



**MALT BEVERAGE ACCOUNT
REGISTRATION**

SECTION I ENTERPRISE INFORMATION

Business Start Date	FEIN	LID Number (if applicable)	LCB Number (if applicable)
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Enterprise Legal Name

Enterprise Trade Name

SECTION II ADDRESS INFORMATION

Enterprise Address

City	State	ZIP Code
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Enterprise Mailing Address (if different than location address)

City	State	ZIP Code
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SECTION III CONTACT INFORMATION

Contact Name	Contact Phone Number	Contact Email Address
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Upon completion please email to: **RA-BTFTMALTBEV@PA.GOV**

