

**APPLICATION FOR RENEWAL OF
ALCOHOLIC BEVERAGES LICENSE
ISSUED BY THE COMPTROLLER OF MARYLAND**

Note: This application must be filed on or before March 31 with the Comptroller of Maryland, Annapolis, Maryland; otherwise a new application and an application fee will be required. Licenses will be issued beginning April 15. Licenses must be displayed on or before May 1.

For the use of: (Check one)

☐ An individual ☐ Partnership ☐ Corporation ☐ Limited Liability Co.

Number and class of license now held: _____
(Copy from current license)

To the Comptroller of Maryland:

Application is made by the undersigned under the provision of the Annotated Code of Maryland, Alcoholic Beverages Article, for a renewal of (my, our) license, and the applicant(s) submit(s) and certify(ies) to the following information:

1. All the facts and information contained in the original application as submitted are true and unchanged to this time.
2. (I)(We), or anyone connected with the business conducted under the license for which a renewal is herein applied for, have not furnished and will not furnish to any retail licensee: (1) any sign, display, or other form of advertisement of any value in excess of the limitation provided under the Annotated Code of Maryland, Alcoholic Beverages Article, or (2) any money or other thing of value, (3) make any gift, or (4) offer any gratuity, or (5) any personal service (other than stipulated in official bulletins issued and published by the Comptroller).
- *3. (I)(We) produced not more than 27,500 gallons of (my)(our) own wine during the most recent license year ending April 30:
*Class 6 Limited Winery wholesale licensee only.
- *4. (I)(We) produced not more than 100,000 gallons of (my)(our) own liquor during the most recent license year ending April 30:
*Class 8 Liquor wholesale licensee only.
5. List any offense, or offenses, against the laws of the state or of the United States, have you been convicted of during the present license year ending April 30:

6. Applicant's company name is: _____

Applicant's trade name is: _____

Location of license premises is: _____

Describe premises: _____

Telephone Number: _____ Fax Number: _____

E-mail address: _____

Other Location(s): _____

7. Applicant(s): Give name(s) and residence(s) - if corporation, list all officers on separate sheet

a. _____
Name Title Residence

b. _____
Name Title Residence

c. _____
Name Title Residence

d. _____
Name Title Residence

Approved _____

Date _____

License # _____

Stub # _____

Date Issued _____

OFFICE USE ONLY

Check Number _____

Amount \$ _____

Deposit Date _____

Maryland APPLICATION FOR RENEWAL OF
Form 368 ALCOHOLIC BEVERAGES LICENSE
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LICENSEE 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. ***Note:** If signer is one of the applicants, he/she must also sign as an applicant.

*a. _____
Signature of President or Vice President

b. _____
Signature of Applicant

c. _____
Signature of Applicant

(Corporation Seal)

d. _____
Signature of Applicant

8. Statement of owner of premises required in connection with the Annotated Code of Maryland, Alcoholic Beverages Article. (I, We) HEREBY CERTIFY, that (I am, we are) the owner(s) of property known as:

named in the foregoing application made to the Comptroller of Maryland under the Annotated Code of Maryland, Alcoholic Beverages Article; that (I, we) assent to the granting of the license 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 county in which the place of business is located, its duly authorized agents and employees, and any peace officer of such county to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of building in which said business is to be conducted, at any and all hours.

OWNER OF PREMISES AFFIDAVIT

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

Signature

Type or Print Name

Company Name and Title

Date

The license for which this application is made is to be for the year beginning May 1, 20____. Fee for license applied for above is \$_____. In addition to \$30.00 renewal fee. Please remit fee with your renewal application.

LICENSES AND FEES

Manufacturer's License				Wholesaler's License			
<input type="checkbox"/>	Class 1 Distillery	Annual Fee	\$2,000.00	<input type="checkbox"/>	Class 1 Beer, Wine & Liquor	Annual Fee	\$2,000.00
<input type="checkbox"/>	Class 2 Rectifying	Annual Fee	\$600.00	<input type="checkbox"/>	Class 2 Wine and Liquor	Annual Fee	\$1,750.00
<input type="checkbox"/>	Class 3 Winery	Annual Fee	\$750.00	<input type="checkbox"/>	Class 3 Beer and Wine	Annual Fee	\$1,500.00
<input type="checkbox"/>	Class 4 Limited Winery	Annual Fee	\$200.00	<input type="checkbox"/>	Class 4 Beer	Annual Fee	\$1,250.00
<input type="checkbox"/>	Class 5 Brewery	Annual Fee	\$1,500.00	<input type="checkbox"/>	Class 5 Wine	Annual Fee	\$1,250.00
<input type="checkbox"/>	Class 6 Pub-Brewery	Annual Fee	\$500.00	<input type="checkbox"/>	Class 6 Limited Wine	Annual Fee	\$50.00
<input type="checkbox"/>	Class 7 Micro-Brewery	Annual Fee	\$500.00	<input type="checkbox"/>	Class 7 Limited Beer	Annual Fee	\$50.00
<input type="checkbox"/>	Class 8 Farm-Brewery	Annual Fee	\$200.00	<input type="checkbox"/>	Class 8 Liquor	Annual Fee	\$100.00
<input type="checkbox"/>	Class 9 Limited Distillery	Annual Fee	\$500.00	Renewal for all licenses is \$30.00			

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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

**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**