

Note: Read instructions carefully. Incomplete or incorrect applications will be returned.

New Permit Renewal Transfer Duplicate

Permit Year _____

If renewal, transfer or duplicate give present permit number SP _____

| | | | |
|----------------|------------------------|--------------|---------------------------------|
| Name | | | |
| Home address | | | |
| City | | State | 9 Digit Zip code |
| Date of birth | Social Security Number | | Passport Number (if Applicable) |
| E-mail address | | Phone number | |

| Office Use Only | |
|-----------------|----------|
| Permit Number | _____ |
| Permit Year | _____ |
| Approved | _____ |
| Date | _____ |
| Check Number | _____ |
| Check Amount | \$ _____ |
| Deposit Date | _____ |

List the company(ies) you represent in the state of Maryland below. If you represent more than one company, list the principal one first. The license or permit number should be the number the state of Maryland has assigned to that company. The company's name and address should be identical to the information appearing on its Maryland license or permit. Be complete and accurate. If additional space is required attach a separate sheet.

| Maryland license or permit number | Company name | Company address | Company telephone number |
|-----------------------------------|--------------|-----------------|--------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Office use only

Note: Independent brokers must submit a letter from the Maryland license or permit holder they represent verifying that their company is authorized to do so.

1. 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
2. Does the applicant agree that he or she will not furnish anything of value to a retail licensee except advertising and related items provided by the Alcoholic Beverages Article of the Annotated Code of Maryland and regulations and bulletins issued by the Alcohol, Tobacco, and Cannabis Commission? Yes No
3. Are you or any member of your immediate family listed as a retail license applicant or employed by a retail licensee, or do you have a direct or indirect financial interest in such an establishment? Yes No
If your answer to this question is yes, attach explanation along with statement you will not solicit this account.
4. Has the applicant ever been convicted of a felony by any state or federal court? Yes No
If your answer to this question is yes, explain in detail below.
5. Has the applicant 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 your answer to this question is yes, explain in detail below.

| Name | Offense | Court | Date |
|------|---------|-------|------|
| | | | |
| | | | |
| | | | |
| | | | |

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

Date

Third Party Checks

I do solemnly declare and affirm under the penalties of perjury that the contents below are true and correct to the best of my knowledge, and that I am authorized and empowered to issue a check and make payment for the license/permit fee on behalf of the applicant.

Name of Corporation; Partners of Partnership; or Individual (include Trade Name)

Complete Mailing Address

Signature of Owner, Partner or Corporate Officer

Title

Federal Identification Number and/or Social Security Number

Date

Important

The Solicitor Permit fee is \$50.00. Your check made payable to "Maryland Alcohol, Tobacco, and Cannabis Commission" should be remitted with your application. Mail or submit your application to the Regulatory & Research Section in the Baltimore office.

An application must be submitted and a permit issued prior to engaging in any activity authorized by a Solicitor Permit. The permit must be physically carried on your person at all times while engaging in the activity.

Applicants should mail their application to the address below at least 10 days in advance of need.

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

410-260-7314
atcc.licensing@maryland.gov
atcc.maryland.gov

Solicitor's Permits Expire October 31 Annually