

Form **367** APPLICATION FOR MANUFACTURER'S AND WHOLESALE'S LICENSES

<b>OFFICE USE ONLY</b>	
Check Number	_____
Amount \$	_____
Deposit Date	_____
Approved	_____
Date	_____
License #	_____
Stub #	_____
Date Issued	_____

For the use of: (Check one)

- An individual     Partnership     Corporation     Limited Liability Co.

Date \_\_\_\_\_, \_\_\_\_\_

**CHECK CLASS OF LICENSE REQUIRED - USE A SEPARATE APPLICATION FOR EACH LICENSE**

**Manufacturer's Licenses**

**Wholesaler's Licenses**

<input type="checkbox"/> Class 1 Distillery	Annual Fee	\$2,000.00
<input type="checkbox"/> Class 2 Rectifying	Annual Fee	\$600.00 *
<input type="checkbox"/> Class 3 Winery	Annual Fee	\$750.00 *
<input type="checkbox"/> Class 4 Limited Winery	Annual Fee	\$200.00
<input type="checkbox"/> Class 5 Brewery	Annual Fee	\$1,500.00 *
<input type="checkbox"/> Class 6 Pub-Brewery	Annual Fee	\$500.00
<input type="checkbox"/> Class 7 Micro-Brewery	Annual Fee	\$500.00
<input type="checkbox"/> Class 8 Farm Brewery	Annual Fee	\$200.00
<input type="checkbox"/> Class 9 Limited Distillery	Annual Fee	\$500.00

\* If you are going to sell to retailers, you will also need a Wholesaler's License of the proper class.

<input type="checkbox"/> Class 1 Beer, Wine & Liquor	Annual Fee	\$2,000.00
<input type="checkbox"/> Class 2 Wine and Liquor	Annual Fee	\$1,750.00
<input type="checkbox"/> Class 3 Beer and Wine	Annual Fee	\$1,500.00
<input type="checkbox"/> Class 4 Beer	Annual Fee	\$1,250.00
<input type="checkbox"/> Class 5 Wine	Annual Fee	\$1,250.00
<input type="checkbox"/> Class 6 Limited Wine	Annual Fee	\$50.00
<input type="checkbox"/> Class 7 Limited Beer	Annual Fee	\$50.00
<input type="checkbox"/> Class 8 Liquor	Annual Fee	\$100.00

- \$200.00 non-refundable application fee must be submitted with any initial license application.
- Upon approval of your initial application, you will be notified of the appropriate prorated license fee to submit.
- Wholesale licensees of any class using this form to apply for wholesale licenses for additional locations need not submit the \$200.00 non-refundable application fee.
- Application is made by the undersigned under the provisions of the Annotated Code of Maryland, Alcoholic Beverages Article for the Class(es) of License(s) as checked above, and the applicant(s) submit and certify to the following information required by law.

**1. Applicants \***

	(1)	(2)	(3)
Name			
Residence			
Home Phone			
Date of Birth			
Place of Birth			
Social Security Number **			
Qualifying Maryland Resident? ***	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MD Resident since			

- \* In the case of a corporation, the law requires three officers to apply as license applicants, unless less than three exist. (In the latter case, submit supporting documentation.)
- \*\* The disclosure of applicant's Social Security Number is mandatory and will be used for background investigations, including a criminal history records checks, pursuant to the Annotated Code of Maryland, Alcoholic Beverages Article.
- \*\*\* At least one applicant must be a voter and taxpayer in Maryland presently and for the two immediately preceding years. In case of partnership, all individuals must meet this requirement.

2. Company name and/or trade name \_\_\_\_\_
3. a. Location of proposed licensed premises (complete address, include nine digit ZIP code) \_\_\_\_\_
- b. Additional location (if applicable) \_\_\_\_\_

4. Description of premises to be covered under license applied for (lot, type, size and construction of building) \_\_\_\_\_

5. Mailing Address (Street) \_\_\_\_\_

(City, State, Zip Code) \_\_\_\_\_

6. Business phone number(s) \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail address: \_\_\_\_\_

a. Date business began \_\_\_\_\_

b. Type of accounting period (calendar yr, fiscal yr, etc.) \_\_\_\_\_ Month FY begins \_\_\_\_\_

c. If corporation or limited liability company, date chartered \_\_\_\_\_ State \_\_\_\_\_

d. Federal Employer Identification Number \_\_\_\_\_

7. Name and address of the owner of premises \_\_\_\_\_

8. The applicants are presently the holders of the following alcoholic beverages licenses or permits issued by the state of Maryland, any other state or jurisdiction, or the United States government (if more space is needed, attach additional sheet).

