Montgomery County Department of Liquor Control
Licensure, Regulation and Education (LRE)
Food / Alcohol Ratio Report

Facility Name: _____

Facility Address: _____

License Number: _____

Report Month/Year: _____

Retail Sales for the Month in Dollars

	$ Amount	**Percentage**
Total Food Sales	$_____	_____%
Total Alcohol Sales	$_____	_____%
Total Sales	$_____	100%

TO: Office of the Board of License Commissioners
for Montgomery County
201 Edison Park Drive
Gaithersburg, MD 20878

By signing this report, I do solemnly declare and affirm under the penalties of perjury, that the contents of the foregoing document are true and correct to the best of my knowledge, information and belief.

_____ _____ _____
(Signature of Licensee) (Print Name) (Date)

Instructions: File this report monthly for the first 12 months of a new or transfer license. The report is due by last day of the month following the report month. (ex., the report month of June is due by July 31st).

Mail, drop off, fax to 240-777-1991 or e-mail to: dlc@montgomerycountymd.gov

Revised 7/15