$\square$

1. Business/Trade Name
$\square$
2. Alcoholic Beverage License Number
$\square$
3. License Holder Name
$\square$
4. Business Email Address (if permit is granted, it will be emailed to this account)
$\square$
5. Full Name of Minor to be Employed
$\square$
6. Address of Minor to be Employed
$\square$
7. Date of Birth of Minor to be Employed
$\square$
8. Name of Parent/Guardian Consenting to Permit Issuance
$\square$
9. Parent/Guardian Phone Number
$\square$
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. $\square$

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

This permit, jointly issued by the Sheriff and State's Attorney of Worcester Count abize horize the above-named License Holder to employ the above-named minor in the sale of alcohol at the location indicatad ab 1902. This permit is valid for a period of one year from the date ofeissued dis voc. le? any time for good cause shown by the Sheriff or State's Attorney for Worcester County. A license her N h an inderage individual to sell alcoholic beverages without possessing a valid and current permit is subject to crim pe Itie._nder Maryland law.


