



19203A049

Application is made by the undersigned under the provisions of the Annotated Code of Maryland, Alcoholic Beverages Article for a Private Bulk Sale Permit and the applicant(s) submit(s) and certify(ies) to the following information.

Fee for Private Bulk Sale Permit - \$25.00
(Make check payable to "Comptroller of Maryland")

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

Section 1 - All applicants must complete this section. Type or print clearly.

- A. Permit is to be issued in the name of _____
Applicant's Full Name
- B. Whose telephone number is _____ Fax _____
- C. E-mail address _____
- D. Whose address is _____
Street and Number City State 9-Digit Zip Code
- E. Applicant's birth date _____
MM/DD/YYYY
- F. Applicant's Social Security No. _____ - _____ - _____

Section 2 - Applicant certifies to the following:

- A. All alcoholic beverages to be sold have been legally acquired and transported into Maryland, in accordance with the Annotated Code of Maryland, Alcoholic Beverages Article. YES NO
- B. All alcoholic beverages intended for sale under a Private Bulk Sale Permit are owned by the applicant. YES NO
- C. Attached herewith is a complete inventory of alcoholic beverages to be sold under the Private Bulk Sale Permit. (Indicate on separate sheet the brand name, bottle size and number of bottles.) YES NO
- D. Applicant understands that a maximum of two Private Bulk Sale Permits may be obtained in a calendar year. YES NO

Section 3

Identify who will be the seller of the alcoholic beverages identified in the inventory attached. (Check one)

- Sale will be made by the individual permit applicant to the buyer.
- Sale will be made by an unlicensed agent or auction company acting on behalf of the permit applicant.

Provide name and address of entity:

_____ Entity Name

_____ Street Address City State 9-Digit Zip Code



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Section 4

Indicate the intended buyer of the alcoholic beverages identified in the inventory attached. If unknown due to auction, check here.

A Maryland resident age 21 years of age or older. (Provide name and address.)

_____		_____	
Entity Name		Entity Address	
_____		MD	_____
City		State	9-Digit Zip Code

A Maryland retail account. (Indicate name, address and type/class of alcoholic beverage license.)

_____		_____	
Entity Name		Entity Address	
_____		MD	_____
City		State	9-Digit Zip Code

_____	_____
Type of License (Beer/Wine/Liquor)	License Number

Out of state entity authorized to receive alcoholic beverages. (Attach letter from State Alcoholic Beverage Board authorizing importation. Indicate entity name and address.)

_____		_____	
Entity Name		Entity Address	
_____		State	9-Digit Zip Code

Section 5 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 of Individual	Date

Type or Print Full Name

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

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