

**Section 1**

- A. Name of National Family Beer and/or Wine Association: \_\_\_\_\_
- B. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
- C. Telephone Number with Area Code: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- D. Federal Identification Number:    □□ - □□□□□□□□
- E. Premises in Maryland where event is to be held: \_\_\_\_\_  
\_\_\_\_\_
- F. Is this a retail alcoholic beverage licensed premise: . . . . .  Yes  No
- G. Date(s) event is to be conducted: \_\_\_\_\_

<b>Office Use Only</b>
Check No. _____
Check Amt. _____
Deposit Date _____
Approved _____
Approval Date _____
Number _____
Year _____

**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 confirm to all the laws, rules and regulations of the state of Maryland relating to the business which is proposed to be engaged in under this permit? . . . . .  Yes  No
- C. 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? . . . . .  Yes  No
- D. 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? . . . . .  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 (complete one):
  - a. Applicant is not an employer required to provide coverage by the Maryland Workers' Compensation Law; or
  - b. 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**

(To be completed only if you answered "No" to question F in **Section 1**)

Owner of premises statement: \_\_\_\_\_

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 business to be engaged in under the permit applied for and (I/we) authorize the Maryland Alcohol, Tobacco, and Cannabis Commission and its duly authorized personnel to inspect and search without warrant the premises so described at any and all hours.

WITNESS (my/ours) hand(s) and seal(s) this \_\_\_\_\_ Day \_\_\_\_\_ Year  
Month

WITNESS \_\_\_\_\_ (Owner's Signature) (L.S.)  
WITNESS \_\_\_\_\_ (Owner's Signature) (L.S.)

**Section 4 (Fees)**

A. Permit Fee: ..... \$ 50.00

B. Prepayment of Taxes\*: Beer ..... \$ \_\_\_\_\_

Wine ..... \$ \_\_\_\_\_ Total Tax ..... \$ \_\_\_\_\_

Remitted herewith ..... \$ \_\_\_\_\_

\* Determined by estimating the number of gallons of commercially produced beer or wine to be received from non-Maryland licensed manufacturers or suppliers and multiplying by the wine tax rate of 40¢ per gallon or the beer tax rate of 9¢ per gallon.

**NOTE:** *Within 30 days of the close of the event, Form 532-2 is to be completed and submitted to the Revenue Administration Division.*

**Section 5 - All applicants must complete this section.**

**Affidavit**

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

\_\_\_\_\_  
Signature of Applicant  
(If a corporation - the president, vice president or secretary/treasurer)

\_\_\_\_\_  
Type or print name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**If additional space is needed for any section, attach separate sheets.**

**Contact Information**

**Maryland Alcohol, Tobacco,  
and Cannabis Commission**  
Regulatory & Research Section  
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Baltimore, MD 21230

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