



**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 & 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, _____, 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 shall be completely filled out and retained by the licensee for not less than six (6) months. NO EXCEPTIONS.