



LIQUOR CONTROL BOARD FOR HARFORD COUNTY

16 North Main Street, Bel Air, MD 21014

410.638.3028 / 410.638.4970 (Fax)

www.hclcb.org



FOOD ALCOHOL RATIO REPORT

Corporate Name: _____

Trade Name: _____

Business Address: _____

License Class: B-BWL B3-BWL BNR B-Café B-FD

Reporting Year	Food	Alcohol (On Sale)	Alcohol (Off Sale – if applicable)	Total Sales
<input type="checkbox"/> January <input type="checkbox"/> July				
<input type="checkbox"/> February <input type="checkbox"/> August				
<input type="checkbox"/> March <input type="checkbox"/> September				
<input type="checkbox"/> April <input type="checkbox"/> October				
<input type="checkbox"/> May <input type="checkbox"/> November				
<input type="checkbox"/> June <input type="checkbox"/> December				

REQUIREMENTS

- (1) A copy of the **MD Sales & Use Tax Return** submitted to the State for each month reported on this form **must be attached**.
- (2) This form may be signed by **the Responsible Operator, the General Manager, or a corporate licensing representative for the business**.
- (3) The completed form (including all required attachments) may be submitted to the Board Office **via email at contact@hclcb.org**.
- (4) **DUE DATE:** The completed form (including all attachments) must be submitted as follows: (a) By **July 30** for the **January-June** report, and (b) By **January 30** for the **July-December** report.

The undersigned Responsible Operator/General Manager/Corporate Licensing Representative, by their signature, hereby certifies, under penalties of perjury, that the contents of this report are true and correct to the best of their knowledge, information, and belief.

Printed Name

Date

Signature