

Date

## TASTINGS PERMIT APPLICATION

ANNUAL APPLICATION FEE: \$40.00

| Licensee Name   |       | Doing Business As Name |            |           |                |
|---|-------|------------------------|------------|-----------|----------------|
| Business Address  |       |                        |            |           |                |
| Liquor License Num  | ber   |                        |            |           |                |
| Day of the Week   | Dates | Server Name            | Start Time | Stop Time | Total<br>Hours |
| Sunday(s)   |       |                        |            |           |                |
| Monday(s)   |       |                        |            |           |                |
| Tuesday(s)  |       |                        |            |           |                |
| Wednesday(s)  |       |                        |            |           |                |
| Thursday(s)   |       |                        |            |           |                |
| Friday(s)   |       |                        |            |           |                |
| Saturday(s)  ANY DEVIATION FROM THIS SCHEDULE MUST BE REPORTED TO THE LOCAL LICENSING AUTHORITY IN WRITING NOT LESS THAN 24 HOURS IN ADVANCE.  Hours for operation for tastings is between 11:00am and 9:00pm. The size of an individual alcohol sample shall not exceed one ounce (1oz.) of malt or vinous liquor or one-half of one ounce (1/2oz.) of spirituous liquor with maximum of 4 samples per person.  The above Licensee hereby requests a permit to conduct Tastings during the dates/times listed at the location specified above. Licensee hereby acknowledges receipt of a copy of the City of Castle Pines Regulations and Procedures for 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:  Certificate(s) of Server Training – for all individuals that will conduct the tastings  37.00 application fee |       |                        |            |           |                |
| Signature of Owner/Manager/Officer  |       |                        |            |           |                |
| Printed Name of Owner/Manager/Officer   |       |                        |            |           |                |