

**Montgomery County, MD**  
**Department of Liquor Control**  
201 Edison Park Drive, Gaithersburg, Md. 20878  
[DLCSUPPLIERSETUP@montgomerycountymd.gov](mailto:DLCSUPPLIERSETUP@montgomerycountymd.gov)

## **BEVERAGE ALCOHOL SUPPLIER REGISTRATION/CHANGE FORM**

### *Company Information:*

Type of Organization (Please check one):

- US Business Entity  
 International Business Entity  
 Individual/Sole Proprietor

Legal Name: \_\_\_\_\_

*Please note that for US businesses and Individuals, the Legal Name above MUST MATCH the company name or full individual name on file with the IRS for the taxpayer Identification Number entered below. Your registration may not be processed if they do not match. Please do NOT include Doing Business As (DBA) or Trading As (TA) in the LEGAL name. Please use the line below (Alternate Company Name) to capture that information. Please ensure invoices sent reflect your legal name.*

Alternate Company Name: \_\_\_\_\_

Taxpayer Identification Number (TIN): \_\_\_\_\_ (EIN or SSN -> 999999999)

Non-Resident Dealer Permit Number: \_\_\_\_\_ (out-of-state suppliers)

Business License State: \_\_\_\_\_: Business License Number: \_\_\_\_\_

Dunn and Bradstreet D-U-N-S Number: \_\_\_\_\_

*Primary NIGP Commodity Code is 660-05*

State of Incorporation / Registry: \_\_\_\_\_

Website: \_\_\_\_\_

**Montgomery County, MD**  
**Department of Liquor Control**  
**Beverage Alcohol Supplier Registration Form**  
Page 2

Products offered (please check all that apply: Beer \_\_\_\_\_; Wine \_\_\_\_\_; Liquor \_\_\_\_\_

Remittance Address:

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Shipping SITE(s): Please provide a complete Address.

SITE ABBREVIATION:  
COMPLETED BY DLC

(1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

(3) \_\_\_\_\_

\_\_\_\_\_

To be completed by Montgomery County, Department of Finance:  
Tolerance Levels Populated: \_\_\_\_\_

**Contact:**

**We are requesting the following types of contact information on the following page:**

- 1. Representative who will update your product price on our online system –iSupplier.**
- 2. Representative who will receive a billback (promotional allowance or DA) invoice from DLC.**
- 3. Representative who will be DLC's Sales contact for product information.**

**Montgomery County, MD**  
**Department of Liquor Control**  
**Beverage Alcohol Supplier Registration Form**  
Page 3

**iSUPPLIER CONTACT: -(Please read memorandum on iSupplier)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

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

**BILLBACK CONTACT:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

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

**Montgomery County, MD  
Department of Liquor Control  
Beverage Alcohol Supplier Registration Form  
Page 4**

**SALES CONTACT:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

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

**IRS TIN Matching and W-9**

*Montgomery County matches specific details of all suppliers registering to do business with Montgomery County against the IRS records. Your LEGAL COMPANY NAME and TAXPAYER ID MUST match the IRS records. If the combination of data is INVALID and DOES NOT MATCH IRS records, your request to be registered with Montgomery County may NOT be processed. Montgomery County Department of Liquor Control or Montgomery County Department of Finance (Accounts Payable) may contact you for further information.*

*Please note that your payee name (company LEGAL NAME) shown on this registration MUST match what is on any subsequent contract purchase order and invoice.*

*Contact Accounts Payable by email ([APsuppliermaintenance.Finance@montgomerycountymd.gov](mailto:APsuppliermaintenance.Finance@montgomerycountymd.gov)) or by phone (240-777-8850) if you have any questions or concerns.*

**Montgomery County, MD**  
**Department of Liquor Control**  
**Beverage Alcohol Supplier Registration Form**  
Page 5

**Attachments:**

\_\_\_\_\_ IRS form W-9 (Required)

\_\_\_\_\_ Automated Clearing House (ACH) method of payment form (optional but encouraged)

**Registration:**

*Once the registration process is completed, you will be registered to do business with Montgomery County, Maryland, Department of Liquor Control.*

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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