

Liquor Control Board of Garrett County Board of License Commissioners



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ALCOHOLIC BEVERAGE DELIVERY REGISTRATION FORM

TO THE GARRETT COUNTY BOARD OF LICENSE COMMISSIONERS:

We hereby certify that we fully understand the provisions of the regulations in regards to the delivery of alcoholic beverages in Garrett County and will adhere to all restrictions so stipulated by the Garrett County Board of License Commissioners as to the delivery of alcoholic beverages.

Licensed Establishment: _____

License Class: _____

Business Entity: _____

License Number: _____

Address of Establishment: _____

Printed Name of Licensee

Signature

Date

Printed Name of Licensee

Signature

Date

Printed Name of Licensee

Signature

Date

Printed Name of Licensee

Signature

Date

We designate the employees listed below as person(s) permitted to make deliveries for our establishment.

EMPLOYEE'S FULL NAME _____

EMPLOYEE'S DATE OF BIRTH _____

I have reviewed the above names and approve those individuals as qualified to make deliveries for the above licensed establishment.

Approved By: _____

Approved On: _____

Garrett County Board of License Commissioners / Liquor Control Board Office