



ALCOHOL TASTING NOTIFICATION

Thornton Police Department, Detective Division
 9551 Civic Center Drive
 Thornton, Colorado 80229-4326
 720-977-5030, Fax 720-977-5044

www.cityofthornton.net

THIS FORM MUST BE HAND DELIVERED OR SUBMITTED ELECTRONICALLY. IT CANNOT BE MAILED.
 The licensee must ensure this notice is hand delivered to the Police Department Desk Officer or submitted via email at alcoholastings@cityofthornton.net no less than 72 hours prior to the Tasting. The Desk Officer will immediately forward this to the Detective Commander.

Licensees please complete the following:

| | |
|------------------------|---------------------------|
| Type of License: | Today's Date: |
| Name of Establishment: | Address of Establishment: |

| | Date of Tasting Event | Starting Time of Event | Ending Time of Event |
|---|-----------------------|------------------------|----------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

Have you reviewed and do you understand the City Ordinance and State Statute in regards to a Tasting for liquor establishments? Yes No

Do you, as the licensee, agree and affirm that this tasting, without creating a public safety risk to the surrounding neighborhood, will occur in accordance with the provisions of City Ordinance Section 42-132 and State Liquor Code Section 44-3-301 C.R.S.? Yes No

| | |
|--|------------|
| Person Applying for Tasting (print name): | Signature: |
| Licensee or Designee of Licensee (print name): | Signature: |