

RETAIL PACKAGE LIQUOR STORE TASTING EVENTS SCHEDULE

SCHEDULE FOR _____ CALENDAR YEAR

Business Name: _____

Business Phone Number: _____

Business Street Address: _____

Representative Name: _____

Date: _____

Representative Title: _____

check if this is an _____ Amended Schedule

	Tasting Event Date (only one event per day)	Start Time	End Time (shall not exceed four hours)	Circle the type of alcohol (only one type of alcohol per event)		
1.				malt beverages	wine	distilled spirits
2.				malt beverages	wine	distilled spirits
3.				malt beverages	wine	distilled spirits
4.				malt beverages	wine	distilled spirits
5.				malt beverages	wine	distilled spirits
6.				malt beverages	wine	distilled spirits
7.				malt beverages	wine	distilled spirits
8.				malt beverages	wine	distilled spirits
9.				malt beverages	wine	distilled spirits
10.				malt beverages	wine	distilled spirits
11.				malt beverages	wine	distilled spirits
12.				malt beverages	wine	distilled spirits
13.				malt beverages	wine	distilled spirits
14.				malt beverages	wine	distilled spirits
15.				malt beverages	wine	distilled spirits
16.				malt beverages	wine	distilled spirits
17.				malt beverages	wine	distilled spirits
18.				malt beverages	wine	distilled spirits
19.				malt beverages	wine	distilled spirits
20.				malt beverages	wine	distilled spirits
21.				malt beverages	wine	distilled spirits
22.				malt beverages	wine	distilled spirits
23.				malt beverages	wine	distilled spirits
24.				malt beverages	wine	distilled spirits
25.				malt beverages	wine	distilled spirits
26.				malt beverages	wine	distilled spirits

Check here _____ and use an extra page, if necessary, to list additional scheduled tasting events.

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