

**Form 355 NON-PROFIT FESTIVAL PERMIT APPLICATION**

Beer Festival	\$100
Liquor Festival	\$100
Wine Festival	\$100

To the Comptroller of Maryland,

Application is made by the undersigned under the provisions of Article 2B of the Annotated Code of Maryland 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.

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 festival is to promote Maryland beer, liquor or wine . . . . .  YES  NO

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

7. Provide details of the beer, liquor or wine festival: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Location: \_\_\_\_\_  
Beer, liquor or wine 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 beer, liquor or wine festival the permit holder shall have present 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 Comptroller a list of all off-site permit holders who will attend this festival.

**PLEASE NOTE:**

(1) 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 the 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

13. This section must be completed by the authorized representative of the 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 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.

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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/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

**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

**CONTACT INFORMATION:**

COM-FED/RLS-355 Rev. 06/16

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

**410-260-7314  
or 800-MD-TAXES  
www.marylandtaxes.com**