MARYLAND FORM 354

FARMER'S MARKET PERMIT APPLICATION

Date: _____

To the Comptroller of Maryland,

Application is made by the undersigned under the provisions of Article 2B, of the Annotated Code of Maryland for the permit indicated above.

Office Use Only

Approved _____

Date _____

Permit Number _____

Stub Number _____

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, county/city where Farmer's Market is located:

   _____

   _____
   Street and Number

   _____
   City County State ZIP code +4
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

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.

Affidavit - Must be signed by the retail licensee.

I do solemnly declare and affirm under the penalties of perjury that the contents of this foregoing document are true and correct to the best of my knowledge, information, and belief.

_____ _____
Signature Printed Name

Title: ☐ Owner ☐ Partner ☐ Corporate Officer

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

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

Contact Information

Comptroller of Maryland
Revenue Administration Center
Licensing and Registration
P.O. Box 2999
Annapolis, Maryland 21404-2999

410-260-7980 or
800-MD-TAXES
marylandcomptroller.gov