



26366W049

Comptroller of Maryland
Compliance Division
Business Tax Collections Section
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Baltimore, MD 21202
410-767-1655 or 800-MD-TAXES
attbond@marylandtaxes.gov
marylandcomptroller.gov

BTC Use Only

Approved _____

Date _____

Licensee Name: _____ Date: _____

Address: _____

Taxpayer Identification # _____ Central Registration # _____

The above-named Licensee represents that it is engaged in the business of selling wine in the State of Maryland, and is a holder of a Direct Wine Shipper Permit Number: DW- _____ originally issued on _____.

As required by Section 13-825(b)(3), Tax-General of the Annotated Code of Maryland, the above-named licensee deposited with the Comptroller of Maryland Wine Bond Number: _____.

ATTESTATION: Licensee has promptly filed true reports with the Comptroller of Maryland as required by law, and has well and truly paid to the said Comptroller any and all alcoholic beverages taxes imposed by the State of Maryland and has faithfully complied with all of the provisions of Tax General Article of the Annotated Code of Maryland. The above-referenced Direct Wine Shipper Permit was issued by the State of Maryland, more than three years has elapsed since the issuance of the permit, and the Wine Bond has remained in full force and effect for more than three years.

Licensee hereby requests that the above-referenced Wine Bond be cancelled in accordance with Tax-General Article 13-825(i) which states that:

- A person need not post security under subsection (b)(3) of this section if:
- (2) at any time starting 3 years after the Comptroller first issues a direct wine shipper's permit to the person, the Comptroller:
 - i. determines that the person has a substantial record of tax and reporting compliance; and
 - ii. waives the security requirement.

Licensee hereby requests that the Comptroller waive the security requirement, and approves the cancellation of the referenced bond.

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.

Name of Licensee

Signature of Owner, Partner or Officer