

LIQUOR CONTROL BOARD FOR HARFORD COUNTY

16 North Main Street, Bel Air, MD 21014 410.638.3028 / 410.638.4970 (Fax) www.hclcb.org



CLASS CC LICENSE NOTIFICATION FORM

(Must be filed with the Liquor Control Board Office at least seven (7) days before each event. – Can be Faxed or E-mailed)

CONTACT INFORMATION:							
Name of Class CC License Holder:		Name of Individual /Manager for Event:			Phone Numbers:		
					Licensed Premises	: Cell:	
EVENT INFORMATION:							
Group Booking Event / Organization:		Date of Event:			Event Hours: Begin:	End:	
					Doyiii.	Liid.	
Type of Event:	Ticket Price:		Estimated Attendance:	Age (I Group of Attendees:		
					☐ Under 18 – 21 & Over		
					i	☐ 21 & Over Oi	
Student Center Hours of Alcohol Service: Begins: Ends:_ Alcohol Being Served: (Check all that Beer Wine	t Apply)	-	Name of Person Date Form Subm	Subm	-		
Event Staff / Personnel: Bartender Wait Staff	rs: f:	-					
No. of Staff w/ Alcohol Awareness Tr	aining:	-			CONTROL BOAR	<u> </u>	
SECURITY MEASURES							
□ No. of ID Check Points:							
☐ Wrist Bands			LCB STAFF:				
☐ Hand Stamp							

☐ Other: _