



TASTINGS PERMIT APPLICATION

FEE: \$200.00

DATE: _____

Licensee Name: _____

DBA: _____

Address: _____

City, State, Zip: _____

Mailing Address: _____

State License Number: _____

Business Phone: _____

The above Licensee hereby requests a permit to conduct Tastings at the location specified above.

Licensee hereby acknowledges reading Section 2.17.110 of the Castle Rock Municipal Code regulating the Conduct of Tastings by a Retail Liquor Store or Liquor-Licensed Drugstore and agrees to the provisions contained therein.

The following documents must be attached to this application for a permit to be issued:

- Application Fee
- Certificate(s) of Training – for individuals that will conduct tastings
- Schedule of dates and times Tastings will be conducted (Notice of schedule changes must be provided to the Town clerk not less than 72 hours in advance of a Tasting.)

Authorized Signature

Title

Date

REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY

ATTEST:

Town Clerk

Attest

Date