



FREMONT COUNTY

Fremont County Administration, 615 Macon Avenue, Room 102
Cañon City, Colorado 81212
Phone: 719-276-7432 Fax: 719-276-7338

TASTING PERMIT RENEWAL APPLICATION

DATE: _____

FEE: \$100.00

Licensee Name _____

DBA _____

License Address _____

City, State, Zip _____

Mailing Address
(if different) _____

Business Phone Number: _____

State License No.: _____ Exp. _____ County License No. : _____

At all times 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 Fremont County, Colorado.

CERTIFICATION OF APPLICANT

I hereby certify that the information in this application and all attachments is true, correct, and complete to the best of my knowledge. I understand and agree that it is my responsibility to ensure that all current and future employees complete the Seller-Server training (Training for Intervention Procedures "TIPS" or similar training) as required by the State of Colorado, Department of Revenue, Liquor Enforcement Division Standards. I understand and agree that it is my responsibility and the responsibility of all of my agents and employees to comply with all applicable laws, including those of Fremont County and the Colorado Liquor or Beer Code which affect my license and/or the activities conducted under that license.

_____	_____	_____
Authorized Signature	Title	Date

APPROVAL OF LOCAL LICENSING AUTHORITY

_____	_____
County Commissioners, Chair	Date

ATTEST

_____	_____
County Clerk	Date

Name(s) of Person(s) Attending Tastings Training and their Date of Birth *If different than last approved Tasting Permit Application	Date of Training Attach Documentation

TASTINGS WILL BE CONDUCTED ON THE FOLLOWING DAYS AND HOURS

(List hours with no more than 5 hours a day between 11:00 a.m. and 9:00 p.m. and no more than 156 days per year). Attach separate calendar if preferred.

Month/Year	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

NOTE ANY DEVIATION FROM THIS SCHEDULE MUST BE REPORTED TO THE LOCAL LICENSING AUTHORITY IN WRITING AT LEAST TEN DAYS IN ADVANCE, DOCUMENTATION MAY BE MADE IN PERSON AT FREMONT COUNTY CLERK & RECORDER, AT 615 MACON AVENUE, CANON CITY, COLORADO 81212 OR BY FAX TO 719-276-7412

PLEASE LIST OR ATTACH ANY CHANGES TO LAST APPROVED TASTING PERMIT CONTROL PLAN:
