

**To Join MSLBA or Request Information**  
**Complete the form below,**  
**Print & Fax to (410) 871-2545**

Your Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Name of County or City Alcohol Licensing Board For Your Establishment:

\_\_\_\_\_

Alcohol License Class (i.e.-A,B,C,D): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Comments: \_\_\_\_\_

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