



Montgomery County Department of Liquor Control Licensee Warehouse Pickup Authorization Form

Name of Business: _____

DLC Account#: _____

Please **add** the following person(s) to this account as being authorized to pickup DLC orders for this business:

Name: _____

Name: _____

Name: _____

Please **remove** the following person(s) from this account. They are no longer authorized to pickup DLC orders for this business. (ATTENTION: No pickup = No iStore access)

Name: _____

Name: _____

Name: _____

I authorize the Montgomery County Department of Liquor Control to make the changes indicated on this form to my DLC account.

Name: _____

Job Title: _____

Email: _____

Phone: _____ Date: _____

Signature

Please return a signed copy of this form by one of the methods listed below.

- Scan and email to DLC.CSH@MontgomeryCountyMD.gov
- Fax to 240-777-6654
- Drop off at the Cashier Office during business hours, Monday – Friday 8:00 a.m. – 4:00 p.m.