Office Use Only
Approved _____
Date _____
Permit # _____
Stub # _____

Comptroller of Maryland
Revenue Administration Division
P.O. Box 2999
Annapolis, Maryland 21404-2999

APPLICATION FOR A FARMER'S MARKET PERMIT

Date: _____

To the Comptroller of Maryland,

Application is made by the undersigned under the provisions of Article 2B, § 2-101(x) of the Annotated Code of Maryland for the permit indicated above.

1. Retailer name or trade name: _____
2. Mailing address: _____
3. Business Telephone no.: _____
4. Federal tax identification number: _____
5. Retail License No. _____ Political Subdivision (county/city) _____
6. Check the type of retail license held: ☐ Off-Sale only ☐ On-Sale and Off-Sale
7. State complete name, address, and political subdivision (county/city) where Farmer's Market is located: _____

   _____

   _____
8. Farmer's Market year: _____
9. Dates: _____ Hours of Operation: _____
10. 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

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PLEASE NOTE:

(1) YOU ARE REQUIRED TO NOTIFY THE LOCAL LICENSING BOARD OF THE JURISDICTION IN WHICH THE FARMER'S MARKET WILL BE HELD THAT THE FARMER'S MARKET PERMIT HAS BEEN ISSUED.

(2) ONLY ONE PERMIT MAY BE ISSUED AT ANY ONE TIME TO A FARMER'S MARKET.

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11. Must be signed by the retail licensee.

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 Title: ☐ Owner ☐ Partner ☐ Officer

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12. This section must be completed by the authorized representative of the Farmer's Market.

CERTIFICATION

I hereby certify that I am the authorized representative of the Farmer's Market stated in this Permit located at _____, _____, County/City, Maryland, and that I am listed in the Farmer's Market Directory of the Maryland Department of Agriculture, 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 Farmer's Market 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.

_____ Signature _____ Printed Name _____ Date