

Board of liquor License Commissioners for Baltimore City

231 E. Baltimore Street, Suite 600, Baltimore MD 21202

Office Phone: (410)396-4377

Office Fax: (410) 396-4382

DELIVERY REGISTRATION APPLICATION FORM

Establishment Information

Corporate/Partnership/Entity Name: _____
Trade Name: _____ License Class Type: _____ License Number: _____
Mailing Address: _____ City/State: _____ Zip: _____
Phone Number: _____ Email: _____ Phone: _____

Delivery of Alcoholic Beverages

How will your establishment receive delivery requests (check all that apply):

Phone: _____ Email: _____ Fax: _____ *Website Orders: _____ *Smartphone Application: _____ Walk-In Request: _____

On what days and at what times will you fill delivery requests: _____

*If using a third party platform to receive and process order for alcoholic beverages, then along with this application form, you must submit a separate letter from the third party on letterhead, acknowledging the restrictions on delivery as so stipulated by the Board of Liquor License Commissioners for Baltimore City as to the delivery of alcoholic beverages.8

Licensee Certification and Signatures

In making this request for a letter of authorization, I/We hereby certify that we shall comply with any and all regulations promulgated by the Board of Liquor License Commissioners for the City of Baltimore pertaining to the delivery of any alcoholic beverages. We also stipulate that we shall use and ensure that the Delivery Forms are completed as provided by the Board when making all deliveries. Non-compliance with said regulations could lead to a violation or revocation of our ability to delivery alcoholic beverages.

Signature of Licensee: _____ Date: _____

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