



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: _____

<u>PERMIT DATE ISSUED</u>	<u>HOURS</u>	<u>REQUEST DATE CHANGE</u>	<u>HOURS</u>

Authorized Signature

Title

Print Name

APPROVAL BY CITY CLERK'S OFFICE

Deputy City Clerk

DATE: _____

