Office use only
Number
YR
Stub No
Date
Issue
Approval Date

# Comptroller of Maryland MATT Regulatory Division P.O. Box 2999 Annapolis, Maryland 21404-2999 410-260-7381 888-784-0145

Office use only	
Check	
Number	
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Amount \$	
Deposit	
Date	

		Alcono	Awarene	ss Permit	Application	on		
	Office use only			Note •	Incomple application File a sept each type All permi	Read instructions carefully. Incomplete or incorrect applications will be returned. File a separate application for each type of permit desired. All permits expire October 31 Annually.		
	Che	eck the type of p	ermit you are ap	plying for (select	only one):			
			ess Program Perr ess Instructor Per		·			
			Use typew	riter or print in in	k			
Se	ection 1 - <u>All</u> Appli	cants <i>Must</i>	Complete T	his Section				
□ N	New Permit □ Renewal (gi	ve old permit no.)						
A.	Program Permit is to be	e issued in the na	me:					
	Instructor Permit is to b	e issued in the na	ame:	Las	t	Fir	rst M.	.I.
В.	Daytime telephone numbe	r: <i>Area C</i>	ode or 800	( )	FAX: (	)		
	E-m		mail address:					
C.	Program's address:	(*) Str	eet and Number	City	County	State	Nine-Digit ZIP COI	DΕ
D.	Instructor's address:	(*) Stı	eet and Number	City	County	State	Nine-Digit ZIP COI	DΕ
	(*) If the address	s is a P.O. Box	or mailing add	ress, please als	o provide phy	sical locatio	n address	
E.	Applicant is a: Corpo	ration d Liability Co.	List Federa	al Identification No		-		
	Partne Individ		□ <b>}</b> List Social	Security No.*		-	_	
* Th	e disclosure of applicant's Social Se	curity Number is mand	atory and will be used	for background investig	ations pursuant to Art	icle 2B of the Anno	stated Code of Maryland.	
F.	The applicant is presently t state, and/or the United St							ther
	Issuing	Authority		Туре	Expi	ration Date	Number	

Section 1 - Continued - All Applicants Must Complete This Section							
G. H	Has the applicant ever been convicted of a felony by any state or federal court?	□ Yes	□ No				
	Does the applicant agree to conform to all the laws, rules and regulations of the State of Maryland ting to the business in which the applicant proposes to engage under this permit?	□ Yes	□No				
othe	as the applicant ever been convicted of a violation of the laws of the United States, Maryland or any er state concerning alcoholic beverages, gaming, or gambling? es, explain in detail on separate sheet - list offense, court, date, etc.)	□ Yes	□ No				
J. Article 2B of the Annotated Code of Maryland titled "Workers' Compensation Compliance" requires the evidence of such compliance prior to the issuance of any permit by this office. The applicant hereby affirms (complete one):							
	Applicant □ <b>is not</b> or □ <b>is</b> an employer required to provide employee coverage by the Maryland Workers' Compensation Law and has secured such coverage. As evidence of such coverage, the following is submitted.						
	1.Name of Insurance						
	2.Policy or Binder No.						
Se	Section 2 - Alcohol Awareness <u>Instructor</u> Applicants <i>Must</i> Complete This Section						
A.	Are you authorized by an Alcohol Awareness Program administrator to conduct training classes for an Alcohol Awareness Program? (If yes, attach copy of authorization letter or program certificate <u>and</u> program administrator <u>must</u> complete Section 6 of this application.)	□ Yes [	□ No				
B.	B. Attach letter listing your background and qualifications as an alcohol awareness program instructor to include a list of fluently spoken languages, if this program is to be instructed in a language other than english.						
Se	ction 3 - Alcohol Awareness <u>Program</u> Applicants <i>Must</i> Complete This Section	on					
	or revised programs must provide a hard copy of the course outline (classroom or online) with the p						
effec A.	ctive date, instructor's syllabus, testing component, sample student certificate, any other participant has Does your program include a section on determining the lawful drinking age of a <i>consumer</i> ?	ndouts.	□ No				
C.	Does your program include instruction on how alcohol affects a person's: 1. Body? 2. Behavior?	□ Yes □ Yes	□ No				
D.	Does your program include education on the dangers of drinking and driving?	□ Yes	□ No				
E.	Does your program include effective ways to: 1. Minimize a customer's chances of intoxication? 2. Cease service before customer becomes intoxicated? 3. Identify previously intoxicated customers and how to handle them?	□ Yes □ Yes □ Yes	□ No □ No □ No				
	Do you have training for your alcohol awareness instructors? (If so, attach brief description. Also, attach a list of instructor names and corresponding approved Maryland permit numbers authorized to teach this program.)	□ Yes	□ No				
	Has your program material been modified since the Division's last approval? (If so, submit updated material with a proposed effective date.)	□ Yes	□ No				

