

## **RETAIL LIQUOR STORE TASTINGS APPLICATION**

### **ANNUAL FEE - \$25.00**

Corporate Name/Licensee (LLC/Corporation/etc.): \_\_\_\_\_

Establishment Name (DBA): \_\_\_\_\_

State Liquor License Number: \_\_\_\_\_

Previous Tastings Application Expiration Date (if applicable): \_\_\_\_\_

Physical Address of Liquor-Licensed Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Briefly describe how you anticipate tastings will be conducted (location, number of participants, typical times/days).

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What practices do you have in place to ensure all applicable liquor laws and regulations of the State of Colorado and Summit County are followed during Tastings occurring at your business? Attach separate sheet if necessary.

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I hereby acknowledge that it is my and my agents/employees responsibility to comply with all liquor laws and regulations of the State of Colorado and Summit County. I have received a copy of Summit County BOCC Resolution 2004-87 from Summit County Clerk & Recorder. I will keep a log of all tasting dates and times on the premises for inspection at any time by local and state enforcement agencies. I further understand that any violation of the terms and conditions of a Tastings License may result in the suspension or revocation of the Tastings License.

Authorized Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Relation to Liquor Licensed Business: \_\_\_\_\_

**COUNTY SEAL – FEES PAID & PERMIT APPROVED**

**APPROVAL BY LOCAL LICENSING AUTHORITY:**  
**SUMMIT COUNTY BOARD OF COMMISSIONERS**

\_\_\_\_\_  
**CHAIR, SUMMIT COUNTY BOARD OF COUNTY COMMISSIONERS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TAYRN POWER, CLERK & RECORDER**

\_\_\_\_\_  
**DATE**