

Office Use Only
Number _____
Stub _____
Year _____

**Comptroller of Maryland**  
**MATT Regulatory Division**  
**Alcohol and Tobacco Tax**  
**Louis L. Goldstein Treasury Building**  
**P.O. Box 2999**  
**Annapolis, MD 21404-2999**  
**410-260-7327**  
**888-784-0145**  
**Fax# 410-974-3201**

Office Use Only
Check No. _____
Check Amount \$ _____
Deposit Date _____
Approved by _____
Date _____

## Application for a Private Bulk Sale Permit

Application is made by the undersigned under the provisions of Article 2B of the Annotated Code of Maryland, as amended, title "Alcoholic Beverages", for a Private Bulk Sale Permit and the applicant submits and certifies to the following information.

Fee for Private Bulk Sale Permit - \$25.00 (Make check payable to "Comptroller of Maryland")

**Section 1 - All applicants must complete this section. Type or print clearly.**

- A. Permit is to be issued in the name of \_\_\_\_\_  
Applicant's Full Name
- B. Whose telephone number is (\_\_\_\_) \_\_\_\_\_ or Toll Free \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_
- C. Whose address is \_\_\_\_\_  
Street and Number
City
State
9-Digit Zip Code
- D. Applicant's birth date \_\_\_\_\_  
MM/DD/YY
- E. Applicant's Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Section 2 - Applicant certifies to the following:**

- A. All alcoholic beverages to be sold have been legally acquired and transported into Maryland, in accordance with the alcoholic beverage laws of Maryland.  Yes  No
- B. All alcoholic beverages intended for sale under a Private Bulk Sale Permit are owned by the applicant.  Yes  No
- C. Attached herewith is a complete inventory of alcoholic beverages to be sold under the Private Bulk Sale Permit. (Indicate on separate sheet the brand name, bottle size and number of bottles.)  Yes  No
- D. Applicant understands that a maximum of two Private Bulk Sale Permits may be obtained in a calendar year.  Yes  No

(Over)

### Section 3

Identify who will be the seller of the alcoholic beverages identified in the inventory attached. (Check one)

- Sale will be made by the individual permit applicant to the buyer.
- Sale will be made by an unlicensed agent or auction company acting on behalf of the permit applicant.

Provide name and address of entity:

_____			
	Entity Name		
_____			
Street Address	City	State	9-Digit Zip Code

### Section 4

Indicate the intended buyer of the alcoholic beverages identified in the inventory attached. If unknown due to auction, check here.

- A Maryland resident age 21 years of age or older. (Provide name and address.)

_____			MD
Name	Address	City	9-Digit Zip Code

- A Maryland retail account. (Indicate name, address and type/class of alcoholic beverage license.)

_____			MD
Entity Name	Entity Address	City	9-Digit Zip Code
_____			License Number
Type of License (Beer/Wine/Liquor)			

- Out of state entity authorized to receive alcoholic beverages. (Attach letter from State Alcoholic Beverage Board authorizing importation. Indicate entity name and address.)

_____			
Entity Name	Entity Address	City	State 9-Digit Zip Code

### Section 5 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.

\_\_\_\_\_  
Signature of Individual Date

\_\_\_\_\_  
Type or Print Full Name

If additional space is needed for any section, attach separate sheets.