

**ESTATE TASTING EVENT AUTHORIZATION APPLICATION**

**INFORMATION:** Refunds will not be issued for events canceled on or after the date of the event. Please review [Form ABC-215-ETE Instr.](#) before submitting this application.

**SECTION 1: Licensee Information**

1. Licensee Name(s) (If an individual: first name, middle name, last name. If a corporation, limited partnership, or limited liability company: name of entity)

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2. License Number

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3. Licensed Premises Address

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4. Mailing Address (If different)

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5. Contact Person

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4. Contact Phone Number

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5. Contact Email Address**SECTION 2: Event Details**

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8. Event Date(s)

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9. Total Number of Days

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10. Event Hours

From	To
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11. Event Open to The Public

Yes	No
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12. If Open to The Public, Name of Event

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13. Estimated Daily Attendance

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14. Attendee Age

21+ Only	All Ages
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15. Number of Events Catered This Year**SECTION 3: Event Location**

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16. Event Location (Street number and name, city, zip code)

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17. Description of Location (Parking lot, office building, residence, county/city park, etc.)

**ESTATE TASTING EVENT AUTHORIZATION APPLICATION (continued)**

18. Event Outdoors

Yes (provide detailed diagram, [ABC-253](#))      No

19. Event Location Is Within the City Limits

Yes      No

20. Is the event taking place at a property adjacent to the licensed premises?

Yes      No

21. Is the event taking place at a vineyard that is not adjacent to the licensee's vineyard?

Yes      No

22. Is the event location owned by or under the control of the licensee?

Yes      No

**SECTION 4: Advisements and Attestation**

The Estate Tasting Event Permit authorizes the licensee to exercise its tasting room privileges for wine manufactured by or for the winegrower at the specified location for the duration of the event. If the local city or county department requires approval for such events, but does not grant it, this event permit becomes void and is nonrefundable. All alcohol servers must be certified through the department's Responsible Beverage Service Training Program.

I acknowledge the above advisements and declare under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.

Licensee Printed Name

Licensee Signature

Date Signed

**SECTION 5: Authorization (FOR ABC USE ONLY)**

Receipt Number	Total Fee
	\$

Conditions/Acknowledgements Required

Yes, attached      No

Diagram Required

Yes, attached      No

District Approval (Name)

ABC Employee Signature

Date Signed