

LIQUOR CONTROL BOARD FOR HARFORD COUNTY, MARYLAND

16 North Main Street, Bel Air, MD 21014 410-638-3028 / 410-638-4970 (fax)



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www.hclcb.org

| RETAIL DELIVERY AUTHORITY APPLICATION | | |
|---|---|---|
| Corporate/L.L.C. Name: | | |
| Trade Name: | | |
| Business Address: | | |
| To the Commissioners of the Liquo | or Control Board for Harford | County, Maryland: |
| Application is made by the Beverages (AB) Article § 4-507(b) Rule 4:15, for authority to make certain conditions. | undersigned licensee(s) under and § 4-503 of the Annotate retail delivery to a purchase alations outlined below and | r the provisions of the Alcoholic d Code of Maryland, and Board |
| | | |
| (Print License Holder's Name) | (Signature of License Holder) | (Date) |
| (Print License Holder's Name) | (Signature of License Holder) | (Date) |
| (Print License Holder's Name) | (Signature of License Holder) | (Date) |
| (Print License Holder's Name) | (Signature of License Holder) | (Date) |
| deliveries. | th any regulations promulgated | to obtain authority to make retail |
| (1) Delivery must be r a valid Alcohol Aw (2) Upon delivery, the | made by a person/employee 21 y vareness Training certificate. e license holder or employee of | vears of age or older and who holds the license holder and the person elivery receipt form <u>provided by the</u> |
| Identification is re | equired. | on 21 years of age or older. Proper |
| after the date of a | delivery and shall make the form | ery receipt for not less than 2 years available for review upon request. der shall refuse to deliver alcoholic 15(e)). |
| For Office Use Only: | | |
| ☐ Received By HCLCB: Date: | Approved By HCLCB: | Hearing Date: |
| Initials: | | Staff Initials: |