



2401 Sheridan Boulevard
Edgewater, Colorado 80214
www.edgewaterco.com

LIQUOR TASTINGS PERMIT APPLICATION

Licensee Name: _____

Trade Name of Establishment [doing business as]: _____

Address of licensed premises [Tastings shall be conducted only on a licensee’s licensed premises.]:

Street Address Edgewater Colorado 80214
City State Zip Code

State License Number: _____ License Expiration Date: _____
[The Tasting Permit will be valid for the period of the existing liquor license.]

License Type [check one]: [] Retail Liquor Store [] Liquor-Licensed Drugstore

Applicant Contact Name [Please print.]: _____

Business Mailing Address [If different from Licensed Premise location.]:

Street Address City State Zip Code

Business Phone: _____ Emergency Phone: _____

Business Email Address: _____

[] ATTACH a written Control Plan to establish how the Licensee will conduct tastings in accordance with the provisions of the State Statues and applicable provisions of the City of Edgewater Municipal Code. List the individuals who will be serving, along with the date on which each individual attended the “Tastings Responsible Serving Class.”

NOTE: The local licensing authority may reject this Application if it fails to establish the Licensee’s ability to conduct tastings in compliance with state law or without creating a public safety risk to the neighborhood. You are encouraged to address these issues both in your written Control Plan and when you address the City Council, acting as the Local Licensing Authority.

[] ATTACH Tasting Schedule with Dates of Tastings [not to exceed 104 days per year, or 4 days per week Monday-Saturday], Starting Times and Ending Times of Tastings [not to exceed 5 hours per day, need not be consecutive]. If unsure of future dates, submit list to City Clerk’s Office at least one week prior to the event.

[] INCLUDE the non-refundable fee as set forth in the fee schedule adopted by City Council from time to time.

Oath of Application

I declare under penalty of perjury in the second degree that this application is true, correct, and complete to the best of my knowledge and belief. I certify that it is my responsibility to be sure that all participating employees have completed a server training program that meets the standards established by the Liquor Enforcement Division of the Colorado Department of Revenue. I certify that it is my responsibility and the responsibility of my agents and employees to comply with all applicable law, including all applicable provisions of the City of Edgewater Municipal Code and the Colorado Liquor and Beer Code that affect my license.

Authorized Signature	Printed Name and Title	Date

Clerk's Office

_____ New Permit	_____ Annual Renewal
_____ Denied	_____ Date Written Notice of Denial Sent
_____ Approved	_____ Date Written Notice of Approval Sent
_____ Permit Issue Date	