



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



RETAIL DELIVERY RECEIPT

Name of Licensed Business: _____

Order Date: _____

Delivery Date: _____

Time Ordered: _____

Delivery Time: _____

Customer Name: _____

Delivery Address: _____

(Street Address)

Contact No.: _____

(City / State / Zip)

RECEIVER'S DRIVER'S LICENSE OR OTHER VALID PROOF OF IDENTITY (WITH PHOTO & DOB):

State of License: _____

Expiration Date: _____

Name on License: _____

Address: _____

(Street Address / City / State / Zip)

Date of Birth (DOB): _____

ALCOHOLIC BEVERAGES DELIVERED:

Check box if additional sheets are attached.

	BRAND	SIZE	QUANTITY
1			
2			
3			
4			
5			

I, _____, hereby certify that I am over 21 years of age; my
(Printed Name of Receiver)

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, _____, hereby certify that I delivered the above-listed
(Printed Name of Delivery Person)

beverages to the above-listed customer/receiver; and that I examined the customer/receiver's identification to verify description and age.

SIGNATURE OF DELIVERY PERSON: _____