



**LIQUOR CONTROL BOARD FOR HARFORD COUNTY, MARYLAND**

16 North Main Street, Bel Air, MD 21014

410-638-3028 / 410-638-4970 (fax)

[www.hclcb.org](http://www.hclcb.org)



**OUTSIDE ALCOHOL BEVERAGE EVENT APPLICATION**

*Instructions:*

- Application must be submitted 15 days prior to event.
- Copy of Ticket / Flyer / Advertisement must accompany application.
- Property Owner must approve use (attached form).
- Late applications are subject to a \$50 late fee.
- Copies of any permits required must be submitted to LCB.

**LCB USE ONLY**

Date Received: \_\_\_\_\_

Diagram: \_\_\_\_\_

P.O. Approval: \_\_\_\_\_

Flyer/Ticket: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

**LICENSEE INFORMATION:**

Licensee Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

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

Property Owner Permission Attached?  YES  NO

**EVENT DESCRIPTION:**

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Location Description: \_\_\_\_\_

Under 200  500-1,000

Entrance Fee: \$ \_\_\_\_\_ Tents:  YES  NO Estimated Attendance:  200-500  1,000-Above

<p><b>Entertainment:</b></p> <p><input type="checkbox"/> Bands How many? _____</p> <p><input type="checkbox"/> DJ – Name: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Vendors:</b></p> <p><input type="checkbox"/> Food (Attach List)</p> <p><input type="checkbox"/> Crafts</p> <p><input type="checkbox"/> Other: _____</p> <p>Approximate No. of Vendors: _____</p>
<p><b>Restrictions for Attendees:</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes: _____</p> <p><input type="checkbox"/> No Re-Entry <input type="checkbox"/> No Outside Food</p>	<p><b>Parking:</b></p> <p><input type="checkbox"/> On Site Parking Fee: \$ _____</p> <p><input type="checkbox"/> Off Site <input type="checkbox"/> Shuttle</p> <p>No. of Parking Control Personnel: _____</p>
<p><b>Sanitary Facilities:</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Number: _____</p> <p>Type: _____</p>	<p><b>Security / Medical:</b></p> <p><input type="checkbox"/> Paid No.: _____ <input type="checkbox"/> Private No.: _____</p> <p><input type="checkbox"/> Volunteers: No.: _____ <input type="checkbox"/> EMS No.: _____</p> <p>Total Security / Medical Staff: _____</p>

**ALCOHOL CONTROL / CONTAINMENT PLAN:**

**Diagram must be submitted with application.** Must include location of ID check points, exits, entrances, location of alcohol sales, where containment will be located, location of tents, etc.

<p><b>Alcohol Service:</b></p> <p>No. of Alcohol Service Areas: _____ Total</p> <p>No. of Persons Carding: _____ Total</p> <p>No. of Persons Dispensing Alcohol: _____ Total</p> <p><input type="checkbox"/> Beer Truck _____ Total</p> <p><input type="checkbox"/> Bar _____ Total</p> <p><input type="checkbox"/> Other: _____</p> <p>Hours: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. to _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>	<p><b>ID Methods:</b></p> <p><input type="checkbox"/> No. of ID Check Areas: _____</p> <p><input type="checkbox"/> Wrist Bands</p> <p><input type="checkbox"/> Hand Stamp</p> <p><input type="checkbox"/> Signs</p> <p><input type="checkbox"/> Other: _____</p>
<p><b>Containment Plan:</b></p> <p><input type="checkbox"/> Fencing Type: _____</p> <p><input type="checkbox"/> Natural Boundary</p> <p><input type="checkbox"/> Tent</p> <p><input type="checkbox"/> Other: _____</p>	

**CONTACT INFORMATION**

Harford County Liquor Control Board	410-638-3028
Harford County Health Department	410-877-2300
Fire Marshal's Office	410-836-4844
Harford County Planning & Zoning	410-638-3103
Harford County Dept. of Inspections, Licensing & Permits	410-638-3344
Aberdeen Permit Information	410-272-1600
Bel Air Permit Information	410-638-4546
Havre de Grace Permit Information	410-939-1800

**FOR LCB USE ONLY**

<b><u>NOTIFICATIONS</u></b>
<input type="checkbox"/> Health Department: _____ <input type="checkbox"/> Fire Marshal: _____ <input type="checkbox"/> H. Co. P & Z: _____ <input type="checkbox"/> H. Co. DILP: _____ <input type="checkbox"/> Aberdeen: _____ <input type="checkbox"/> Bel Air: _____ <input type="checkbox"/> Havre de Grace: _____ <input type="checkbox"/> Law Enforcement: _____

<b><u>APPROVED</u></b>
<input type="checkbox"/> Yes    Date: _____ <input type="checkbox"/> No     Date: _____ Notes: _____ _____ _____ _____ _____ _____ <div style="text-align: right; margin-top: 10px;">Board Staff: _____</div>



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**PROPERTY OWNER AUTHORIZATION**

I, \_\_\_\_\_, hereby certify that I  
 am the owner, or its duly authorized agent, of the property located at \_\_\_\_\_  
 \_\_\_\_\_, and do hereby  
 authorize \_\_\_\_\_ to make application to  
 hold an outside event on this property on the following date(s): \_\_\_\_\_

\_\_\_\_\_. I further authorize the State Comptroller, his duly  
 authorized deputies, the Liquor Control Board, its Inspectors and Clerks, its duly authorized agents and employees, and  
 peace officers of such County, to inspect and search, without warrant, the premises upon which said event is to be held  
 at any and all hours.

I understand that by signing this form, I give permission to have alcoholic beverages on the premises, and  
 acknowledge responsibility for all Law as pertaining to property owners upon which such events are held.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Printed / Typed Name & Title of Above

\_\_\_\_\_  
Contact Telephone Number(s)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Printed / Typed Name & Title of Above

\_\_\_\_\_  
Contact Telephone Number(s)