



TASTINGS PERMIT APPLICATION

New Renewal

Name of Applicant:		
dba:		
License Number:		
Premise Address:		
Mailing Address:		
Store Manager:	Phone Number:	
Will tastings be conducted within the currently approved licensed premise?		
Within the past 2 years immediately preceding the date of this application, has the applicant's retail liquor store or liquor licensed drug store been suspended or revoked? <i>If yes, please provide details (including disciplinary actions in which a fine was paid).</i>		
<i>Oath of Applicant</i>		
I declare under penalty of perjury in the second degree that this application, and all attachments are true, correct, and complete to the best of my knowledge. I acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with all applicable laws, including all applicable provisions of the Fort Collins Municipal Code and the Colorado Liquor Code that affect my license.		
Signature:	Title:	Date:
<i>Approval of Local Licensing Authority</i>		
Signature:	Title:	Date: