GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

TASTING PERMIT APPLICATION INSTRUCTIONS

AN APPLICANT OR HOLDER OF A CLASS "A" OR CLASS "B" RETAILER'S LICENSE CAN APPLY. AN APPLICANT OR HOLDER OF A CLASS "A" OR "B" MANUFACTURER'S LICENSE CAN ALSO APPLY.

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, fill in the word "NONE".

FEE: The application must be accompanied by the proper fee. The annual fee for a tasting permit is $130.00. There is an additional inspection fee of $50.00 if the permit is applied for after the original license is granted. All payments can be made in the form of a cashier's check, certified check, business check, attorney's check, personal check, or money order, payable to the D.C Treasurer, or by credit card (except for American Express).

Instructions for the Tasting Permit:

1. If the applicant/licensee is a sole proprietor or partnership, print the individual's name (Last Name, First Name, Middle Initial). If the applicant/licensee is a business entity print the entity's name.
2. Print the license number.
3. Print the establishment's trade name.
4. Print the applicant/licensee's E-mail address.
5. Print the establishment's premise address.
6. Print the establishment's telephone number.
7. Affidavit: "I understand that my days and hours of tasting must be consistent with my approved hours of sales of alcoholic beverages. A holder of a Manufacturer Class A or B License may only conduct tastings between the hours of 1:00 p.m. and 9:00 p.m., Thursday through Saturday".
8. Certification: You must sign the certification, which states, "Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above applicant/licensee is the true and actual owner of the business." Print your name and have your signature notarized.
9. Please attach a sketch designating the tasting location.

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TASTING PERMIT APPLICATION

OFFICIAL USE ONLY

License Number:		**Date Accepted:**		**Accepted by:**	
Fees Paid: $	**From**	**To**	**Issue Date:**	**From**	**To**
Ward/ANC:	**Retailer Class A** ☐	**Retailer Class B** ☐	**Manufacturer Class A** ☐	**Manufacturer Class B** ☐	

Date Approved by Board: / /	**Initial:** ➡							
Date Denied by Board: / /	**Initial:** ➡							

TO BE COMPLETED BY APPLICANT

1. Applicant /Licensee (Last, First, Middle) or Entity Name:	***2. License Number:***
3. Trade Name:	***4. Email Address:***
5. Premise Address:	***6. Telephone Number:***

7. Affidavit: I understand that my days and hours of tasting must be consistent with my approved hours of sales of alcoholic beverages. A holder of a Manufacturer Class A or B License may only conduct tastings between the hours of 1:00 p.m. and 9:00 p.m., Thursday through Saturday.

8. If applicant is a Sole Proprietor, the individual must sign; if Partnership, each Partner must sign; if Corporation, the President or Vice President must sign; or, if Limited Liability Company, the Managing Member must sign the certification below.
Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above applicant/licensee is the true and actual owner of the business.

Print Name:_____

_____ Signature — Subscribed and sworn to before me on this _____ day of___, 20___. — _____ Notary Public — My commission expires on _____

Print Name:_____

_____ Signature — Subscribed and sworn to before me on this _____ day of___, 20___. — _____ Notary Public — My commission expires on _____

Print Name:_____

_____ Signature — Subscribed and sworn to before me on this _____ day of___, 20___. — _____ Notary Public — My commission expires on _____

9. Please attach a sketch designating the tasting location.