



197530149

Section 1 - Continued - All Applicants *Must* Complete This Section

- G. Has the applicant ever been convicted of a felony by any state or federal court? Yes No
- H. Does the applicant agree to conform to all the laws, rules and regulations of the state of Maryland relating to the business in which the applicant proposes to engage under this permit? 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? (If yes, explain in detail on separate paper - list offense, court, date, etc.) Yes No
- J. 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 (complete one):

Applicant **is not** or **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 _____
- 2. Policy or Binder No. _____

Section 2 - Alcohol Awareness Instructor Applicants *Must* Complete This Section

- A. Are you authorized by an Alcohol Awareness Program administrator to conduct training classes for an Alcohol Awareness Program? (If yes, attach copy of authorization letter or program certificate and program administrator must complete Section 6 of this application.) Yes No
- B. Attach letter listing your background and qualifications as an alcohol awareness program instructor to include a list of fluently spoken languages, if this program is to be instructed in a language other than English.

Section 3 - Alcohol Awareness Program Applicants *Must* Complete This Section

New or revised programs *must* provide a hard copy of the course outline (classroom or online) with the proposed effective date, instructor's syllabus, testing component, sample student certificate, any other participant handouts.

- A. Does your program include a section on determining the lawful drinking age of a *consumer*? Yes No
- B. Does your program include instruction on how alcohol affects a person's:
 - 1. Body? Yes No
 - 2. Behavior? Yes No
- C. Does your program include education on the dangers of drinking and driving? Yes No
- D. Does your program include effective ways to:
 - 1. Minimize a customer's chances of intoxication? Yes No
 - 2. Cease service before customer becomes intoxicated? Yes No
 - 3. Identify previously intoxicated customers and how to handle them? Yes No
- E. Do you have training for your alcohol awareness instructors? (If so, attach brief description. Also attach a list of instructor names and corresponding approved Maryland permit numbers authorized to teach this program.) . . . Yes No
- F. Has your program material been modified since the Division's last approval? (If so, submit updated material with a proposed effective date.) Yes No



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Section 4 - Alcohol Awareness Program Applicants *Must* list any alcohol awareness program offered in the State of Maryland

| | | |
|--|---|---|
| E X A M P L E | <p>Program Title: _____</p> <p>Version: <u>ON PREMISE</u></p> <p>Most current revision date: <u>7/1/2006</u></p> <p>Allotted time for presentation: <u>3 HOURS</u></p> <p>Format of Available Languages: <u>ENGLISH AND SPANISH</u></p> <p>Face to face proxy testing component required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Method of delivery? <input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Internet: Website Address <u>WWW.EXAMPLE.COM</u> <input type="checkbox"/> Other</p> <p>Intended Audience: <input checked="" type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Online</p> | <p style="text-align:center;">Office Use Only</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>Date of Decision: _____</p> <p>Permit Year: _____</p> |
| A. | <p>Version: _____</p> <p>Most current revision date: _____</p> <p>Allotted time for presentation: _____</p> <p>Format of Available Languages: _____</p> <p>Face to face proxy testing component required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Method of delivery? <input type="checkbox"/> Classroom <input type="checkbox"/> Internet: Website Address _____ <input type="checkbox"/> Other</p> <p>Intended Audience: <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Online</p> | <p style="text-align:center;">Office Use Only</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>Date of Decision: _____</p> <p>Permit Year: _____</p> |
| B. | <p>Version: _____</p> <p>Most current revision date: _____</p> <p>Allotted time for presentation: _____</p> <p>Format of Available Languages: _____</p> <p>Face to face proxy testing component required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Method of delivery? <input type="checkbox"/> Classroom <input type="checkbox"/> Internet: Website Address _____ <input type="checkbox"/> Other</p> <p>Intended Audience: <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Online</p> | <p style="text-align:center;">Office Use Only</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>Date of Decision: _____</p> <p>Permit Year: _____</p> |
| C. | <p>Version: _____</p> <p>Most current revision date: _____</p> <p>Allotted time for presentation: _____</p> <p>Format of Available Languages: _____</p> <p>Face to face proxy testing component required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Method of delivery? <input type="checkbox"/> Classroom <input type="checkbox"/> Internet: Website Address _____ <input type="checkbox"/> Other</p> <p>Intended Audience: <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Online</p> | <p style="text-align:center;">Office Use Only</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>Date of Decision: _____</p> <p>Permit Year: _____</p> |



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Section 5 - All Applicants *Must* Complete This Section

Affidavit

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document(s) are true and correct to the best of my knowledge, information, and belief.

Signature of Applicant

Type or Print Name of Applicant

Title

Date

Section 6 - Approved Program Administrator *Must* Complete This Section for Alcohol Awareness Instructor Applicants

I authorize the alcohol awareness instructor applicant to conduct all(*) versions of the program named below and approved by the Comptroller.

Yes No

(*) If authorization is limited to specific versions, please specify which versions are approved:

I understand that I am responsible for this instructor's activities under this permit, and that if this instructor violates alcoholic beverages laws or regulations, or conducts a training course contrary to the one approved and on file with the Field Enforcement Division, Regulatory & Licensing Section, the alcohol awareness program permit may be subject to administrative action, including suspension or revocation.

Signature (*) must be the same individual who signed the Alcohol Awareness Program Permit Application for the current permit year.

Signature (*)

Type or Print Administrator Name

Title

Date

Name of Licensed Program

Program Address

Telephone Number

Alcohol Awareness Program Permit Number

***If additional space is needed for any section, attach separate sheets.
INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU UNPROCESSED.***

FOR MORE 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