



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: \_\_\_\_\_

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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: \_\_\_\_\_