

**MONTGOMERY COUNTY MARYLAND
DEPARTMENT OF LIQUOR CONTROL**

APPLICATION FOR SOLICITOR'S PERMIT

- 1. Name of Representative: _____
- 2. Representative's Address: _____

- 3. Phone: _____ E-mail Address: _____
- 4. Firm's Name: _____
- 5. Firm's Address: _____

- 6. Nature of Business: _____
- 7. Suppliers: _____

List major suppliers only, if space is insufficient, please attach a separate list to this form for our files.

It is hereby understood and agreed that this application will not permit the applicant to promote the sales, or distribution of any products not listed with the Montgomery County Department of Liquor Control or quote to retailers any price other than the Montgomery County list price; or lend any money, other thing of value, make any gift, offer any gratuity to any licensee, his agent, or to any employee of the Department of Liquor Control or in any way violate any of the laws of the State of Maryland or rules and regulations of the Department of Liquor Control. The Department of Liquor Control reserves the right to revoke or suspend any vendor's permit for any cause it deems sufficient.

**Please remit payment to: Montgomery County Dept. of Liquor Control
Attn: Application for Solicitor's Permit
16650 Crabbs Branch Way
Rockville, Maryland 20855**

Signature: _____ Date: _____

Maryland Representative: _____

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For DLC Use Only

DLC Permit No.: _____