

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: _____	
<u>VIOLATION</u>			<u>DISPOSITION & PENALTY</u>		
<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: _____	
<u>VIOLATION</u>			<u>DISPOSITION & PENALTY</u>		
<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.**