



ALCOHOLIC BEVERAGE DELIVERY FORM

NAME OF ESTABLISHMENT: _____

Order Date: _____ Delivery Date: _____

Order Time: _____ Delivery Time: _____

NAME OF CUSTOMER: _____

PHONE NUMBER: _____

DELIVERY ADDRESS: _____

DRIVER'S LICENSE INFO:

State of license: _____ License Number: _____

DOB-Date of Birth: _____ Expiration Date: _____

Address: _____

Brand, Size & Quantity of Alcoholic Beverages Delivered:

*I hereby certify that I am over 21 years of age; my date of birth is listed above. I realize that it is a **criminal offense** for these alcoholic beverages to be turned over to anyone under 21 years of age.*

SIGNATURE OF RECEIVER: _____

*I hereby certify that I am over 21 years of age; my date of birth is listed above. I realize that it is a **criminal offense** for these alcoholic beverages to be turned over to anyone under 21 years of age.*

SIGNATURE OF CUSTOMER: _____

I, [print name] _____, certify that I delivered the above listed beverages to the above listed customer / receiver and that I examined the customer's / receivers identification.

SIGNATURE OF DELIVERY PERSON: _____

Each delivery must be acknowledged by the completion of a Delivery Form. Each form must be completely filled out. This original Delivery Form must be submitted to the Board of License Commissioner / Liquor Control Board by the 10th of the following month. NO EXCEPTIONS



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