



**BOARD OF LIQUOR LICENSE COMMISSIONERS  
FOR BALTIMORE CITY  
ALCOHOLIC BEVERAGE DELIVERY FORM**

**NAME OF ESTABLISHMENT:** \_\_\_\_\_

Order Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Order Time: \_\_\_\_\_ Delivery Time: \_\_\_\_\_

NAME OF CUSTOMER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

RECEIVER'S DRIVER'S LICENSE OR OTHER GOVERNMENT-ISSUED PHOTO  
IDENTIFICATION INFO:

State of license: \_\_\_\_\_

DOB-Date of Birth: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

Brand, Size & Quality 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, [print name] \_\_\_\_\_, certify that I delivered the above listed beverages to the above listed customer / receiver and that I examined the customers/ receivers identification.*

**SIGNATURE OF DELIVERY PERSON:** \_\_\_\_\_

**Each delivery must be acknowledged by the completion of a Delivery Form. Each form shall be completely filled out and retained by the licensee for not less than six (6) months. NO EXCEPTIONS.**