



# Department of Business License

Vincent V. Queano, Director

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

Phone: (702) 455-4252

Toll Free: (800) 328-4813

Fax: (702) 386-2168

<http://www.clarkcountynv.gov/businesslicense>

## ALCOHOLIC BEVERAGE TASTING PERMIT APPLICATION

- Please fill out form completely; use **black** ink only; *incomplete, illegible, or altered application forms will be returned.*
- This form is only applicable to grocery stores licensed for the sale of package liquor and/or package beer, wine, and spirit-based products.
- Licensees must renew their permits annually by submitting a written request to the department, prior to the expiration of the original permit.
- A key employee found suitable by the board for such position at the business must be on the store premises at all times that samples are distributed; their name must be indicated in this form.
- Applicants are required to adhere to the provisions of the [Clark County Code 8.20.020.425\(b\)](#) that governs this permit.
- There is no fee for this permit.

### BUSINESS INFORMATION

Date of Application:		Business Name:	
Liquor License #:	Phone Number:	Business Email:	
Applicant Name: <i>(First, M.I., Last)</i>		Applicant Contact Phone Number:	

### EVENT INFORMATION

Location/ Address of Event <i>(Include Suite Number)</i> :		City/ State:	Zip Code:
Tasting Day(s): <i>(Date Range, ex. MM/DD/YYYY – MM/DD/YYYY)</i>			
Hours <i>(Start Time)</i> :	Hours <i>(End Time)</i> :	Type of Permit Requested: <input type="checkbox"/> Beer <input type="checkbox"/> Beer & Wine <input type="checkbox"/> Full Liquor	

### EMPLOYEE INFORMATION

#### On-site Contact Information

Key Employee/ Supervisor at Event: <i>(First, M.I., Last)</i>		Key Employee/ Supervisor License #:	
Primary Phone Number:		Alternate Phone Number:	

*Note: All persons involved in the distribution of alcoholic liquor samples must be listed on the master list of employees maintained by the licensee.*

### SIGNATURES *(requires signatures of owner, officer, authorized or legal signer)*

_____	_____	_____
Applicant's Signature	Applicant's Printed Name and Title	Date

#### FOR OFFICIAL USE ONLY

Business License Staff	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Reviewed by:	Date:
Staff Comments:			
CCBL Director	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Signed:	Date: