



## HARFORD COUNTY LIQUOR CONTROL BOARD

16 North Main Street, Bel Air, MD 21014

410-638-3028 / 410-638-4970

[www.hclcb.org](http://www.hclcb.org)



### REQUEST FOR TASTING DATES

Corporate Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Street Address

City / State / Zip

The above-named establishment hereby requests permission to hold a CBWT (cordial-beer-wine) or BWT (beer-wine) tasting, as permitted in accordance with the Tasting License issued to said establishment by the Harford County Liquor Control Board, on the following dates:


**PLEASE NOTE:** All dates must be written on the Tasting License and initialed by Board employees only.

Signature: \_\_\_\_\_

☐ Licensee

☐ Employee

#### FOR OFFICE USE ONLY:

Date: \_\_\_\_\_

LCB Staff: \_\_\_\_\_

Date Entered in DB: \_\_\_\_\_