Does the applicant authorize the Maryland Alcohol, Tobacco, and Cannabis Commission and its 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?				
J.	J. Has the applicant ever been convicted of a violation of the laws of the United States, Maryland or any other state concerning alcoholic beverages, gaming, or gambling? (If yes, explain in detail on separate paper - list offense, court, date, etc.)			
К.	K. Does the applicant have an interest in a Maryland alcoholic beverage wholesale or retail license, either issued or applied for? Provide particulars on separate attachment			
L.	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 (complete one):			
	a. Applicant is not an employer required to provide coverage by the Maryland Workers' Compensation Law; or			
	b. 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	d:		
	1. Name of insurance company	_		
	2. Policy or binder number			
Se	ection 2 - Non-beverage Applicants Complete This Section in Addition to Sections 1, 4, & 10			

- A. Alcohol purchased under this permit is to be used for \_\_\_\_
- B. If the applicant is a hospital, educational or charitable organization qualified for Non-Beverage "E" gratis permit, set forth the nature of the organization and operation.

#### Section 3 - Change of Domicile Permit Applicants Complete This Section in Addition to Sections 1 & 10

A. I am changing my domicile and moving my household effects from

	Street and Number	City	County	State	Nine - digit ZIP Code
to	Street and Number	City	County	State	Nine - digit ZIP Code

B. Attach an inventory of the alcoholic beverages you wish to bring into this state showing container size, brand name, type and proof or alcoholic content. Maryland tax at the following rates should accompany this application: Wine 40 cents per gallon, Beer 9 cents per gallon, Distilled Spirits (alcoholic beverages other than wine or beer) \$1.50 per gallon up to 100 proof plus .015 cents per 1 proof over 100 proof.

# Section 4 - Public Storage, Individual Storage and Family Beer and Wine Facility Applicants Complete This Section in Addition to Section 1 & 10. Non-beverage Applicants Complete This Section in Addition to Section 1, 2, & 10. Public Storage and Transportation Applicants Complete This Section in Addition to Section 1, 5, & 10.

A. If premises is in Maryland give exact site location (do not give P.O. address).

Street and Number	City	County	State	Rear, Front, 2nd Floor, etc.
Other site locations				
Physical description of premises applied for (give distance to nearest prominent landmark and specify which portion of the building is to be covered by the permit if all of structure is not covered)				

C. The premises is owned by

D. Whose mailing address is \_\_\_\_\_

	Maryland Form <b>328</b>	PERMIT APPLICATION		
E.	If authorized by a	manufacturer's license, will you be	manufacturing at this locat	ion? Yes 📃 No
F. (I, We) certify that (I am, we are) the owner(s) of the above described premises, and (I, we) hereby consent to the us premises in the conduct of the business to be engaged in under the permit applied for and (I, we) authorize the Marylan Alcohol, Tobacco, and Cannabis Commission and its duly authorized inspectors to inspect and search without warrant, t premises so described at any and all hours. Your signature below indicates explicit consent to warrantless searches of the property in compliance with the Annotate Maryland, Alcoholic Beverages Article, for as long as the regulated activity is authorized under this permit at this locatic said consent shall remain in effect until the permit is invalidated or until the property undergoes a change of ownership			for and (I, we) authorize the Maryland	
			prized under this permit at this location and	
	WITNESS (My, Ou	r) hand(s) and seal(s) this	day of	20
	WITNESS			Owner's signature
	WITNESS			-
				Owner's signature
Se		ransportation, Public Storage & ction in Addition to Section 1 &		al Transportation Applicants Complete
A.				Yes No
в.	B. If your answer to question A above is "Yes," are you presently committed to transport for another person? $\dots$ Yes $\square$ No			ort for another person? Yes No
C.	C. Will you be the owner of the alcoholic beverages to be transported?			Yes No
D.	D. If your answer to question C above is "Yes," state the source and destination of the alcoholic beverages hauled.			
E.	E. Each vehicle operating under a permit must carry identification. A fee of \$10.00 per vehicle must accompany this application in addition to the permit fee.			
F.	F. Number of vehicles requiring a vehicle identification card at \$10.00 each: Total			
Se	ection 6 - Non-res	ident Winery Applicants Comple	ete This Section in additi	on to Sections 1 & 10.
Α.	Do you produce les	ss than 27,500 gallons of your own v	vine annually?	Yes No
Se	ection 7 - Non-res	ident Brewery Applicants Comp	lete This Section in addi	ion to Sections 1 & 10.
Α.	Do you produce les	s than 22,500 barrels of your own be	eer annually?	Yes No
Se	ection 8 - Residen	t Dealer Applicants Complete Th	nis Section in addition to	Sections 1 & 10.
A.	Has the applicant l	peen a resident of Maryland for at lea	ast 2 years prior to making a	application? No
			MD Resident	Since
Se	ection 9 - Non-Re	sident Distillery Applicants Com	plete This Section in add	ition to Sections 1 & 10.
A.	Do you produce les	s than 100,000 gallons of your own	liquor annually?	Yes No
_	ation 10 All Am	licente Must Complete This Cost	bi a m	

### Section 10 - All Applicants Must Complete This Section

Your signature below indicates your agreement to the terms of this Affidavit in compliance with the Annotated Code of Maryland, Alcoholic Beverages Article for as long as the regulated activity is authorized under this permit at this location, and these terms shall remain in effect until the permit is invalidated or until the property undergoes a change of ownership.

