Fax (702) 464-2540 TTY 7-1-1 E-mail us at license@lasvegasnevada.gov

ALCOHOLIC BEVERAGE TASTING PERMIT APPLICATION

Business Name (dba):		
Business Location:		
Mailing Address (if different than above):		
Phone Number:	Approved Key Employee:	
Alcoholic Beverage License#:	Grocery Store Licer	nse#:
	is allowed to serve samples of alcoholic	AS 597.225 authorizes a grocery store that is beverages on the premises of the grocery store mple or taste of the alcoholic beverages.
under chapter 369 of NRS. A wholesale desamples of alcoholic beverages. This assinstruction or education regarding the particular of the p	ealer of alcoholic beverages may assist a sistance is limited to the pouring of su product being sampled, or any combina	dealer of alcoholic beverages who is licensed person who operates a grocery store in serving ach samples or the provision of information, ation of those tasks. <i>The provision of such the responsibility of complying with all</i>
The applicant understands that any personawareness certification card, and a work ca		on their person a valid health card, alcohol Police Department.
Applicant requests current year permit only	<i>y</i> .	
Applicant Signature:	Date:	
	For Office Use Only	
APPROVED FOR PERMIT:	DAT	E:
INFOR TR#:	DATE:	_ AMOUNT PAID:
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