



DIRECT DELIVERY FORM

Name of Manufacturer: _____

Order Number: _____

Name of Purchaser: _____

Order Date: _____

Phone Number: _____

Delivery Date: _____

Delivery Address:

Delivery Time: _____

RECIPIENT'S DRIVER'S LICENSE OR OTHER GOVERNMENT-ISSUED PHOTO IDENTIFICATION INFO:

Is the Designated Recipient the original Purchaser? Yes No

Name of Designated Recipient by the Purchaser: _____

Date of Birth: _____

Is the Designated Recipient by the Purchaser
over 21 years old? Yes No

Expiration Date: _____

Brand, Size & Quantity of Alcoholic Beverages Delivered:

I hereby certify that I am over 21 years of age; my date of birth is listed above. I realize that it is a criminal offense for these alcoholic beverages to be turned over to anyone under 21 years of age.

Signature of Recipient: _____

Print Name: _____

I hereby certify that I delivered the above listed beverages to the above listed customer/ receiver and that I examined the customer's/ receiver's identification.

Signature of Deliverer: _____

Print Name: _____

Each delivery must be acknowledged by the completion of a Delivery Form. Each form shall be filled out and retained by the licensee for 3 years. NO EXCEPTIONS