



KATHERINE KLAUSMEIER  
County Executive

SUSAN GREEN, *Chairwoman*  
Board of Liquor License Commissioners

ALCOHOLIC BEVERAGE DELIVERY FORM

Name of Establishment: \_\_\_\_\_

Order Date: \_\_\_\_\_

Delivery Date: \_\_\_\_\_

Time Ordered: \_\_\_\_\_

Delivery Time: \_\_\_\_\_

Name of Customer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

RECEIVER'S DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO IDENTIFICATION INFORMATION:

State of License: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_

Expiration: \_\_\_\_\_

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

Brand, Size & Quantity of alcoholic Beverages delivered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ hereby certify that I am over 21 years of age; my 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 beverages to the above listed customer/receiver and that I examined the customer's/receiver's identification to verify description and age.

Signature of Delivery Person: \_\_\_\_\_

Each delivery must be acknowledged by the completion of a Delivery Form. Each form must be completely filled out and retained for not less than Three months. **NO EXCEPTIONS**