

In-Store Consumer Tasting Request

To submit form, email to: DLC.Purchasing@vermont.gov

Name of Sponsor: _____

Address of Sponsor: _____

Phone Number/Email Address: _____

Name/Location of Tasting Event: _____

Name of Approving Agent/Manager: _____

Date of Event: _____

Hours of Event: _____

Products for Tasting Event

SKU	QTY	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Department Approval: _____ Date: _____

By filing this request, I agree to operate in Vermont under the requirements of Title 7 and all other applicable Vermont Laws and Regulations.

By signing this, I, _____, acknowledge that all the information provided is true and correct, and that I agree to meet the operating conditions as specified in the guidelines for consumer tastings of distilled spirits.

Signature: _____ Title: _____