

NOTE: READ INSTRUCTIONS CAREFULLY-INCOMPLETE OR INCORRECT APPLICATION WILL BE RETURNED.

**SECTION 1**

- A. Permit is to be issued in the name of \_\_\_\_\_
- B. Whose telephone number is \_\_\_\_\_ and/or \_\_\_\_\_  
 Fax Number \_\_\_\_\_
- C. Mailing address \_\_\_\_\_  
 street & number \_\_\_\_\_  
 \_\_\_\_\_  
 city \_\_\_\_\_  
 \_\_\_\_\_  
 county \_\_\_\_\_ state \_\_\_\_\_ nine digit zip code \_\_\_\_\_

<b>Office Use Only</b>	
Number	_____
Permit Year	_____
Stub Number	_____
Approved	_____
Date	_____
Check Number	_____
Check Amount	\$ _____
Deposit Date	_____

- D. List Social Security Number\* . . . . .    -   -
- Federal Identification Number . . . . .   -

\* The disclosure of applicant's Social Security Number is mandatory and will be used for background investigations pursuant to the Annotated Code of Maryland, Alcoholic Beverages and Cannabis Article.

- E. The applicant is presently the holder of the following Alcoholic Beverages Permits or Licenses issued by the State of Maryland, any other State or the United States Government (if additional space is needed, attach separate paper). If NONE, so state.

Issuing Authority	Type	Expiration Date	Number
_____	_____	_____	_____

- F. Has the applicant ever been convicted of a felony by any State or Federal Court? . . . . .  Yes  No
- G. 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 in under this permit? . . . . .  Yes  No
- H. Does the applicant authorize the Alcohol, Tobacco, and Cannabis Commission and his 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
- I. 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 a separate paper - list offense, court, date, etc.)

- J. The Annotated Code of Maryland, Alcohol Beverages and Cannabis 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. the applicant is not an employer required to provide coverage by the Maryland Workmen's Compensation Law; or
- b. the applicant is an employer required to provide coverage by the Maryland Workmen's Compensation Law and has secured such coverage. As evidence of such coverage, the following is submitted:
1. Name of Insurance Co. \_\_\_\_\_
2. Policy or Binder No. \_\_\_\_\_

**SECTION 2**

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

\_\_\_\_\_

street & number

\_\_\_\_\_

city

\_\_\_\_\_

state

\_\_\_\_\_

nine digit zip code

B. Physical description of premises applied for (see instructions) \_\_\_\_\_

C. The premises is owned by \_\_\_\_\_

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

E. (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 Alcohol, Tobacco, and Cannabis Commission and his duly authorized inspectors to inspect and search without warrant the premises so described at any and all hours.

\_\_\_\_\_

Type or Print Name

\_\_\_\_\_

Owner's Signature

\_\_\_\_\_

Company Name and Title

\_\_\_\_\_

Date

**SECTION 3**

I certify under penalty of perjury that the aforementioned statements are true and correct to the best of my knowledge and belief. I further certify that alcohol produced under this permit will be used exclusively for fuel purposes and not for beverage purposes. I agree to file reports as may be required from time to time and understand that failure to do so may result in the suspension or revocation of my permit.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date of Application

**Contact Information**

**Maryland Alcohol, Tobacco, and  
Cannabis Commission**

Regulatory & Research Section  
1215 E Fort Ave, Ste 300  
Baltimore, MD 21230

410-260-7314

Email: [atcc.licensing@maryland.gov](mailto:atcc.licensing@maryland.gov)  
[atcc.maryland.gov](http://atcc.maryland.gov)

