



190109049

Section 1

- A. Name of Charitable Organization _____
- B. Mailing Address _____
- C. Telephone number _____
- D. Premises in Maryland where event is to be held _____
- E. Is this a retail license premise? Yes No
- F. Date event is to be conducted _____
- G. Federal Identification Number -
- H. Social Security number of organization
(Official Making Application) - -

Office Use Only	
Permit Number	_____
Permit Year	_____
Stub Number	_____
Approved	_____
Date Issued	_____
Check Number	_____
Check Amount	\$ _____
Deposit Date	_____

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 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
- C. Does the applicant authorize the Comptroller of Maryland 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
- D. Has the applicant ever been convicted of a violation of the law 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 (check one):
 - a. the applicant is not an employer required to provide coverage by the Maryland Workers' Compensation Law; or
 - b. the 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:
 1. Name of insurance company _____
 2. Policy or binder number _____

Section 3

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 businesses to be engaged in under the permit applied for and (I/we) authorize the Comptroller of Maryland and his duly authorized inspectors to inspect and search without warrant, the premises so described at any and all hours.

WITNESS (my/our) hand(s) this _____ day of _____ 20 _____

WITNESS _____

Owner's signature

WITNESS _____

Owner's signature



Section 4

- A. Permit fee is \$10.00 (remitted herewith)
- B. Prepayment of taxes:

Within seven (7) days of the date of the auction (see Section 1F), applicant must remit an estimated prepayment of the wine tax on wine anticipated to be sold at auction on which the tax has not already been paid.

Note: Within 30 days from the date of the auction, our report Form 533-1 is to be submitted to the Revenue Administration Division.

Section 5

- A. **Extract from the Maryland Law:** If any signed statement, report, affidavit, or oath required under the provisions of the Annotated Code of Maryland, Alcoholic Beverages Article shall contain any false statement, the offender shall be deemed guilty of perjury and upon conviction thereof, shall be subject to the penalties provided by the law for that crime.

By my signature below, I understand that while I am making this application on behalf of the listed charitable organization, I will be considered a co-applicant and as such will be held personally accountable for filing report Form 533-1, paying the applicable excise tax and otherwise complying with the provisions of the Annotated Code of Maryland, Alcoholic Beverages Article.

Signature of applicant (if a corporation, the President, Vice President, or Secretary-Treasurer)

Corporate OfficerOrganizational Official

- B. State of _____
- County of _____

This is to certify that on the _____ day of _____ 20 _____, before me the subscriber, a _____ in
and for the State of _____ personally appeared who represented himself (herself) to be _____
_____ of the _____

Owner, partner or title of corporate officerTrade or corporate name

and made oath in due form of the law that the statements contained herein are true and correct to the best of his (her) knowledge and belief.

Whereof Witness My Hand and Seal
(Seal)

Officer administering oath

Contact Information

Comptroller of Maryland
Field Enforcement Division
Regulatory & Licensing Section
P.O. Box 2999
Annapolis, Maryland 21404-2999
410-260-7314 or 800-MD-TAXES
ATT@marylandtaxes.gov
www.marylandtaxes.gov