



TASTINGS PERMIT APPLICATION

Application Fee: \$25.00	State License Number:	Federal Employer Identification Number:
Permit Fee: \$75.00	City Business File Number:	
Instructions: This permit may be issued only to licensed retail liquor stores and liquor licensed drug stores. 1 Complete this application in its entirety before submitting it with both the application and permit fees. 2 Include this application with liquor license application. (if applicable) 3 Include a schedule of the dates and times all Tastings will be held. (Attach additional documents, if necessary) 4 Submit any other information to satisfy the Director that the desired Tastings will be conducted in compliance with State and Local Laws and will not create a public safety risk to the neighborhood.		(FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS SPACE) Date Filed: _____ Date Approved: _____ Date Denied: _____ Reason for Denial: _____

Name of Applicant	Trade Name of Establishment (DBA)
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Address of Business to be Permitted (Number and Street)	City or Town	State	Zip
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Applicant is Applying as a (Choose one):
 Corporation
 Individual
 Partnership
 Limited Liability Company
 Association or Other

Applicant has a current and valid Retail Liquor Store License or Liquor Licensed Drug Store License? Yes No
 If **No**, stop and complete form **DR8404**, Retail License Application for a Retail Liquor Store or Liquor Licensed Drug Store.
 If **Yes**, please provide the expiration date of the Retail or Liquor Licensed Drug Store License:
 If **Yes**, I declare under penalty of perjury in the second degree that all information contained in the DR8404 form, Retail License Application and all attachments are true, correct and complete to the best of my knowledge. Further, I agree that all information contained in the DR8404 form, Retail License Application and all attachments may be used to support the application for a Tastings Permit.

Authorized Signature:	Title:	Date:
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Email address:

Name and telephone number of person conducting the Tastings:

Desired Tastings dates and times: (Pursuant to Colorado Liquor Code Sections 12-47-301 (10) (C) (IV), (V) and (XI): Tastings shall not exceed a total of 5 hours in duration per day, shall be conducted no earlier than 11 a.m. or later than 9 p.m. and may occur on no more than 156 times per calendar year.) (Attach additional pages if needed.)

Date:	Date:	Date:	Date:
From:	From:	From:	From:
To:	To:	To:	To:

Has the person conducting the Tastings completed a Server Training Program that meets the standards established by the State Liquor Enforcement Division?
 Yes (If yes, please attach a copy of the certificate of satisfactory completion of the Server Training Program.)
 No (If no, stop, attend and satisfactorily complete a Server Training Program.)

Within the past year immediately preceding the date of this application, has the applicant/licensees' Retail Liquor Store or Liquor Licensed Drug Store been:

Suspended or Revoked?	Yes	No
Had any suspension held in abeyance?	Yes	No
Had any suspension stayed by payment of a fine in lieu of said suspension?	Yes	No

OATH OF APPLICANT

I declare under perjury in the second degree that this application, our liquor license application, and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and the Colorado State Liquor Code.

Authorized Signature:	Title:	Date:
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