

Form 355 NON-PROFIT FESTIVAL PERMIT APPLICATION



193550049

To the Comptroller of Maryland,

Application is made by the undersigned under the provisions of Annotated Code of Maryland, Alcoholic Beverages Article for the permit indicated above. This application shall be filed with the office of the Comptroller not less than 30 days prior to Non-Profit Festival. Permit authorizes permit holder to conduct a non-profit festival for at least 1 day and not more than 3 consecutive days.

Office Use Only	
Approved	_____
Date	_____
Permit Number	_____
Permit Year	_____
Stub Number	_____

1. Name of Non-Profit organization: _____

2. Mailing address: _____

3. Business Telephone no.: _____

4. Federal tax identification number: _____

5. Attach a copy of your 501(c) determination letter.

6. The primary purpose of this is to promote Maryland beer, liquor or wines YES NO

7. Provide details of non-profit festival, check all that apply Beer Wine Liquor: _____

8. Location: _____
City/County Code _____

Non-Profit Festival dates: _____ Hours of Operation: _____

9. Does applicant agree to conform to all laws, rules and regulations of the State of Maryland related to the actions and business activities authorized under this permit? YES NO

10. I agree that at all times during the Non-Profit Festival the permit holder shall have present at all times at least two agents, one of whom may be the permit holder, who are certified by an approved Alcohol Awareness Program. YES NO

1. Name _____ Phone Number _____
Name of program _____

2. Name _____ Phone Number _____
Name of program _____

11. Submit with this application to the Office of the Comptroller a list of all off-site permit holders who will attend this Non-Profit Festival.

PLEASE NOTE:

YOU ARE REQUIRED TO NOTIFY THE LOCAL LICENSING BOARD OF THE JURISDICTION IN WHICH THE FESTIVAL WILL BE HELD THAT THE FESTIVAL PERMIT HAS BEEN ISSUED.

12. Must be signed by an officer of non-profit.

AFFIDAVIT

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

Signature

Printed Name



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13. This section must be completed by the authorized representative of the Non-Profit Festival.

CERTIFICATION

I hereby certify that I am the authorized representative of the Festival stated in this Permit located at

_____, _____, County/City, Maryland,
and that I assent to the granting of this Permit to the retail licensee stated on this application, and that I authorize the Comptroller of Maryland, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners of the jurisdiction in which the Non-Profit Festival is located, its duly authorized agents and employees, and any peace officer of such jurisdiction to inspect and search, without warrant, the premises upon which the actions and activities under this Permit are to be conducted, at any and all hours.

14. This section must be completed by the owner of the premises where the event will take place.

Statement of owner of premises required in connection with Alcoholic Beverages Law of Maryland: I/we hereby certify that I am/
we are the owner(s) of the property known as _____

_____ named in the foregoing application made to the Comptroller of Maryland under the Alcoholic Beverages Law of Maryland; that I/we assent to the granting of the permit applied for, and that I/we hereby authorize the Comptroller of Maryland, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners of the jurisdiction in which the place of business is located, its duly authorized agents and employees and any peace officer of such jurisdiction to inspect and search, without warrant, the premises upon which the business is to be conducted and any and all parts of the building in which said business is to be conducted at any and all hours.

Affidavit

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

Signature of owner, partner or corporate officer

Type or print name of owner, partner or corporate officer

Title

Date

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