**INSTRUCTIONS FOR COMPLETING**

**SECTION 1**

- A) State in whose name the permit is to be issued. If applicant is a corporation, the corporate name should be listed and corporate officers should be listed on a separate sheet. If the applicant is a partnership, the permit must be issued in the names of all partners. If an LLC, indicate the managing members' names on a separate sheet.
- B) State the applicant's telephone number including area code and fax number, if applicable.
- C) Indicate the address where mail will reach the applicant showing street and number or Post Office Box, City, County, State and nine digit Zip Code.
- D) List the applicant's Social Security Number and Federal Employer Identification Number, if applicable.
- E) State whether the applicant is the holder of any type of alcoholic beverage license or permit under the authority of the State of Maryland, the United States Government, or any other State or subdivision thereof. If the applicant is the holder of such a permit or license, list all such permits or licenses in the space provided. If the applicant does not hold any such licenses/permits, list "none". Note: See Special Instructions below pertaining to your federal permit for fuel-alcohol use.
- F) Indicate whether or not the applicant has ever been convicted of a felony in any State or federal court.
- G) If the applicant has ever been convicted in any State or federal court for violation of the laws pertaining to alcoholic beverages, gaming or gambling indicate the name under which the applicant was convicted, the offense, the court where the applicant was convicted and the date of conviction on a separate piece of paper.
- H) The applicant is to complete either (a) or (b) indicating his compliance with the Maryland Workmen's Compensation Law.

**SECTION 2**

- A) Indicate the exact site location of the permit premises showing street or number, if any, or if none, indicate the distance and direction of the nearest prominent landmark. Also, show the City and County where the premises is located.
- B) Indicate the physical description of the premises.
- C) Indicate the owner of the permit premises and his mailing address. If the applicant is the owner, so state.
- D) List the mailing address of the owner.
- E) The owner of the premise's signature at the bottom of this application signifies their consent to the search without a warrant of any premises which are used in the conduct of the business engaged in under this permit at any and all hours by the Alcohol, Tobacco, and Cannabis Commission (ATCC) of his duly authorized personnel. Note: Section 2 of this application must also be completed.

**SECTION 3**

The applicant's signature at the bottom of the application indicates their willingness to conform to all the laws of the State of Maryland and any rules or regulations which have been or may hereafter be promulgated concerning alcoholic beverages generally and this class of permit particularly.

**SPECIAL NOTES FOR FUEL-ALCOHOL PERMIT APPLICANTS**

- A) Attached to this application must be a copy of your federal permit to operate a fuel-alcohol operation. If you have not obtained such a permit, then submit a copy of your application for same and submit copy of permit when received. This office will not issue a fuel-alcohol permit before evidence is presented that you have obtained a Federal Fuel-Alcohol permit.
- B) There is no fee for this type of permit. The duration of the permit is perpetual unless the permit is suspended or revoked by the ATCC.
- C) As a permit holder, you will be required to comply with certain requirements of this office. Please refer to ADDITIONAL INFORMATION below for complete details.
- D) Any questions pertaining to this permit application or the activities thereunder should be directed to the Regulatory & Licensing Section at (410) 260-7314.

**ADDITIONAL INFORMATION**

The holder (or potential holder) of a Fuel-Alcohol Permit shall be aware of and comply with the following:

- A) Before a permit will be issued by the Alcohol, Tobacco, and Cannabis Commission, Regulatory & Licensing Section, evidence must be made a part of the Application Form 10-6 that the applicant holds a federal Fuel-Alcohol Permit. This shall be in the form of a copy of the actual permit or authorization letter.
- B) Each application is subject to an investigation by representatives of the ATCC prior to issuance. In any event, prior to initiating operations under this permit, a 48-hour notice shall be given to the ATCC (410-260-7314), so that they may arrange to have an authorized representative on the site at that time.
- C) A yearly report of your activity is required. Report Form COM/FED/RLS-22 covering activity between November 1 through October 31 of each year (or that portion of the year you held a permit) must be filed by November 15 annually. This form must be filed even if you had no activity under your permit during your report period. Failure to file this report on a timely basis will subject your permit to suspension or revocation.
- D) Fuel-Alcohol Permits do not expire. They will continue in effect until suspended, revoked or you are otherwise notified by the Comptroller. Permits no longer needed shall be immediately returned to the ATCC, Regulatory & Licensing Section for voluntary cancellation.