

**This statement is to be attached to and made a part of the application of:**

		License Number
Name(s) of license applicant(s) Trade name		
Present Address; Number and Street		
City	County	Zip Code

**The BRANCH LOCATION location for which license is desired is known as:**

Street Address		
City	County	Zip Code
Describe premises		
Telephone Number	Fax Number	
Email Address		

\_\_\_\_\_  
Signature of Officer/License Applicant

STATE OF MARYLAND \_\_\_\_\_ ss:

THIS CERTIFIES, That on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before the subscriber, a \_\_\_\_\_ of the State of Maryland, personally appeared \_\_\_\_\_

\_\_\_\_\_ the applicant(s) named in the afore going application, and made oath in due form of law that the statements there are true to the best of the applicant's knowledge and belief.

WITNESS my hand and official seal

(Seal) \_\_\_\_\_

**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 property known as \_\_\_\_\_

\_\_\_\_\_ named in the afore going application made to the Comptroller of Maryland under the Alcoholic Beverages Law of Maryland; 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 office 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 the building(s) in which said business is to be conducted, at any and all hours.

Witness (our/my) hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner of Premise

STATE OF MARYLAND \_\_\_\_\_ ss:

THIS CERTIFIES, That on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before the subscriber, a \_\_\_\_\_ of the State of Maryland, personally appeared \_\_\_\_\_ and acknowledged the execution of the foregoing statement to be \_\_\_\_\_ act.

WITNESS my hand and official seal

(Seal) \_\_\_\_\_

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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.

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Name of Corporation; Partners of Partnership; or Individual (include Trade Name)

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Complete Mailing Address

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Signature of Owner, Partner or Corporate Officer

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Title

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Federal Identification Number and/or Social Security Number

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Date

**Licenses and Fees**

**Wholesaler's License**

Class 1 Beer, Wine and Liquor	Annual Fee	\$2,000.00
Class 2 Wine and Liquor	Annual Fee	\$1,750.00
Class 3 Beer and Wine	Annual Fee	\$1,500.00
Class 4 Beer	Annual Fee	\$1,250.00
Class 5 Wine	Annual Fee	\$1,250.00
Class 6 Limited Wine	Annual Fee	\$50.00
Class 7 Limited Beer	Annual Fee	\$50.00
Class 8 Liquor	Annual Fee	\$100.00

**Contact Information**

Comptroller of Maryland  
Field Enforcement Division  
Regulatory and Licensing Section  
P.O. Box 2999  
Annapolis, MD 21404  
410-260-7314  
[www.marylandtaxes.com](http://www.marylandtaxes.com)