

CITY AND COUNTY OF DENVER TASTINGS PERMIT APPLICATION

Office of Excise and Licenses
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202
(720) 865-2760

<input type="checkbox"/> New Permit Application <input type="checkbox"/> Renewal Application	<input type="checkbox"/> Application fee \$25.00 <input type="checkbox"/> Permit fee \$75.00	Present State License No.: _____ Present City License File No.: _____	
Instructions: This permit may be issued only to licensed retail liquor stores and liquor licensed drug stores. 1. Complete this application in its entirety before submitting it with both the application and permit fees. 2. Include this application with liquor license application (if applicable). 3. Include a schedule of the dates and times all tastings will be held. (Attach additional documents, if necessary.) 4. Submit any other information to satisfy the Director that the desired tastings will be conducted in compliance with state and local laws and will not create a public safety risk to the neighborhood.		(FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS SPACE.) Date Filed: _____ Date Approved: _____ Date Denied: _____ Reason for Denial: _____	
1. Name of Applicant: _____		1b. Trade Name of Establishment (DBA) _____	
1c. Address of Business to be Permitted (Number and Street) _____		City or Town _____ State _____ Zip Code _____	
1d. Applicant is Applying as a: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other			
2. Applicant has a current and valid retail liquor store license or liquor licensed drug store. <input type="checkbox"/> Yes <input type="checkbox"/> No			
2a. If no, stop and complete DR 8404, Retail License Application for a Retail Liquor Store or Liquor Licensed Drug Store.			
2b. If yes, please provide the expiration date of the retail or liquor licensed drug store license: _____			
2c. If yes, I declare under penalty of perjury in the second degree that all information contained in DR 8404, Retail License Application and all attachments are true, correct, and complete to the best of my knowledge. Further, I agree that all information contained in DR 8404, Retail License Application and all attachments may be used to support this application for a Tastings Permit.			
Authorized Signature: _____		Title: _____ Date: _____	
DESIRED TASTING DATES AND TIMES: (Pursuant to Colorado Liquor Code Sections 12-47-301(10)(c)(IV), (V) and (XI): Tastings shall not exceed a total of five hours in duration per day, shall be conducted no earlier than 11 a.m. or later than 7 p.m., and may occur on no more than four of the six days from a Monday to the following Saturday.)(Attach additional pages, if necessary.)			
Date: _____	Date: _____	Date: _____	Date: _____
From: M. To: M.	From: M. To: M.	From: M. To: M.	From: M. To: M.
From: M. To: M.	From: M. To: M.	From: M. To: M.	From: M. To: M.
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From: M. To: M.	From: M. To: M.	From: M. To: M.	From: M. To: M.
3. Name and Telephone number of person conducting the tastings: _____			
4. Has the person conducting the tastings completed a server training program that meets the standards established by the State Liquor Enforcement Division: <input type="checkbox"/> Yes (If yes, please attach a copy of the certificate of satisfactory completion of the server training program.) <input type="checkbox"/> No (If no, stop, attend and satisfactorily complete a server training program.)			
5. Within the past year immediately preceding the date of this application, has the applicant-licensee' retail liquor store license or liquor licensed drug store been: a. Suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Had any suspension held in abeyance? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Had any suspension stayed by payment of a fine in lieu of said suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes to any of the above, please attach an explanation.)			
OATH OF APPLICANT			
I declare under penalty of perjury in the second degree that this application, our liquor license application, and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and the Colorado State Liquor Code.			
Authorized Signature: _____		Title _____	Date _____