



HARFORD COUNTY LIQUOR CONTROL BOARD

16 North Main Street, Bel Air, MD 21014
410-638-3028 / 410-638-4970

www.hclcb.org



REQUEST FOR TASTING DATES

Corporate Name: _____

Trade Name: _____

Address of Establishment: _____

Street Address

_____ City

_____ State

_____ Zip

The above-named establishment hereby requests permission to hold a CBWT (cordial-beer-wine) or BWT (beer-wine) tasting, as permitted in accordance with the Tasting License issued to said establishment by the Harford County Liquor Control Board, on the following dates:

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| | | | |
| | | | |

Signature: _____

Licensee

Employee

FOR OFFICE USE ONLY:

Date: _____

LCB Staff: _____

Date Entered in DB: _____