# Section 4 - Alcohol Awareness <u>Program</u> Applicants *Must* list any alcohol awareness program offered in the State of Maryland

	Program Title:	
EXAMPLE	Version: On Premise  Most current revision date: July 1, 2006  Allotted time for presentation: 3 hours  Format of Available Languages: English and Spanish  Face to face proxy testing component required: Yes □ No  Method of delivery? Classroom □ Internet: Website Address www.ex.com  □ Other (explain):	Office Use Only Approved Disapproved Date of Decision: Permit Year:
	Intended Audience: ☐ Group ☐ Individual ☐ Online	
A.	Version:	Office Use Only  Approved Disapproved Date of Decision: Permit Year:
	Face to face proxy testing component required: ☐ Yes ☐ No  Method of delivery? ☐ Classroom ☐ Internet: Website Address ☐ Other (explain):	
	Intended Audience: ☐ Group ☐ Individual ☐ Online	
B.	Version:	Office Use Only  ☐ Approved ☐ Disapproved Date of Decision: Permit Year:
	Face to face proxy testing component required:     Yes   No     Method of delivery?   Classroom   Internet:   Website Address     Other (explain):	
	Intended Audience: ☐ Group ☐ Individual ☐ Online	
C.	Version:  Most current revision date: Allotted time for presentation: Format of Available Languages:  Face to face proxy testing component required:   Glassroom Glass	Office Use Only  Approved Disapproved Date of Decision: Permit Year:
	☐ Other (explain):	
D.	Most current revision date:  Allotted time for presentation:  Format of Available Languages:	Office Use Only  Approved Disapproved Date of Decision: Permit Year:
	Face to face proxy testing component required:     Yes   No     Method of delivery?   Classroom   Internet:   Website Address     Other (explain):	
	Intended Audience: ☐ Group ☐ Individual ☐ Online	

## Section 5 - All Applicants Must Complete This Section

### **Affidavit**

	I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document(s) are true and correct to the best of my knowledge, information and belief.	
	_	
	Type or Print Name of Applicant	_
	Title Date	_
Section	6 - <u>Approved Program Administrator</u> <i>Must</i> Complete This Section for Alcohol Awareness <u>Instructor</u> Applicants	
and appr	ze the alcohol awareness instructor applicant to conduct <b>all</b> (*) versions of the program name roved by the Comptroller.   Yes No norization is limited to specific versions, please specify which versions are approved:	ned below
riolates a and on fi	tand that I am responsible for this instructor's activities under this permit, and that if this instalcoholic beverages laws or regulations, or conducts a training course contrary to the one alle with the MATT (Motor-fuel, Alcohol and Tobacco Tax) Regulatory Division, the alcohol apermit may be subject to administrative action, including suspension or revocation.	approved
	e (*) must be the same individual who signed the Alcohol Awareness Program Permit Applica permit year.	tion for the
	Signature (*)	
	Type or Print Administrator Name	
	Title Date	
	Name of Licensed Program	
	Program Address	
	Telephone Number	
	Alcohol Awareness Program Permit Number	