



151 S Banner Street  
PO Box 159  
Elizabeth, CO 80107

Phone: 303-646-4166  
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**RETAIL LIQUOR TASTINGS  
PERMIT APPLICATION**

Licensee Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

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

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

At all times during all Tastings, the Licensee shall post and keep visible to the public in a conspicuous place on the licensed premises the Tastings Permit issued by the Town Clerk, and a Minor Warning sign [C.R.S. 12-47-901(5)(h)].

**CERTIFICATION OF APPLICANT**

I hereby certify that the information in this application is true, correct, and complete to the best of my knowledge. I certify that it is my responsibility to be sure that all current and future employees complete a servers training program and submit to the Town Clerk's office. I certify that the licensed premises will keep a log of all tasting dates and times, the log will be kept on the premises for inspection at any time by the local or state enforcement agencies. I certify 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 Town of Elizabeth Municipal Code and the Colorado Liquor or Beer Code Regulations which affect my license.

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**TOWN OF ELIZABETH  
APPROVAL OF LOCAL LICENSING AUTHORITY**

(This permit runs concurrent with the liquor license approved by the State of Colorado)

\_\_\_\_\_  
Megan Vasquez, Mayor  
Local Licensing Authority

\_\_\_\_\_  
Date