



STATE OF MARYLAND
FREDERICK COUNTY LIQUOR BOARD



Email: LiquorBoard@FrederickCountyMD.gov
Phone: 301-600-2984 Fax: 301-600-3500

DELIVERY CUSTOMER FORM

Date: _____ Trade Name: _____

License# _____ Business Address: _____

Email Address: _____ Phone #: _____

Type of Alcoholic Beverages: _____ Quantity: _____

Delivery Address: _____

Date of Delivery: _____ Time of Delivery: _____

Name of Customer: _____

Customer's Address: _____

Customer's Date of Birth: _____

Customer's Driver's License #: _____ State: _____

Customer's Phone Number: _____

By signature below, 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: _____ Printed Name: _____

Signature of Delivery Person: _____ Printed Name: _____