



LIQUOR CONTROL BOARD FOR HARFORD COUNTY

16 North Main Street, Bel Air, MD 21014

410.638.3028 / 410.638.4970 (Fax)

www.hclcb.org



ANNUAL FOOD ALCOHOL RATIO REPORT

Corporate Name: _____

Trade Name: _____

Business Address: _____

License Class: ☐ B-BWL ☐ B3-BWL ☐ BNR ☐ B-Café ☐ B-Fine Dining

Reporting Year	Food	Alcohol (On Sale)	Alcohol (Off Sale – if applicable)	Total Sales	Percentage
					$\frac{\text{Food Sales}}{\text{Alcohol Sales}}$
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

REQUIREMENTS

- (1) A copy of the **MD Sales & Use Tax Return** submitted to the State of Maryland for each month 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) must be submitted to the Board Office **via email at contact@hclcb.org by March 15th.**

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 _____