



City of Covington

ALCOHOL TASTING EVENT FORM

**PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS
WILL BE RETURNED.**

Date Received: _____

Received By: _____

BL #: _____

I. BUSINESS NAME:

II. ADDRESS:

DATE OF EVENT: _____

TIME OF EVENT: _____

III. APPLICANT'S INFORMATION:

Name: _____

Phone: _____ Email Address: _____

IV. SIGNATURE:

By signing below, I agree that I am the licensed alcohol holder listed on this affidavit and responsible for this event at this location.

Signature: _____ Date: _____

Print: _____

Office use:

Received by: _____

Event number: _____