Appeal Request Form

Name of Corporation/Partnership/LLC/Club: _____

Trade Name: _____

Business Address: _____

Licensee(s): _____

_____

_____

Date of violation: _____

Date of hearing: _____

Reason for appeal: (Use back if needed)

_____

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_____ _____

Licensee Signature Licensee Printed Name

_____ _____

Licensee Signature Licensee Printed Name

_____ _____

Licensee Signature Licensee Printed Name

Date Submitted: _____

Email at: Admin@wcliquorboard.com or bring into the office located at
Washington County Liquor Board, 1260 Maryland Avenue, Ste. 104, Hagerstown, MD 21740