

DEPARTMENT OF LIQUOR CONTROL
4444 RICE STREET, SUITE 120
LIHUE, KAUAI, HAWAII 96766
TEL: (808) 241-4967 • FAX: (808) 241-6585

APPLICATION FOR PRODUCT TASTING PERMIT

Pursuant to Rule 2.13, Rules and Regulations of the Liquor Control Commission of the County of Kauai, application is hereby made for a product tasting permit, as follows:

DBA/Trade Name: _____ Lic. No. _____

Licensed Premise Address: _____

Date of tasting: _____ Start Time: _____ End Time: _____

*A FLOOR PLAN MUST BE ATTACHED

Beer	Wine	Distilled Spirits	Brand Name (include size of bottle)	Ounces per person	Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Disposal Procedures: _____

By: _____
(Licensee Signature)

Title: _____

Date: _____

Phone No.: _____

Fax No.: _____

E-Mail: _____