



TASTING PERMIT APPLICATION INSTRUCTIONS

A tasting permit allows holders of certain alcoholic beverage licenses to use a portion of the licensed premises for the tasting of alcoholic beverages. A tasting permit can be issued to a:

- Manufacturer with a class A, B or C license;
- Retailer with a class A or B license;
- Wholesaler with a class A or B license; or
- Private collector.

Samples can be provided to an individual in the following quantities in one day:

- 3 ounces of spirits (class A or C license or private collector);
- 6 ounces of wines (class A or B license or private collector); and
- 12 ounces of beer (class A or B license or private collector).

Manufacturers can provide samples to customers from:

- 8 a.m.-midnight, seven days a week.

Retailers can provide samples to customers from:

- 7 a.m.-midnight, seven days a week.

Wholesalers and private collectors are not permitted to provide tastings to the public. A wholesaler can provide tastings for the purpose of educating staff and introducing products to licensees. Wholesalers and private collectors can only conduct tastings at a designated common area of a warehouse where the wholesaler or private collector is a tenant. Wholesalers can provide samples during the wholesaler's approved hours of operation.

A tasting permit is valid for a three-year period.

FEES

Payment for the permit can be made in the form of a cashier's check, certified check, business check, attorney's check, personal check, or money order. A check or money order must be payable to the D.C. Treasurer. Payment may also be made by Visa or MasterCard. The annual fee for a tasting permit is:

- \$130

An additional \$50 inspection fee may be assessed if a permit is applied for after the original license is granted.

APPLICATION INSTRUCTIONS

Complete all sections of the application. If a section does not apply, write "not applicable".

On each form of the application, the certification must be signed by the following. All signatures must be notarized.

- If the applicant is a sole proprietor, the individual must sign.
- If the applicant is a partnership, all partners must sign and submit a copy of the partnership agreement.
- If the applicant is a corporation, the president or vice president must sign.
- If the applicant is an LLC, the managing member(s) must sign.
- If the applicant is a Limited Partnership, the general partner(s) must sign.

Attach a sketch designating the tasting location.



TASTING PERMIT APPLICATION

OFFICIAL USE ONLY

| | | | | | | | | |
|---------------------------------------|------------------|----------------------|-----------------------|----------------------|--------------------|---------------------|--|--|
| License Number: | | | Date Accepted: | | | Accepted by: | | |
| Fees Paid: \$ | | From: | To: | Issue Date: | From: | To: | | |
| Retailer Class A | Retailer Class B | Manufacturer Class A | Manufacturer Class B | Manufacturer Class C | Wholesaler Class A | Wholesaler Class B | | |
| Private Collector | | | | | | | | |
| Date Approved by Board: / / | | Initial: → | | | | | | |
| Date Denied by Board: / / | | Initial: → | | | | | | |

TO BE COMPLETED BY APPLICANT

| | |
|---|------------------------------------|
| 1. Entity Name: | 2. Trade Name: |
| 3. Applicant: | 4. License Number: |
| 5. Premises Address: | 6. Telephone Number/Email Address: |
| 7. 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. | |
| 8. 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. | |
| Applicant Print Name: _____ Applicant Signature: _____ Date: _____ | |
| Subscribed and sworn to before me _____ on this _____ day of _____, 20_____. | |
| My commission expires: _____. | |
| Applicant Print Name: _____ Applicant Signature: _____ Date: _____ | |
| Subscribed and sworn to before me _____ on this _____ day of _____, 20_____. | |
| My commission expires: _____. | |
| Applicant Print Name: _____ Applicant Signature: _____ Date: _____ | |
| Subscribed and sworn to before me _____ on this _____ day of _____, 20_____. | |
| My commission expires: _____. | |

NOTICE: The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423. In order to report fraud, waste, and abuse in District of Columbia government, call 1-800-521-1638.