

## APPLICATION TO EMPLOY A MINOR IN SALE OF ALCOHOLIC BEVERAGES

Submit your application to: saocircuitcourt@co.worcester.md.us

Date of Application

1. Business/Trade Name

2. Alcoholic Beverage License Number

3. License Holder Name

4. Business Email Address (if permit is granted, it will be emailed to this account)

5. Full Name of Minor to be Employed

6. Address of Minor to be Employed

7. Date of Birth of Minor to be Employed

8. Name of Parent/Guardian Consenting to Permit Issuance

9. Parent/Guardian Phone Number

I hereby certify that the information provided above is true and correct to the best of my knowledge, information, and belief. Entering your initials constitutes an electronic signature.

## PERMIT TO EMPLOY A MINOR IN SALE OF ALCOHOLIC BEVERAGES

This permit, jointly issued by the Sheriff and State's Attorney of Worcester Count porizes the above-named License Holder to , au employ the above-named minor in the sale of alcohol at the location indicated as ant to Alcoholic Beverages Article §33-1902. This permit is valid for a period of one year from the date of issue ou le ? any time for good cause shown by the d is Sheriff or State's Attorney for Worcester County. A license here w derage individual to sell alcoholic beverages οĥ. an u without possessing a valid and current permit is subject to crim nder Maryland law. **tie**s

