



Office Use Only

Beginning Book No. _____

Ending Book No. _____

Office Use Only

Order Filled by _____

Date Filled _____

Licensee's Name		Date
T/A:		Telephone No.
License address		MD Central Registration No.
Mailing address if different		
City	State	Zip Code
Political Subdivision (County or Baltimore City)		

No. of books requested: _____ Estimated number of kegs: _____
25 labels per book

One copy to be kept by retailer.

Signature of Licensee _____

Contact information:

Comptroller of Maryland
Field Enforcement Division
Regulatory & Licensing Section
P. O. Box 2999
Annapolis, Maryland 21404-2999
410-260-7314 or 800-MD-TAXES
Fax 410-974-3201
ATT@marylandtaxes.gov
www.marylandtaxes.gov