

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

Application is to be filled out by the Licensee conducting the tasting.

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:

Name of Entity providing samples: _____

Name of Representative pouring sample: _____

DBA/Trade Name: _____ Lic. No. _____

Licensed Premise Address: _____

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

*A CLEAR 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"/>			
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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: _____