

CATERER INFORMATION

Name of Caterer: _____

Address of Caterer: _____

Statewide Caterer's License #: _____

CATERED EVENT INFORMATION

Name of Person Contracting Catered Event: _____

Phone Number of Person Contracting Catered Event: _____

Name of Organization (if applicable): _____

Address/Location of Catered Event: _____

Political Subdivision of Catered Event: _____

Date of Catered Event: _____

Time of Catered Event: _____

On-Site Manager for Caterer: _____

I hereby certify that this event will be conducted in accordance with Section 6-701 of Article 2B of the Annotated Code of Maryland relating to statewide caterer's license authority, all other provisions of Article 2B relating to the sale and distribution of alcoholic beverages, and all applicable regulations promulgated thereunder.

Signature of Statewide Caterer

Licensee Date

Distribution of Copies

Original -To be filed and maintained on licensed premises of caterer.

Copy -To be conspicuously posted on catered event premises during event.

Copy -To be filed with local Board of License Commissioners in jurisdiction where the event will be conducted no later than 5 days before the event.

Contact Information

Comptroller of Maryland
Revenue Administration Division
Licensing & Registration
PO Box 2999
Annapolis, MD 21404
410-260-7980
www.marylandtaxes.com