



190190049

**INSTRUCTIONS**

- A. This monthly report of license issuing authorities covering alcoholic beverage licenses is to be filed by the 15th of the month following the month covered in the report. Mail the original and retain a copy for your files.
- B. Signature of Issuing Authority only required on page 1 of monthly submission
- C. Type or Print
- D. List add, change and delete transactions on the reverse side.
- E. Precede the Central Registration Number with a two-digit county code (i.e. Allegany County, use 01-12345678). The county codes appear below.
- F. It may be necessary to complete more than one type of transaction. A transfer of a license would be considered a DELETE and an ADD. Delete the outgoing license and add the incoming license.
- G. If any of the following occur, use ADD:
  - a. New License issued; or
  - b. New license issued due to license transfer (DELETE the previous license)
- H. If any of the following occur, use DELETE:
  - a. Canceled or revoked license;
  - b. License not renewed; or
  - c. License canceled due to transfer to new license (ADD the new license)
- I. If any of the following occur, use CHANGE:
  - a. Change of one or more officers of the corporation;
  - b. Name change;
  - c. Change in location; or
  - d. Other information that has changed (e.g. phone number)

<b>CODE PREFIX</b>	<b>CITY/COUNTY</b>	<b>CODE PREFIX</b>	<b>CITY/COUNTY</b>
01	Allegany County	14	Howard County
02	Anne ArundelCounty	15	Kent County
03	Baltimore County	16	Montgomery County
04	Baltimore City	17	Prince George's County
05	Calvert County	18	Queen Anne's County
06	Caroline County	19	St. Mary's County
07	Carroll County	20	Somerset County
08	Cecil County	21	Talbot County
09	Charles County	22	Washington County
10	Dorchester County	23	Wicomico County
11	Frederick County	24	Worcester County
12	Garrett County	25	City of Annapolis
13	Harford County		



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In accordance with the provisions of the Annotated Code of Maryland, Alcoholic Beverages Article (we/I) herewith submit a true and complete report of all alcoholic beverage license transactions authorized by this office for the month ending \_\_\_\_\_ 20\_\_\_\_\_. This report has been examined by me and I acknowledge same to cover all new licenses issued, all changes and all deletes (affecting licenses previously issued) for the month stated.

\_\_\_\_\_  
Signature of Issuing Authority

\_\_\_\_\_  
Title of Issuing Authority

\_\_\_\_\_  
City or County

\_\_\_\_\_  
Date

Page \_\_\_\_\_ of \_\_\_\_\_

Type of Transaction(s):       Add       Delete       Change  
Central Registration Number: \_\_\_\_\_      City or County License Number: \_\_\_\_\_  
Class and Type of License:       On       Off      Transaction Date: \_\_\_\_\_  
Entity or Corporate Name \_\_\_\_\_  
Trade Name \_\_\_\_\_  
Retailer's Address: \_\_\_\_\_  
Licensee 1: \_\_\_\_\_      Licensee 2: \_\_\_\_\_  
Licensee 3: \_\_\_\_\_      Retailer's Telephone Number: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Type of Transaction(s):       Add       Delete       Change  
Central Registration Number: \_\_\_\_\_      City or County License Number: \_\_\_\_\_  
Class and Type of License:       On       Off      Transaction Date: \_\_\_\_\_  
Entity or Corporate Name: \_\_\_\_\_  
Trade Name: \_\_\_\_\_  
Retailer's Address: \_\_\_\_\_  
Licensee 1: \_\_\_\_\_      Licensee 2: \_\_\_\_\_  
Licensee 3: \_\_\_\_\_      Retailer's Telephone Number: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Type of Transaction(s):       Add       Delete       Change  
Central Registration Number: \_\_\_\_\_      City or County License Number: \_\_\_\_\_  
Class and Type of License:       On       Off      Transaction Date: \_\_\_\_\_  
Entity or Corporate Name: \_\_\_\_\_  
Trade Name: \_\_\_\_\_  
Retailer's Address: \_\_\_\_\_  
Licensee 1: \_\_\_\_\_      Licensee 2: \_\_\_\_\_  
Licensee 3: \_\_\_\_\_      Retailer's Telephone Number: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Contact Information:  
Comptroller of Maryland  
Field Enforcement Division  
Regulatory & Licensing Section  
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