

Form **384** APPLICATION FOR AN OFF-SITE PERMIT

Winery Off-Site Permit \$100.00

Brewery Off-Site Permit \$100.00

Distillery Off-Site Permit \$250.00

Date _____, 2 _____

To the Comptroller of Maryland

Application is made by the undersigned under the provisions of Article 2B of the Annotated Code of Maryland, as amended, title "Alcoholic Beverages" for the permit indicated above. The term of Off-Site Permit is 1 year, permit expires December 31st annually.

Office Use Only

Number _____

Permit Year _____

Stub Number _____

Approved _____

Date _____

Check Number _____

Check Amount \$ _____

Deposit Date _____

1. License name and/or trade name: _____

2. Mailing address: _____

Business Phone No.: _____ License Number: **M** ___ - _____

Federal Identification Number _____ - _____

Central Registration Number _____

- 3. Do the applicants agree to conform to all laws, rules, and regulations of the State of Maryland relating to the business in which they propose to engage under this permit?
4. Do the applicants agree to keep Owner of Premise form at license location for 3 years or until audited?
5. Do the holders of a Class 5 Brewery license, Class 7 Micro-Brewery license or a Class 8 Farm Brewery license agree to sell to the consumer not more than 288 ounces of beer that has been produced by the permit holder for off premises consumption?
6. Do the holders of a Class 1 Distillery License or a Class 9 Limited Distillery License agree not to provide a consumer more than 4 liquor samples produced by permit holder and not to exceed one quarter of 1 fluid ounce each?
7. Must be signed by a licensee.

Affidavit

I/we do solemnly declare and affirm under 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 Licensee

Type or Print Name

Please note the term of this permit is one year and expires on December 31st annually. At no time will the Comptroller send out any notices for renewal, nor is there any renewal available for this permit. It is upon the initiative of the applicant to reapply for any new permits upon the expiration of their current permit.

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 and am also authorized to receive a refund check.

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

CONTACT INFORMATION:

COM-FED/RLS-384 Rev. 05/16

Comptroller of Maryland
Field Enforcement Division
Regulatory and Licensing Section
P.O. Box 2999
Annapolis, Maryland 21404-2999

410-260-7314
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