

CITY OF WHEAT RIDGE City Clerk's Office 7500 West 29th Avenue Wheat Ridge CO 80033 303-235-2816

Date:

TASTINGS PERMIT APPLICATION NOTICE OF AMENDMENT

Licensee Name:
DBA:
Manager:
Address:
City, State, Zip:
State License Number:
Business Phone Number:

PERMIT DATE ISSUED	HOURS	REQUEST DATE CHANGE	HOURS

Authorized Signature

Title

Print Name

APPROVAL BY CITY CLERK'S OFFICE

Deputy City Clerk

DATE: _____



Wine Tasting Schedule for:

	No more than 4 days a week	No more than 5 hours			No more than 4 days a week	No more than 5 hours
Date	Day of the Week	Hours	1	Date	Day of the Week	Hours
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