

**Comptroller of MD ★ MATT Regulatory Division ★ Alcohol & Tobacco Tax**

**Monthly Report of Violations / Suspensions / Revocations**

City or County: \_\_\_\_\_ Month of: \_\_\_\_\_ Year: \_\_\_\_\_

City/County License #: _____ Central Registration #: _____ Class of License: _____	
Corporate Name: _____ Trade As Name: _____	
Address of Licensed Premises: _____ Zipcode: _____	
Licensee 1: _____ Licensee 2: _____ Licensee 3: _____	
<b><u>VIOLATION</u></b>	<b><u>DISPOSITION &amp; PENALTY</u></b>
<input type="checkbox"/> Sale to Minor	_____
<input type="checkbox"/> Gambling	_____
<input type="checkbox"/> Prostitution / Obscenity	_____
<input type="checkbox"/> Public Welfare / Nuisance	_____
<input type="checkbox"/> Cooperation (Board / Police, etc.)	_____
<input type="checkbox"/> Refills	_____
<input type="checkbox"/> After Hours	_____
<input type="checkbox"/> Purchase from Other Than Wholesaler	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
Date of Hearing: _____	Remarks: _____

City/County License #: _____ Central Registration #: _____ Class of License: _____	
Corporate Name: _____ Trade As Name: _____	
Address of Licensed Premises: _____ Zipcode: _____	
Licensee 1: _____ Licensee 2: _____ Licensee 3: _____	
<b><u>VIOLATION</u></b>	<b><u>DISPOSITION &amp; PENALTY</u></b>
<input type="checkbox"/> Sale to Minor	_____
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<input type="checkbox"/> Public Welfare / Nuisance	_____
<input type="checkbox"/> Cooperation (Board / Police, etc.)	_____
<input type="checkbox"/> Refills	_____
<input type="checkbox"/> After Hours	_____
<input type="checkbox"/> Purchase from Other Than Wholesaler	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
Date of Hearing: _____	Remarks: _____

**Instructions for completing Form COM/ATT-19-3**

- 1. Fill in the name of the city or county, the month, and the year covered by the report.**

**NOTE: *List each licensed premises separately for which a report of a violation(s), suspension(s), or revocation(s) is made.***

- 2. In boxed area, list license number, central registration number (same as *sales tax number*), class of license, corporate name (*if any*), trade as name, address and zip code of licensed premises, and names of all licenses appearing on license.**
- 3. Check each violation that applies to this licensed premises. If appropriate violation is not listed, check a blank line at the bottom of the list and add the violation. Next to each checked violation, describe the disposition before the Liquor Board and the penalty imposed by the Board.**
- 4. List the date of the hearing before the Liquor Board, or the date “No Contest” letter was accepted. Add any remarks you wish to make.**
- 5. Follow the same format listed above for each additional licensed premises beginning in the next boxed area. Attach additional sheets as needed.**