## Affidavit

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

Date

Signature of owner, partner or corporate officer

Type or print name of owner, partner or corporate officer

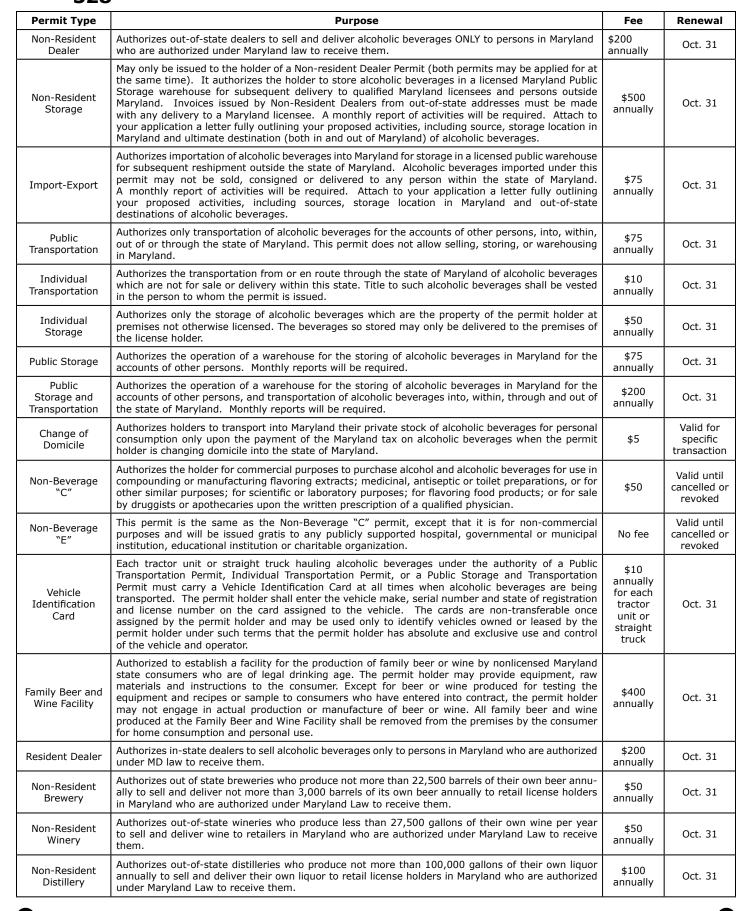
Title

Rev. 08/23





# Maryland PERMIT APPLICATION Form EXPLANATION OF PERMITS AND FEES



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

# Checklist for Wine & Distilled Spirits Non-Resident or Resident Dealer Permit Application

Below is a checklist of forms, etc., that must be sent to the Maryland Alcohol, Tobacco, and Cannabis Commission when applying for a Non-Resident or Resident Dealer Permit authorizing you to ship wines and/or distilled spirits to Maryland wholesalers.

Be sure to read thoroughly all the regulations, bulletins and notices before submitting your application. Incomplete applications or items not submitted will result in your application being returned unprocessed until all requirements are met.

Permit Application (Form Maryland Form 328) properly executed (one copy).

- Provide an official Power of Attorney (if applicable) to authorize a compliance agent or employee to sign any documents submitted excluding the actual application which must be signed by a corporate officer or owner (if individual ownership).
- Your check or money order made payable to: "Maryland Alcohol, Tobacco, and Cannabis Commission", in the amount of \$200.00.
- \_\_\_\_\_ A copy of your company's, partnership's, or in the case of an individual, the business' most recent financial statement.
- \_\_\_\_\_ Provide letter(s) certifying that you are either:
  - 1. The actual brand owner of the brand(s) you propose to sell in Maryland,
  - 2. The appointed sales agent in Maryland of said brand owner,
  - 3. The United States Importer or,
  - 4. An authorized agent of the United States importer.
- \_\_\_\_\_ A sample invoice you propose to use to bill Maryland wholesalers.
- \_\_\_\_\_ Identify, in writing, the name of the Maryland wholesaler assigned to represent your product(s).
- \_\_\_\_\_ Verify, in writing, that you do not ship wine and/or spirits direct to consumers in Maryland
- \_\_\_\_\_ A copy of your State Alcohol License
- \_\_\_\_\_ A copy of your Federal Basic Permit