Town of Eagle
200 Broadway * PO Box 609
Eagle CO 81631
(970) 328-6354
clerk@townofeagle.org

FEE: $100.00 ANNUALLY

TASTINGS PERMIT APPLICATION

State License Number	**Town License Number**
Licensee Name:	**DBA:**
Address of Business to be Permitted (Number and Street) **City** **State** **Zip**	
Expiration Date of Retail or Liquor Licensed Drug Store License:	
Print name and telephone number of person conducting the tastings:	

During all Tastings, the Licensee shall post and keep visible to the public in a conspicuous place on the licensed premises a Tastings Permit issued by the Town Clerk or Deputy Town Clerk, and Minor Warning sign [Section 9.15.020 of the Eagle Municipal Code].

TASTINGS WILL BE CONDUCTED ON THE FOLLOWING DAYS AND HOURS:

(Attached additional pages if needed)

(List hours with no more than five (5) consecutive hours a day between 11:00 a.m. and 9:00 p.m. and:
no more than 156 days per year and no more than four (4) of seven (7) days)

Date:	Date:	Date:	Date:
From:	From:	From:	From:
To:	To:	To:	To:

Has the person conducting the Tastings completed a Server Training Program that meets the standards established by the State Liquor Enforcement Division?

☐Yes (If yes, please attach a copy of the certificate of satisfactory completion of the Server Training Program.)
☐No (If no, stop, attend and satisfactorily complete a Server Training Program.)

OATH OF APPLICANT

I declare under 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

REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY

_____ _____

Town Clerk Date