



193691049

To the Comptroller of Maryland:

Application is made by the undersigned under the provisions of the Annotated Code of Maryland, Alcoholic Beverages Article, for Special Class C License for use on the following (check one):

- Boat / Name of Boat \_\_\_\_\_
- Plane / Name of Airline \_\_\_\_\_
- Train / Name of Railroad \_\_\_\_\_

Check one:

- Beer - \$5.00 per day
- Beer and Wine - \$10.00 per day
- Beer, Wine and Liquor - \$15.00 per day

OFFICE USE ONLY	
Check Number	_____
Amount \$	_____
Deposit Date	_____
License #	_____
Date Issued	_____
Approved	_____
Date	_____

I (we) submit and certify to the following information and statements as required by the Annotated Code of Maryland, Alcoholic Beverages Article.

**1. APPLICANTS \***

	1	2	3
Name			
Residence			
Cell Phone			
Date of Birth			
Place of Birth			
Social Security Number *			

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

**2. The club, society or association on behalf of which the license is desired:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Federal Identification Number 

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is operated exclusively for educational, social, fraternal, patriotic, political or athletic purposes and not for profit.

- 3. Are the applicants citizens of the United States, and over 21 years of age? . . . . .  Yes  No
- 4. Have the applicants ever been convicted of a felony? . . . . .  Yes  No
- 5. Have the applicants ever had a license for the sale of alcoholic beverages revoked? . . . . .  Yes  No
- 6. Have the applicants ever been adjudged guilty of violating the law for the prevention of gambling in the state of Maryland and/or adjudged guilty of violating the laws governing the sale of alcoholic beverages in the state of Maryland or the United States? . . . . .  Yes  No



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The applicants submit herewith a statement duly executed and acknowledged by the company on whose behalf the license is desired, assenting to the granting of the license applied for, authorizing the Comptroller, his duly authorized deputies, inspectors and clerks, to inspect and search, without warrant, the boat, plane or train to which such license applies, at any and all hours, provided no such inspection or search shall be made at such time or in such manner as to delay or interfere with movement of said boat, plane or train.

The license for which this application is made is to be for the following days(s) \_\_\_\_\_  
\_\_\_\_\_ and the applicant tenders here with the sum of ( \_\_\_\_\_ per day) \$ \_\_\_\_\_ in payment for the license.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of applicant

**Statement of Company Required in Connection with Annotated Code of Maryland, Alcoholic Beverages Article**

I hereby certify that I am the owner of (Name of boat, plane, or train) \_\_\_\_\_  
\_\_\_\_\_ named in the application made by \_\_\_\_\_

to the Comptroller of Maryland under the Annotated Code of Maryland, Alcoholic Beverages Article Class C Special License for the day(s) set forth herein; and that I assent to the granting of the license applied for, and that I hereby authorize the Comptroller of Maryland, his duly authorized deputies, inspectors and clerks to inspect and search, without warrant, any boat, plane or train to which such license applies, at any and all hours, provided no such inspection or search shall be made at such time or in such manner as to delay or interfere with the movement of such boat, plane or train.

**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 applicant

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Company Name and Title

\_\_\_\_\_  
Date

**Third Party Checks**

**Affidavit**

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