



NOTIFICATION FORM FOR TASTING EVENT AT RETAIL PACKAGE LIQUOR
STORE OR RETAIL DEALER IN THE CITY OF BYRON

Name of business: _____

Date of Tasting Event: _____

Time and Duration of Tasting Event: _____

Exact location within the licensed establishment where event will be held: _____

Type of alcohol being served (distilled spirits, malt beverage or wine): _____

By signing below as licensee of the above establishment, I declare that the foregoing is true and correct and that I have read and fully understand the requirements of the City of Byron Ordinance regarding Tasting Events pursuant to O.C.G.A 3-15-2.

Licensee Printed Name: _____

Licensee Signature: _____

Date: _____

Police Chief and/or Code Enforcement Officer Signature: _____