Issuing Authority	Type	Expiration Date	Number

9. The applicants have previously held the following alcoholic beverage licenses or permits: \_\_\_\_\_

10. The applicants have applications pending for the following alcoholic beverage licenses or permits: \_\_\_\_\_

11. Class 5 Brewery - Refillable Container Permit

A Refillable Container permit authorizes the holder to sell draft beer for consumption off the licensed premises in a refillable container that:

1. Has a capacity of not less than 32 ounces and not more than 128 ounces
2. The container shall:
  - a. Be saleable
  - b. Branded with an identifying mark of the license holder
  - c. Bear the federal health warning statement required for containers of alcoholic beverages under 27 C.F.P. 16.21
  - d. Display instructions for cleaning the container
  - e. Label stating cleaning the container is the responsibility of the consumer
  - f. Label stating contents of the container are perishable and should be refrigerated immediately and consumed within 48 hours after purchase
3. The hours of sale for a refillable container permit are the same as the hours for a guided tour, a promotional event or other organized activity at the licensed premise.
4. A holder of a refillable container permit may refill only a refillable container that was branded by the permit holder.

The applicant would like to have the Refillable Container Permit option added to my Manufacturers License . . .  Yes  No

The applicant agree to comply with the requirements for a Refillable Container . . .  Yes  No

12. Please answer each of the following questions applicable to all individual applicants: (attach explanation if "Yes" to (\*) questions):

\*a. Has any applicant ever been convicted of a felony by any state or federal court? . . .  Yes  No

\*b. Has any applicant ever been convicted of a violation of the laws of the United States, Maryland or any other state concerning alcoholic beverages, gaming or gambling? . . .  Yes  No

- \*c. Has any applicant ever been denied or had revoked an alcoholic beverage license or permit? . . . . .  Yes  No
- \*d. Has any applicant ever been convicted of a controlled dangerous substance offense which was committed on or after January 1, 1991? . . . . .  Yes  No
- \*e. Are any of the applicants pecuniarily interested in any other place of business with a retail alcoholic beverage license issued or applied for? . . . . .  Yes  No
- \*f. Are any of the applicants' immediate families pecuniarily interested in a retail license?. . . . .  Yes  No
- g. Do the applicants agree to conform to all the laws, rules and regulations of the state of Maryland relating to the business in which they propose to engage under this license? . . . . .  Yes  No
- h. Do the applicants agree that they will not furnish anything of value to a retail licensee except advertising and related items provided by the Annotated Code of Maryland, Alcoholic Beverages Article and regulations and bulletins issued by the Comptroller? . . . . .  Yes  No
- i. Do the applicants authorize the Comptroller and his duly authorized personnel to search without warrant any premise or vehicle used in the business to be conducted under this license at any and all hours agreeable to the state of Maryland? . . . . .  Yes  No
- j. Do the applicants produce not more than 27,500 gallons of their own wine annually? (To be completed by Class 6 Limited Winery wholesale applicants only). . . . .  Yes  No
- j. Do the applicants produce not more than 100,000 gallons of their own liquor annually? (To be completed by Class 8 Liquor wholesale applicants only). . . . .  Yes  No

13. The Annotated Code of Maryland, Alcoholic Beverages Article titled "Workers' Compensation Compliance" requires the evidence of such compliance prior to the issuance of any license by this office. The applicant hereby affirms (complete one):

- a. the applicant is not an employer required to provide coverage by the Maryland Workers' Compensation Law; or,
- b. the applicant is an employer required to provide employee coverage by the Maryland Workers' Compensation Law and has secured such coverage as evidenced by the certificate of compliance attached herewith; or
- c. the applicant is 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 Co. \_\_\_\_\_
- 2. Policy or Binder No. \_\_\_\_\_

14. All applicants must complete this section

**Consent**

By signing this application, I hereby give permission and consent to the Comptroller of Maryland, its employees and agents, to conduct an investigation and receive reports about my background, including a criminal history records check, for the purpose of determining the accuracy of the statements made on this application for an alcoholic beverages license and my fitness to receive such a license. I further authorize any person, business entity, or governmental agency that may have relevant information to disclose the same to the Comptroller of Maryland, its employees and agents.

**Affidavit**

Also, by signing this application, 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.

Print name(s) and address(es) of officer(s): (Note: All officers must be listed - attach separate sheet if necessary.)

Name	Title	Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of president or vice-president

Signature of applicant

**Note: If president or vice-president is one of the applicants, he/she must sign both as president/vice-president and as applicant.**

Signature of applicant

Signature of applicant

**This Section Must be Completed by the Owner of the Premises**

15. 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 State Comptroller 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 State Comptroller, 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 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 the foregoing document are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
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